

Aurora Healthcare

Older Persons Mental Health

Aim

With Australia's aging population, mental health conditions such as depression, anxiety, and dementia are becoming increasingly prevalent. This guide provides practical tools and advice for managing geriatric mental health in primary care.

Learning Objectives

1. Recognise symptoms of depression, anxiety, and dementia in older adults.
2. Understand how comorbidities like substance use affect mental health management.
3. Determine when to escalate care based on symptom severity and impact.
4. Identify criteria for specialist or inpatient referrals when outpatient care is insufficient.

Introduction

GPs are often the first point of contact for older adults experiencing mental health issues. Regular screenings and a high index of suspicion are crucial, especially since symptoms may present atypically in this age group.

"Mental health is a vital component of an individual's overall health and welfare, and has a strong effect on physical health." (3)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) emphasizes specialised care:

"Mental healthcare for older people should not be subsumed into a broader 'adult mental health' or ageless services, reflecting the distinct needs of older people who require care from appropriately trained clinicians with specialised skills." (4)

Key Mental Health Conditions in Older Adults

1. Depression

- Common but underdiagnosed due to overlapping physical symptoms (1).
- Screening tool: Geriatric Depression Scale (GDS).

2. Anxiety Disorders

- Often co-exist with chronic health conditions (2).
- Screening tool: Kessler Psychological Distress Scale (K-10).

3. Dementia

- Early recognition of cognitive decline is vital (2).
- Use cognitive assessment tools like Mini-Mental State Examination (MMSE).

4. Adjustment Disorders

- Triggered by major life changes such as retirement or bereavement (3).
- Look for mood and anxiety symptoms following significant life events.

5. Substance Use Disorders

- Monitor for alcohol misuse or medication dependency (3).



Assessment and Management



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Assesment and Management

Assessment and Diagnosis

- Comprehensive Evaluation
- Incorporate physical examinations, cognitive assessments, and detailed patient histories (3).
- Use of Screening Tools
- Employ instruments like the Geriatric Depression Scale (GDS) or the Kessler Psychological Distress Scale (K-10) to identify symptoms (3).
- Consideration of Atypical Presentations
- Be alert to non-specific symptoms such as somatic complaints or cognitive changes that may indicate underlying mental health issues (1).

Management Strategies

- Psychological Therapies
 - Cognitive Behavioural Therapy (CBT)
 - Interpersonal Therapy (IPT)
 - Reminiscence Therapy
- Recent evidence suggests that psychological therapies can be effective in reducing depressive symptoms among aged care residents, potentially reducing reliance on antidepressants (5).
- Pharmacotherapy
 - Antidepressants, anxiolytics, or antipsychotics may be prescribed, with careful consideration of the patient's overall health and potential side effects (3).
- Lifestyle Interventions
 - Encourage regular physical activity, a balanced diet, and social engagement (5).
- Collaborative Care
 - Work with multidisciplinary teams, including psychogeriatricians, psychologists, and social workers, to provide holistic care (2).

**Referral and Support Tools**

- Specialist Referrals: Refer to geriatric psychiatry or memory clinics when necessary (2).
- Community Resources: Connect patients to local support groups and services such as Dementia Australia and Beyond Blue (5).
- Caregiver Support: Provide education and resources for family members and carers (5).

Practical Tips for GPs

- Build Trust: Older patients may be reluctant to disclose mental health concerns. A sensitive and non-judgmental approach is key (3).
- Monitor Changes: Be alert to subtle signs like increased somatic complaints, withdrawal, or changes in cognitive function (1).
- Regular Reviews: Regular follow-ups ensure ongoing support and timely adjustments to care plans (3).

Escalation Criteria



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Escalation Criteria

Criteria for Escalating Treatment

1. Unclear Diagnosis

- Atypical or complex presentations, or difficulty differentiating between types of dementia and other conditions (e.g., depression or delirium).

2. Severe Behavioural Symptoms

- Unmanageable agitation, aggression, hallucinations, or anxiety that pose a safety risk.

3. Medication Issues

- Complex medication needs, or when symptoms persist despite treatment.

4. Rapid Cognitive Decline

- Rapid or severe loss of function affecting daily living.

5. Psychiatric Co-morbidities

- Resistant depression, anxiety, or psychosis impacting care

6. Specialist Interventions Needed

- Neuropsychological testing or input from a multidisciplinary team.

7. Caregiver or Social Strain

- Caregiver burnout or need for assistance with care placement.

8. Risk of Self-Harm

- Suicidal ideation or self-harm requiring urgent intervention.

9. Capacity Concerns

- For assessments related to decision-making abilities.

Referrals can be made to a specialist or directly to an Aurora Health hospital. Our assessments team can support with finding a suitable Specialist for admissions.

Key Takeaways

Early Identification:

Recognising and addressing the symptoms of anxiety disorders early can prevent worsening and improve outcomes.

Comprehensive Assessment:

Evaluating both emotional and behavioural symptoms, including substance use, is crucial for a complete understanding of the patient's condition.

Integrated Treatment:

Combining lifestyle modifications, psychotherapy, medication, and addressing substance use can lead to significant improvement.

Importance of Inpatient Programs:

When outpatient treatments are insufficient, timely referral to inpatient programs can provide the intensive, structured care necessary for severe cases. Inpatient programs offer a comprehensive approach with daily therapy, close medication management, holistic treatments, and peer support, which can significantly accelerate recovery and lead to long-term improvements.

Note:

This content has been reviewed by Dr Dennis Wong, Geriatrician at Aurora Health. This guide is intended to support GPs in providing practical, effective mental health care for older adults. Always tailor interventions to individual patient needs and consult specialist services when required.

References

1. Australian Institute of Health and Welfare. (2023). Mental health in aged care.
2. Royal Australian and New Zealand College of Psychiatrists. (2021). Psychiatry services for older people.
3. Royal Australian College of General Practitioners. (2019). RACGP aged care clinical guide (Silver Book) - Part A: Mental health.
4. Royal Australian College of General Practitioners. (2018). Managing anxiety and depression in older patients.
5. Royal Australian and New Zealand College of Psychiatrists. (2021). Psychiatry services for older people.

Your Local Aurora Hospitals



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Aurora Health is Australia's largest private health specialty group focused on mental health, rehabilitation, specialty medical and community services.

We offer inpatient and day programs admitted under a Psychogeriatrician, Psychiatrist, or other relevant specialist supported by a multidisciplinary team of specialists and allied health.

Services Offered for Older Persons:

- Mental Health Admission
- General Medicine Admission
- Respite Care
- Mood/Memory Clinics
- Dementia
- Psychotherapy, CBT, DBT, ECT, rTMS
- Adult ADHD

Programs and admissions are general covered by Private Health Insurance, WorkCover or DVA depending on reason for admission and level of cover. Self-funding options also available.

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