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Towards Mental Health Care for all Older Adults

Sube Banerjee – Professor of Dementia studies, Brighton and Sussex University.

Dementia care costs £18bn per annum in the UK - more than cancer, heart disease and strokes combined.

More than 700,000 people in the UK have the disease.

The figure will increase by 40% in the next 15 years.

There is an over-emphasis on providing care for severe dementia and a lack of accurate diagnosis.

Two-thirds of people with dementia never receive a specialist diagnosis

"Dementia is quite an unattractive illness. It's seen as something dirty that should not be talked about. But if we shut our eyes, it will not go away. It will only get worse."

There also has to be an overhaul in the way health professionals think about the disease - many believe that dementia patients are a drain on resources with little positive outcome.

Early diagnosis can enable people to take advantage of positive interventions.

Diagnosis should be the responsibility of a health professional with a specialist expertise in dementia, be they a geriatrician, GP with a specialist interest, neurologist or old-age psychiatrist.

A priority is to improve the quality of care for people once they have been diagnosed.The majority of aged care residents have dementia, but a minority of care home places provide specialist dementia care.

Many staff working in care homes have no formal qualifications.

"The status of care workers is a massive issue that transcends dementia. But in [some] care homes, where up to 80% of residents have dementia, there is a case for all workers to be dementia trained."

Training is a key issue. Up to 20% of dementia patients have psychosis, anti-psychotic drugs can stop some of the symptoms.

Behavioural and Psychological Symptoms of Dementia (BPSD).

- BPSD is very common in patients with dementia.
- Very useful guidelines have been developed to treat patients with BPSD by psychological and/ or pharmacological interventions.
- In some patients the BPSD is so excessive that general advice from guidelines is not effective.
- Sometimes extreme BPSD can lead to a crisis for both patient and nursing staff.

Severe Behavior Response Teams. Mary Alford (Australia).

- In 2015 a new national approach to the management of severe, very severe and extreme behaviours of concern in residential care was announced by the Australian government with the program awarded to HammondCare for implementation.
- The Severe Behaviour Response Teams (SBRT) commenced national operations across Australia in November 2015 led by HammondCare
- Key components of the service, believed to be the first of its type in the world, include rapid and responsive in reach to residential aged care facilities, and an emphasis on expert behavioural (rather than primarily pharmacological) management.

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Comprising a multidisciplinary workforce of aged care nurses; allied health and specialist medical staff the Severe BehaviourResponse Teams (SBRT), and working across Australian beyond state and territory boundaries the team have been providing expert assessment and management of high-level behavioural disturbances within residential aged care facilities across Australia.

Supporting the aged care workforce to understand on a practical level the complex interplay between the person with dementia, the disease, the environment and the interaction of staff, residents and family has also been an important focus within the program.

Dementia Behaviour Management Advisory Services.(DBMAS's).

- DBMAS provides advice and assistance to home care providers, residential aged care providers and hospitals on caring for people with dementia.
- They provide a 24 hour service and triage referrals from sources such as rest homes and other aged care facilities.

Severe Behaviour Response Teams. (SBRT's)

A Severe Behaviour Response Team (SBRT) is a specialised team of professionals able to assist residents exhibiting very severe and extreme Behavioural and Psychological Symptoms of Dementia (BPSD), assess the causes, and assist care staff in residential aged care homes to address and deal with these behaviours.

Following the referral from DBMAS, SBRTs holds a case conference with the resident and aged care provider to assess the causes of the resident's behaviours and advise care staff on how to resolve the immediate crisis. This case conference is conducted either face-to-face or via tele-health where appropriate.

They then work with the provider to develop immediate and longer term care plans for the resident, and provide follow up assistance as needed.

SBRT functioning.

- *The SBRTs handling the initial response calls the aged care home within 4 hours of the receiving the referral and assists care staff with interim strategies for the resident's care. Then the SBRTs hold a face to face or telehealth case conference with resident and provider within 48 hours to develop immediate and longer term care plans.*
- *SBRTs provide an intense service using specialised professionals between the hours of 7am and 7pm. If there is an identified need SBRTs also respond out of hours as required.*
- *There is a maximum response time of 4 hours to assess and triage the situation.*
- *Evaluation is ongoing.*