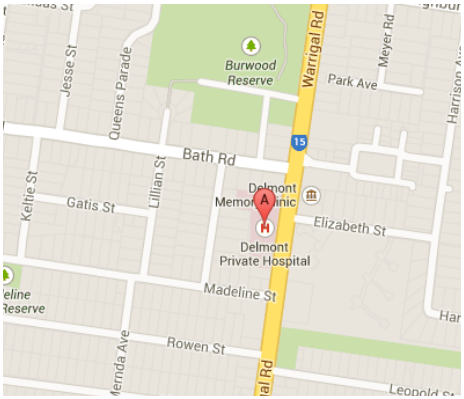
DELMONT
PRIVATE HOSPITAL

Aged Mental Health Service Brochure



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A Smoke Free Facility

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'Your Care in Mind'

AGED MENTAL HEALTH PROGRAM OVERVIEW

Delmont Private Hospital offers a comprehensive range of services to assist and treat older people with mental health conditions.

They consist of:

- Inpatient – Hospital care
- Transition to Home - Patients return to the inpatient unit on a day stay basis as they adjust from full support of hospital to self-care at home.
- Delmont Day Programs - A purpose built space within Delmont Private Hospital with comprehensive programs, including specific programs for older people, aimed at promoting and maintaining psychological, social and physical functioning.
- Community Outreach Program – Patient in home visits made by mental health nurses.

INPATIENT - HOSPITAL CARE

The Hospital Intake Coordinator is able to assist with initial enquiries, including identifying an available specialist Psychogeriatician, to begin the process of care, assessment and treatment planning.

Following assessment, continuing outpatient care may be offered, or in more acute cases, a period of hospitalisation.

Delmont Private Hospital has dedicated inpatient programs for patients aged 65 or older and for those who have a younger onset of conditions usually associated with ageing.

Patients care will managed by their Psychogeriatrican in conjunction with hospital staff, including

- Nurses
- Occupational Therapists
- Physiotherapist
- Social Worker
- Personal Trainer
- General Practitioner

If required other specialists are available to assist, including

- Geriatrician
- Neuropsychologist
- Podiatrist
- Pastoral Care
- Dietician
- Other consultant medical specialists as required

The Aged Mental Health Inpatient Program has two parts:

1. Treatment of the acute phase of the illness.

This will usually involve medication, exercise programs, group discussion and education, relaxation techniques and engagement in social and recreational activities. Throughout all activities independent living skills are assessed. Staff spend time daily with each patient to assist in understanding their life story and the circumstances which resulted in their admission.

2. Future Planning.

In conjunction with the patient and their family a discharge plan is developed.

This may be a simple return to former lifestyle and activities: home with additional supports; or a move to supported care.

Staff are able to guide the patient and their family through this process. Staff can assist with referrals for home and community supports and the Aged Care Assessment Service. Advice on residential aged care is provided if required.

TRANSITION TO HOME PROGRAM

The Transition to Home Program is designed to assist patients make a safe and seamless transition from hospital care to home and then further support by the Delmont Day Program or Community Outreach Service if appropriate.

When does it Operate

The Transition to Home Program operates
Monday to Friday 9.00am to 4.00pm.

Patients may attend daily or on selected days as agreed with the doctor and patient. It is anticipated that the patient will participate in the program for two to four weeks, subject to the needs of the individual.

What it Offers

It offers short term support and structure to recently discharged patients, who are, for various reasons, not in a position to fully make the transition to home or attend the Delmont Day Program.

Participants will attend a structured and supportive day program based within the main hospital, which is designed to best meet their level of functioning. In most cases this will allow the patient to continue to engage in the various aspects of the Inpatient Therapy Program that they are familiar with and have been participating in immediately prior to discharge from their inpatient stay.

Benefits of Attending the Program

It is anticipated that the Transition to Home Program will assist patients to consolidate the gains made during their inpatient admission, improve confidence, assist in regaining capacity to function more independently and make a valuable contribution to their on-going recovery.

In addition to offering a Group Program patients will obtain assistance from the Nursing Coordinator who will help the patient with any additional issues related to their health and wellbeing. Any required Medical assistance will be overseen by the referring Psychiatrist or Medical Specialist.

If you are Interested in Attending

If you are interested in attending the Transition To Home program, please discuss this with your doctor.
Your doctor will make a referral on your behalf.

Program Coordinator

The program is coordinated and overseen by a dedicated Nursing Coordinator. For further enquiries or to find out more about Transition to Home Program, please contact:

Direct: 9805 7357 Telephone: 9805 7333 ext. 3556

Email: TTH@delmonthospital.com.au

AGED MENTAL HEALTH DAY GROUP PROGRAM

The **Delmont Aged Mental Health Outpatient Service** is run by a well-established and dedicated team of therapists and nurses. It offers both group based programs and community outreach for older people with mental health issues.

The service runs 5 days per week.

The **Delmont Day Program (DDP)** is an integrated service located within the Hospital. This program, delivered by experienced and qualified therapists, addresses psychological, social and physical needs. The program uses evidence based practices and focuses primarily on psychological interventions, as well utilising physical and cognitive activities.

The **Community Outreach Service (COS)** is a Hospital in the Home type program in which nurses visit people within the community. Generally, the outreach team provides an interim service for patients discharging from a hospital stay, rather than crisis or case management.

A referral can be made to the program as part of continuing care after being hospitalised, or directly from an outpatient Psychiatrist/GP.

& COMMUNITY OUTREACH SERVICE

Aged Mental Health DDP Group Programs are:

- Living Well with Mental Illness
- Memory Group
- General Psychiatry & Addictions Programs may also be suitable based on an individual's presenting needs

Assessment and Planning:

Mental health and age related assessments and outcome measures form an important part of the individualised care planning and clinically tailored programs. The most suitable mental health service will be determined, based on the Doctor's referral, a clinician assessment and individual and carer input; planning may include onward recommendations to other local community services.

The focus is supporting people to continue to function within their community setting.
The DDP team works collaboratively with patients, nominated carers and other services to provide individualised care as part of the treating doctors overall treatment plan.

LIVING WELL WITH MENTAL ILLNESS GROUP

The program is designed for older people experiencing a range of common mental health conditions including mood, anxiety and adjustment disorders i.e. depression, grief and loss. This program is aimed at improving emotional and physical functioning and maintaining independence. It provides the opportunity to meet others with similar experiences and to explore some of the changes and challenges of post retirement life.

This Group Based Program Utilises:

- Psycho-education about mental health
- Goal Setting
- Progressive physical strength training and other physical activity interventions
- Psychological coping strategies for physical and mental well-being
- Behavioural strategies to help establish and maintain healthy daily habits
- Exploration of ageing, change and promotion of mental health and positive lifestyle
- Mindfulness and relaxation practises
- Cognitive stimulation based activities
- Exploration of values to develop a stronger sense of purpose and structure in one's life
- Community outings and social activities

GENERAL MENTAL HEALTH CONDITIONS

Benefits Include:

- Increased knowledge about mental health including emotional and brain functioning
- Sharing experiences in a supportive environment
- Learning helpful skills and attitudes to manage mental health conditions
- Learning and practising new ways of coping, managing and accepting change
- Increased social engagement in a safe environment
- Assistance in maintaining and increasing overall physical, cognitive, emotional and social health

Inclusion Criteria:

- Patients with mental health conditions
- Patients who are ambulant and self-caring
- Patients currently seeing their psychiatrists on a regular basis (minimum 12 weeks) for reviews

Exclusion Criteria:

- Patients with acute psychosis
- Patients with mild to severe cognitive impairment – dementia
- Patients requiring individualised care and/or inpatient treatment
- Patients who are prone to high falls risks
- Patients who are prone to wandering and/or absconding risk
- Patients with acute/severe physical illness

MEMORY GROUP

Suitable for older people experiencing mild to moderate stages of cognitive impairment.
The group is aimed at maintaining independence and monitoring levels of cognitive and social functioning.

This Group Based Program Utilises:

- Psycho-education for cognitive functioning
- Progressive physical strength training and other physical activity interventions
- Coping strategies for physical and mental well-being
- Mindfulness and relaxation practises
- Community outings and social activities
- Cognitive stimulation based activities including:
    - Problem solving
    - Numeracy and literacy based activities
    - Memory enhanced activities
    - Music and movement
    - Sensory, visual & spatial activities
    - Reminiscence activities
    - Creative activities using multi-media

Benefits Include:

- Knowledge of brain functioning and memory loss
- Sharing information and experiences in a supportive environment
- Learning helpful skills and attitudes to manage dementia
- Carer support and education, with cross-referral to supporting agencies as required

MILD – MODERATE STAGE DEMENTIA

- Learning and practising new ways of managing memory loss
- Increased social engagement in a safe environment
- Assistance maintaining and increasing overall physical, cognitive, emotional and social health

Inclusion Criteria:

- Patients with mild to moderate cognitive impairment
- Patients who are ambulant and self-caring
- Patients currently seeing their psychiatrists on a regular basis (minimum 12 weeks) for reviews

Exclusion Criteria:

- Patients with acute psychosis
- Patients requiring individualised care and/or inpatient treatment
- Patients who are prone to high falls risks
- Patients who are prone to wandering and/or absconding risk
- Patients with acute/severe physical illness

GENERAL DDP GROUPS

GENERAL MENTAL HEALTH CONDITIONS

During either the assessment phase and/or whilst attending the Aged Mental Health Program, specific interventions may be identified and a specific therapy modality is recommended.

These Group Based Programs Utilise:

- Acceptance Commitment Therapy
- Cognitive Behavioural Therapy
- Creative Arts Therapy
- Mindfulness Based Therapy
- Mindfulness and relaxation sessions

Benefits Include:

- Increased knowledge about mental health
- Treatment using relevant therapeutic modalities
- Sharing lived experiences in a supportive environment
- Learning specific skills and strategies to manage mental health conditions

Inclusion Criteria:

- Patients with mental health conditions
- Patients who are ambulant and self-caring
- Patients currently seeing their psychiatrists on a regular basis (minimum 12 weeks) for reviews

Exclusion Criteria:

- Patients with acute psychosis
- Patients with mild to severe cognitive impairment – dementia
- Patients requiring individualised care and/or inpatient treatment
- Patients who are prone to high falls risks
- Patients who are prone to wandering and/or absconding risk
- Patients with acute/severe physical illness

SUBSTANCE USE & ADDICTION PROGRAM (SUAP)

ADDICTION DISORDERS

Co-existing addiction problems can be addressed for older people within the SUAP program.

These Group Based Programs Utilise:

- Psycho-education about mental health and addiction
- Relapse Prevention
- Motivational Interviewing
- Acceptance Commitment Therapy
- Creative Arts Therapy
- Mindfulness and relaxation sessions

Benefits Include:

- Increased knowledge about addictions and impact on physical and mental health
- Sharing lived experiences in a supportive environment
- Learning specific skills and strategies to manage addiction

Inclusion Criteria:

- Patients with co-existing addiction and mental health conditions
- Patients ready for change
- Patients who are ambulant and self-caring
- Patients currently seeing their psychiatrists on a regular basis (minimum 12 weeks) for reviews

Exclusion Criteria:

- Patients with acute psychosis or cognitive impairment
- Patients not ready to make changes and/or intoxication
- Patients requiring individualised care and/or inpatient detoxification treatment
- Patients assessed as a high risk for falls, aggression, suicide
- Patients with acute/severe physical illness

COMMUNITY OUTREACH SERVICE (COS) AGED MENTAL HEALTH

The home visits are offered to eligible patients within a 20 - 25km radius of Delmont Hospital. A referral is required to access individual support and monitoring post discharge from Hospital, in their home or community.

The Community Outreach Service is designed for older people:

- Experiencing difficulties making the transition from hospital
- Facing challenges coping with their mental illness
- Dealing with family and social relationships issues including isolation
- Life transitions requiring change
- Needing Support and linkages within their local community
- Requiring skills acquisition

Benefits Include:

- Increased knowledge about mental health conditions
- Exploration of ageing, change and promotion of mental health and positive lifestyle.
- Learning helpful skills and attitudes to manage mental conditions
- Assistance in maintaining and increasing overall physical, cognitive, emotional and social health.
- Learning and practising new ways of coping, accepting and adapting to change

GENERAL MENTAL HEALTH DISORDERS

COS Inclusion Criteria:

- Patients with mental health conditions
- Patients who are self-caring
- Patients currently seeing their psychiatrists on a regular basis (minimum 12 weeks) for reviews

COS Exclusion Criteria:

- Patients with acute psychosis
- Patients with severe cognitive impairment – dementia
- Patients requiring assistance with activities of daily living and/or inpatient treatment
- Patients who are prone to high falls risks
- Patients who are prone to wandering and/or absconding risk
- Staff OHS issues that may impact on visiting patients within the community setting

HOW TO REFER

INPATIENT ADMISSION AGED:

- GP's can send patient referrals to Hospital Intake Coordinator or a Delmont Accredited Psychiatrist for an Inpatient Admission
- If the referral is for a Delmont Psychiatrist, FAX the referral to the Intake Coordinator

FAX: (03) 9889 8696

ENQUIRIES: (03) 9805 7390

TRANSITION TO HOME:

ENQUIRIES: (03) 9805 7333 EXT. 3556

EMAIL: TTH@delmonthospital.com.au

DDP/ COS REFERRAL:

- GP can send referral directly to Delmont Day Programs (DDP) or to a Delmont Psychiatrist

DDP/COS FAX: (03) 9805 7395

ENQUIRIES: (03) 9805 7370

EMAIL: ddpfaxes@delmonthospital.com.au

- Patient must have current private health insurance/Work Cover approval or be self-funded
- A pre entry assessment by the DDP/COS Clinician is conducted to determine most appropriate service
- Patient must keep regular appointment with the Psychiatrist as part of health fund regulations

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