NSW Older People's
Mental Health Community Services

Key Features of the Model of Care

NSW
GOVERNMENT

The NSW Ministry of Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Contents

This document presents the **key features** of the *NSW Specialist Mental Health Services for Older People (SMSHOP) Community Services Model of Care (MoC)*. SMHSOP is now referred to as Older People's Mental Health (OPMH) services.

This is a companion document to *NSW Older People's Mental Health Community Services: Good practice recommendations for OPMH services and clinicians.*

The full version of the Model of Care is available on the NSW Health website (GL2017_003).

Model of care at a glance

Recovery-oriented, person-centred, biopsychosocial care with the consumer, their carer and their GP.

All sections listed on this page refer to sections of the full version of the Model of Care, as available on the NSW Health website (GL2017_003)

Our target population

Potential community OPMH service consumer and carer in the community (including RACFs) or other health care setting (including OPMH AIU)

Target Population — **Section 2.2**

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Transition of Care — Section 5.6

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Review — Section 5.5

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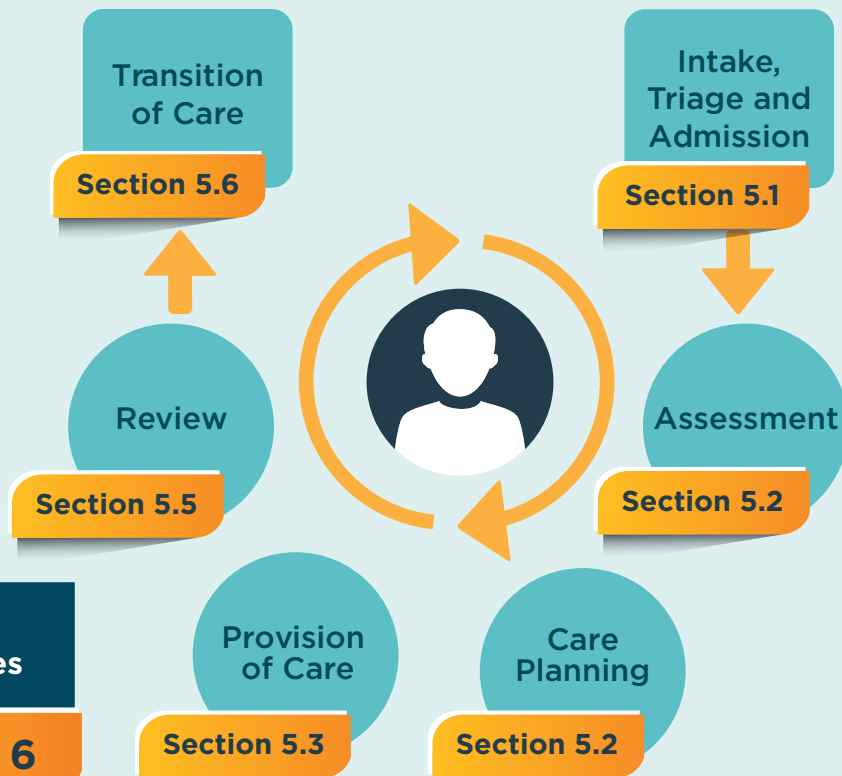
Techniques and therapies — **Section 6**

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Introduction

Why develop a Model of Care for NSW OPMH Community Services?

- to guide and promote service improvement and consistent good practice in NSW OPMH community services, and
- to improve care for older people with mental illness.

Who is the Model of Care for?

- OPMH community services throughout NSW, and
- Behavioural Assessment and Intervention Services (BASIS) teams where they still exist.

Principles underlying the Model of Care

The MoC is guided by the principles of:

recovery

consumer-led care and

partnering with the consumer, carer(s), GP, and services/supports.

It is evidence-based and aligns with key national and state standards and policies.

The figure on page 5 depicts the role of OPMH community services from the consumer's perspective. OPMH services are seen as one part of a complex system of care that supports a consumer's recovery journey. The MoC recognises and supports this perspective.

Overview of the MoC

There are seven key components in the MoC:

1. Philosophy of care, target population and functions
2. Partnerships
3. Working in different ways and in different settings
4. Key processes
5. Techniques and therapies
6. Staffing
7. Performance
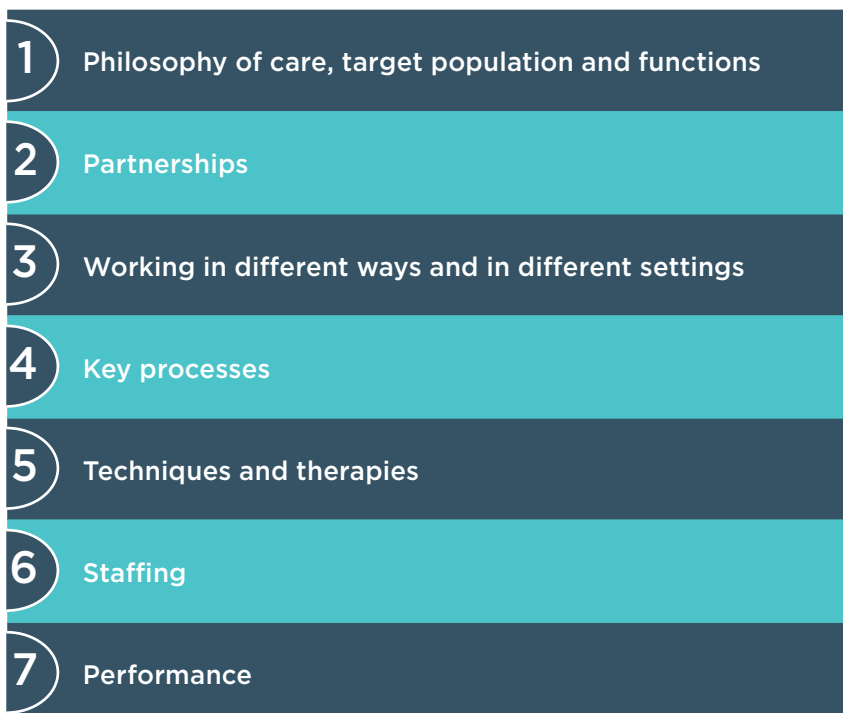
See GL2017_003 for more information including the detailed 'good practice features' in each area of the MoC.
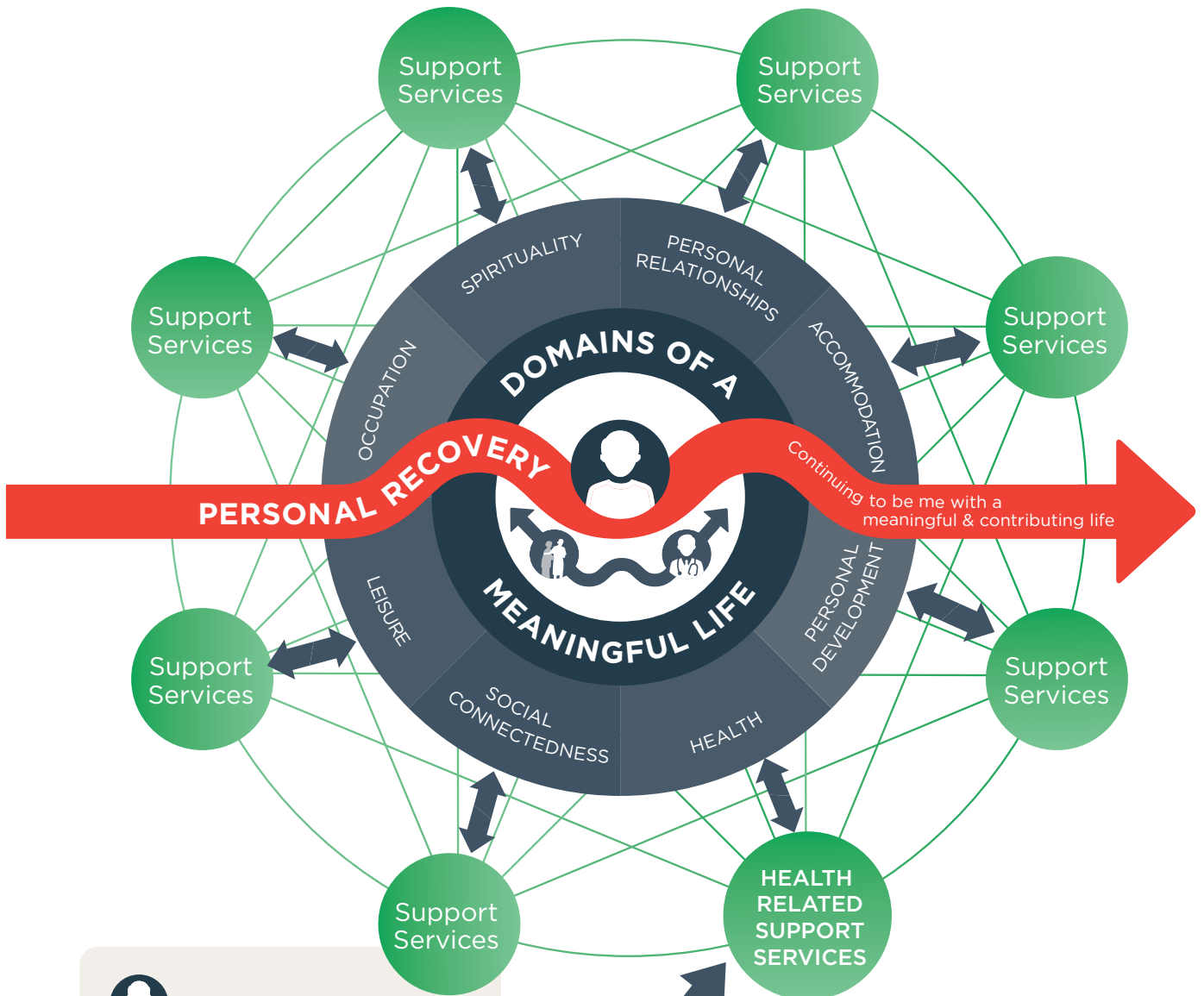
1. Philosophy of care, target population and functions

Recovery-oriented, person-centred, biopsychosocial philosophy of care

- This philosophy guides how care is delivered in OPMH community services for all consumers, including:
  - *involuntary consumers* – focus on sustaining hope, promoting agency for recovery, supporting relationships and redefining self
  - *consumers with behavioural and psychological symptoms of dementia (BPSD) or co-existing conditions* – support them to determine and address their own recovery goals (with carer and family assistance as needed), which will be influenced by their own particular circumstances and the impact of their co-existing conditions.
- It should be reflected in organisational processes, including staff orientation, training and policies.

Target population of OPMH community services & exclusion criteria

- Broadly, OPMH community services care for older people (generally 65 years and over) with mental health problems (including those with and without dementia), and
- Aboriginal people aged 50 years or older with mental health problems, who themselves identify with the older population and/or the specific needs of older consumers and want to be cared for in OPMH services.
- An age limit should not be strictly applied. Flexibility and consumer choice is paramount.
  - Some consumers under 65 years with age-related problems causing functional disability may be suitable for OPMH services.
  - Some consumers aged 65 years or older may still be most appropriately cared for by adult mental health services.
- OPMH community services will not generally provide services for older people with a primary diagnosis of drug and alcohol disorder or delirium.
- See NSW OPMH Service Plan 2017-2027 for more information.

Facilitating timely access to care

- OPMH community services aim to accept any person referred to them for secondary triage and/or initial assessment following triage.
- Services should consider mechanisms to facilitate easy and timely access and re-access where that is necessary.

Caring for Aboriginal and CALD consumers (including refugees)

- Working in a culturally sensitive way is important. Consideration should be given to:
  - appropriate use of interpreters
  - partnerships and collaboration with Aboriginal Health Services and/or Aboriginal health/mental health workers, and transcultural mental health services, multicultural agencies, local non-health support services and/or bilingual workers
  - provision of culturally sensitive mental health information, and
  - tools to support appropriate assessment of CALD (e.g.[1,2,3,4]) and Aboriginal (e.g.[5]) people.

Functions of OPMH community services

- All OPMH community services undertake specialist mental health assessment, care planning, short and longer term clinical management (involving clinical care and coordination, treatment, clinical review and transitions of care) and consumer advocacy, for older people with mental illness.
- Some services may also undertake specialist consultation and liaison, crisis care (intensive community treatment), and specific mental health promotion, illness prevention and early intervention activities.

2. Partnerships

- Consumers, and carers where appropriate, should be recognised as partners in the management of all aspects of treatment, care and recovery planning.
- Partnerships and collaboration with a range of health, aged care and community services and providers are critical to meeting the complex needs of an older person with mental illness.
- OPMH community services should have a focus on strong relationships with, GPs and OPMH acute inpatients units (where present) to promote integrated and continuous care.
- Each OPMH community service should prioritise relationships according to the needs of their local community and local priorities, and develop strategies for improving/maintaining these relationships.

3. Working in different settings and in different ways

- Consumers' preferences regarding setting and modality of care – including face-to-face, telehealth and/or ehealth – should be considered and supported where possible.
- Services should consider logistical arrangements such as access to transport and telehealth facilities and appropriate staff resourcing to support consumer preferences for receiving care.
- Telemedicine may be useful as an adjunct to face-to-face services, particularly in rural locations, but not as an alternative to these services.
- The digital mental health gateway – Head to Health – links Australians to online and phone mental health services, information and resources.[6]

4. Key processes

- In key clinical processes, OPMH community services should be recovery-focused and consumer-led.
- Services should particularly focus on:
  - promoting easy access to services and accepting all referrals for secondary triage and/or initial assessment. Consideration should be given to strengthening the interface with the NSW Mental Health Line and GPs.
  - promoting wellness planning in care planning processes
  - supporting consumers to determine and address recovery goals in assessment and review processes
  - facilitating appropriate physical health assessment and care as per the Physical Health Care within Mental Health Services Policy Directive[7] and Guidelines[8]
  - helping consumers gain access to a range of different services across the health and community care sectors, as required
  - maximising consumer choice and control, including when planning for transition of care/discharge.

- All clinicians must use mandated and state-support assessment tools. If other instruments are recommended locally, these should supplement and not replace mandated tools, and only replace state-supported tools after LHD-level review.
- Specific engagement strategies, resources and assessment tools may be required to improve access and care for priority population groups, including Aboriginal and CALD people.
- It is important to promote the role and target population of OPMH services to GPs, referral services, service partners and the community to help improve access to services.

5. Techniques and therapies

- OPMH community services have a primary responsibility for facilitating *clinical recovery*, while supporting consumers in other aspects of their recovery goals (e.g. by referrals to and partnerships with appropriate health and community care services and psychosocial supports).
- However, optimal 'clinical' interventions will involve a *biopsychosocial approach*, with the OPMH clinician supporting the consumer to manage their self-care, improve social and relationship skills and other aspects of their life.
- Consumers should be able to access a range of evidence-based biopsychosocial therapies. To support this, each OPMH service should develop appropriate clinical governance processes, service delivery arrangements and organisational supports, including:
  - guidance on the range of biopsychosocial therapies that may or may not be provided by OPMH staff, and
  - the process for accessing therapies that are not provided by staff including through inter-professional practice and utilisation of partnerships.
- Most therapies that are effective in younger people remain effective in later age. However specialised knowledge or skills may be required to adapt them appropriately to an older person or someone with cognitive impairment.
- There are currently no national clinical standards on the clinical care of older people with mental illness. However, there are a number of resources available to guide OPMH clinicians. Examples of these are included in Appendix A.
- Older people with mental illness should have access to very *specialised, non age-specific services* (e.g. clozapine dosing, maintenance ECT and depot antipsychotic medications) and each OPMH community service will need to negotiate access to these services as appropriate.
- OPMH community services should have some capacity to provide clinical care for *consumers with substance use issues*, as outlined in the NSW Health Older People's Drug and Alcohol Report.[9] This may involve provision of brief interventions and education where appropriate and/or close collaboration and joint working with specialised drug and alcohol services.

6. Staffing, leadership, clinical supervision & workforce development

- A strong service culture is vital. There should be clear operational and clinical leadership and governance arrangements that recognise and support the specialist nature of OPMH services.
- Multidisciplinary staffing is required in OPMH services. There should be a core staff of dedicated medical and nursing staff and access to skills from other disciplines (including allied health). Staffing should support the provision of biopsychosocial therapies, either through direct provision or in partnership with other services/providers.
- OPMH clinicians will have core skills as outlined in the National Mental Health Core Capabilities[10] and discipline-specific skills. They should have skills to work with older people with mental illness and a desire to further develop these specialist skills.

- The NSW Health Clinical Supervision Framework[11] is a key resource. Specialist clinical supervision should focus on clinical practice in the context of OPMH, with cross-discipline supervision supported where appropriate.
- Staff must be enabled to access workforce development opportunities that further develop OPMH specialised skills, competency and knowledge. There are a range of resources to help with this (e.g. [10,12,13,14]). Other key documents may help promote cultural responsiveness (e.g.[15],[16]).
- OPMH peer workers need to be treated as members of OPMH community teams and engaged in all team activities relevant to their roles. Services without peer workers may wish to consider how/if they can establish peer work.

7. Performance

- OPMH clinicians can help improve the quality and safety of OPMH services. Consider:
  - subscribing to the Australian Commission on Safety and Quality in Health Care On the Radar newsletter which is a summary of some of the recent publications in the areas of safety and quality in health care
  - joining an Agency for Clinical Innovation Clinical Network and/or Taskforce
  - actively participate in benchmarking, data review, accreditation and quality improvement processes and programs.

Appendix A: Example resources to guide OPMH clinicians

Scope	Australian Guidance	International Guidance
Adaptation for Age		American Psychological Association: *Psychotherapy and Older Adults Resource Guide*
Depression	RANZCP: *Clinical practice guideline: Mood disorder* RANZCP: *Position statement: Use of antidepressants to treat depression in dementia* Beyond Blue: *What works to promote emotional wellbeing in older people*	NICE: *Depression in adults: recognition and management* NICE: *Depression in adults with a chronic physical health problem: recognition and management*
Anxiety	RANZCP *Clinical practice guideline: Panic disorder, social anxiety disorder and generalised anxiety disorder* Beyond Blue: *What works to promote emotional wellbeing in older people*	NICE: *Generalised anxiety disorder and panic disorder in adults: management* NICE: *Post traumatic stress disorder: management*
Schizophrenia	RANZCP: *Clinical practice guideline: Schizophrenia and related disorders*	NICE: *Psychosis and schizophrenia in adults: prevention and management*
Bipolar	RANZCP: *Clinical practice guideline: Mood disorder*	NICE: *Bipolar disorder: assessment and management*
BPSD and dementia	NSW Health and RANZCP: *Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD): A handbook for NSW Health clinicians* NHMRC Cognitive Decline Partnership Centre: *Clinical Practice Guidelines and Principles of Care for People with Dementia* Alzheimer's Australia/DBMAS: *Reducing behaviours of concern* DCRC-ABC: *Behaviour Management: A Guide to good practice: Managing BPSD*	IPA: *The Complete Guides to Behavioural and Psychological Symptoms of Dementia (BPSD) – 3 volumes* NICE: *Dementia pathway*
Suicide	NSW Health: *Clinical care of people who may be suicidal* RANZCP: *Clinical practice guidelines for the management of adult deliberate self-harm*	NICE: *Self harm in over 80s: short-term management and prevention of recurrence* NICE: *Self harm in over 80s: long-term management*
Occupational therapy	Osborne Park Hospital, WA: *Dementia: Osborne Hospital Guide for Occupational Therapists in Clinical Practice*	NICE: *Mental wellbeing in over 65s: occupational therapy and physical activity interventions*
Mental wellbeing in RACFs	Beyond Blue: *What works to promote emotional wellbeing in older people: A guide for aged care staff working in community or residential aged care settings*	NICE: *Mental wellbeing in older people in care homes*
Promoting mental wellbeing	Everymind: *Prevention First: A prevention and promotion framework for mental health* NSW Health: *Wellbeing in Later Life: Your Guide to Programs and Activities*	NICE: *Older people: independence and mental wellbeing* University of Toronto/Toronto Public Health, Canada: *Best practice guidelines for mental health promotion programs: Older adults 55+*
Social interventions		NICE: *Social care for older people with multiple long-term conditions pathway* Mental Health Foundation UK: *An Evidence Review of the Impact of Participatory Arts on Older People*
Optimising consumer experience of service		NICE: *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services*
Drug and Alcohol		NICE: *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*

Note: Every effort has been made to ensure the accuracy and reliability of the information in the table above at the time of publication. Links to internet sites and resources are identified; however these represent only a selection of those available. Links to internet sites are provided for information purposes only. Due to the changing nature of internet content, it is the responsibility of users to make their own investigations, decisions and enquiries about any information retrieved from internet sites.

Appendix B: Poster – Summary of Model of Care

NSW Older People's Mental Health Community Services - Model of Care Summary

Recovery-oriented, person-centred, biopsychosocial care with the consumer, their carer and their GP.

Our target population

Our services care for older people with mental health problems, including those with and without dementia.

Although we generally target people 65 years and over, this is applied with flexibility and consumer choice is paramount. Some people under 65 years who have age-related issues causing significant functional disability may be best served by OPMH services, rather than adult MH services, while some older consumers may choose to remain with adult MH services.

We provide care for Aboriginal people aged 50 years or older who want to be cared for in OPMH services.

Our functions

Key processes

Our services focus on:

- promoting easy access to services and accepting all referrals for secondary triage and/or initial assessment following triage
- supporting consumers to determine and address recovery goals
- promoting wellness planning in care planning processes
- facilitating appropriate physical health assessment and care
- helping consumers gain access to a range of different services across the health and community care sectors, as required
- maximising consumer choice and control

Specific engagement strategies, resources and assessment tools may be required to improve access and care for priority population groups, including Aboriginal people and people from CALD backgrounds.

We will promote the role and target population of OPMH services to key service partners and stakeholders including GPs, private providers, RACFs, aged care services and the community to improve access.

Cycle diagram: Transition of Care → Intake, Triage and Admission → Assessment → Care Planning → Provision of Care → Review

Techniques and therapies

Our services have a key role in facilitating clinical recovery and in supporting consumers to address their broader recovery goals. The biopsychosocial approach should support the consumer to manage their self-care, improve social and relationship skills, and improve other aspects of their life.

Our services enable consumers to access a range of evidence-based biopsychosocial therapies. These may be provided directly by OPMH staff or through partnerships.

Most therapies that are effective in younger people remain effective in older age. Specialised knowledge or skills may be required to adapt therapies to an older person or someone with cognitive impairment.

Our services promote access to specialised, non age-specific services (e.g. clozapine dosing, maintenance ECT and depot antipsychotic medications) by older people.

Supported by

Partnerships

Our consumers and carers are recognised as partners in all aspects of care.

Our services develop partnerships that help address the various needs of consumers (e.g. with aged care and community services) and promote integrated and continuous care.

GPs and OPMH acute inpatient units are key partners in care.

Different settings and different ways

Our services consider and support consumer's preferences for the setting and modality of care (e.g. face-to-face, telehealth and e-health).

We use telemedicine as an adjunct to face-to-face services.

Staffing

We maintain a strong service culture through:

- our multidisciplinary teams
- clear operational and strategic leadership
- core, specialist and discipline-specific skills.

We are looking to grow the OPMH peer workforce.

We improve our team's skills, knowledge and practice through both clinical supervision and professional development.

Performance

We improve the quality and safety of our services through benchmarking, accreditation and quality improvement programs.

Our services align with key national and state standards and policies.

For more information about the OPMH Community Model of Care, including useful resources to support clinicians, visit: **www.health.nsw.gov.au/mentalhealth/Pages/services-opmh.aspx**

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