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## Bumpy Tracks... The NT Psychogeriatric service



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AAG National Conference Hobart  
November 2010

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## The starting line..... August 2009

- ❑ **Terminology:** psychogeriatric = mental health of older people / psychiatry of old age (POA)
- ❑ Money from National Partnership Agreement Implementation Plan for Sub-acute Care
- ❑ Project Officer (CNC with background in psychogeriatrics - Darwin) to
  - ❑ map existing related services
  - ❑ identify service gaps e.g. advocacy, access to programs
  - ❑ identify target groups
  - ❑ research best practice model suited to NT
  - ❑ **develop, plan and implement a recruitment process for commencement January 2010 ...**

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## Checking the road ahead!




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## Service outcomes .... seeking the balance

### Improve quality of life

AND aim to...

- ❑ be an advocate for vulnerable people – stick up for them!
- ❑ educate & mentor staff from acute & community service providers re POA
- ❑ reduce iatrogenic illnesses
- ❑ reduce hospital admissions
- ❑ reduce length of stay
- ❑ reduce the risk of permanent residential care



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## Everyone needs a friend along the way ..



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## Is the Territory ageing?

- ❑ **n.b.** The last census did not accurately capture the elderly population
  - ❑ 8% of population over 65
  - ❑ 85 + yr olds **grew** by 15% between 2005-2006
  - ❑ **Expected:** 2002= 3.9%; 2021 = 8.1%; 2051 = 12.1%
  - ❑ **Growth** of 8% from previous decade (4.9% in 2006)
- ❑ Growth **likely** to be 12% by 2036
- ❑ **Current pop:** 160,000 non-indigenous.; 70,000 indigenous.

**PG CATCHMENT AREA**

**Aboriginal Interpreter Service**

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**Some of the beautiful country where we work..**

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**Up and running.... 29 January!**

**Darwin**

- CNC .8 FTE
- Fly-in Psychogeriatrician
- PG clinic (6 clients - 2 days) – consultations related to anxiety disorders, schizophrenia, OCD, depression

**Alice Springs**

- CNC 1.0 FTE
- Fly-in Psychogeriatrician
- PG clinic (8 clients, 2 days) – initially assist with mainly dementia diagnostic assessments

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**Bumps along the road**

- Building relationships
  - GPs
  - Service providers
  - Clients & carers
- Knowledge deficits
  - Ageing *in their own place* – cluttered, not spic 'n' span
  - Understanding that consistency is crucial for older people
  - Understanding Ageing physical issues and how this relates to their mental health as well (co-morbidities)
  - Non-judgemental – accept as they are – *eccentric, hermit-like or odd!*
- Confidence - too much ? / = not enough

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**Really big bumps ... stories.... challenges**

- Wally expelled from a community because he strips off and sits under a tree and talks to himself when he runs out of cigarettes – or throws rocks at the store or clinic
- Unable to access respite services because staff and service providers talk between themselves (across the miles) and label those with history of challenging behaviours
- Will 110 mg valium, 60 mg olanzapine (anti-psychotic usually 5mg bd) and 25 mg haloperidol over 2.5 days deter him from wanting a cigarette?
- Can one be expelled from Cowdy ward (mental health unit Darwin)? At 66!

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**Challenges ....**

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**They think I've lost my marbles...**

- ❑ How many times in 1 week should one do a Mini-Mental/KICA in hospital?
  - ❑ In ED when I'm in agony with a fracture & dosed up?
  - ❑ The morning after when I've had no sleep in ED and busting for the loo?
  - ❑ The morning after that when I've been moved again and sharing a ward with 3 other sick people and they flushed my hearing aids down the toilet?
  - ❑ Maybe a week later.....the anaesthetic might have worn off by then...
  - ❑ And the week after that - I've probably learnt it off by heart by then and I can fool anyone...
  - ❑ By the way ... do you know that I speak 4 Indigenous languages BUT only a few words of English!

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**Some of the fun training mandatory for the Territory!**

- ❑ 4X4 wheel drive course mandatory for remote community work visits  
(I haven't had so much fun in years)
- ❑ To prepare for sand driving, water floodway and river crossings (with all the rain!) and mud



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**Track record to date...**

- ❑ Alice Springs has formed links with the Memory Clinic in Adelaide for younger people with memory problems to be seen
- ❑ Out Patients' Diagnostic Memory Clinic with a Physician/Geriatrician from Alice Springs Hospital - commenced Sept! now had 3 clinics!
- ❑ Clinical & neuro psychological assessment out sourced
- ❑ Both Alice & Darwin PG staff successfully organised hospital admission for a client through GP and hospital Physician
- ❑ Remote / rural visits: Daly River, Batchelor, Katherine, Bathurst Island, Tennant Creek, Santa Teresa
- ❑ Clinical placements for CDU nursing students

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**A few little glitches along the way .. Nothing serious!**



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**Is the target group as expected? (to June 30)**

<p><b>Top End total = 55</b></p> <ul style="list-style-type: none"> <li>❑ ATSI = 7</li> <li>❑ CALD = 9</li> <li>❑ People living alone (without carers) = 35</li> <li>❑ Acquired brain injury (on increase)</li> <li>❑ Living in squalid conditions</li> <li>❑ 22 better off in PG inpt unit</li> <li>❑ M = 34 F = 21</li> </ul>	<p><b>Central Aust. total = 36</b></p> <ul style="list-style-type: none"> <li>❑ ATSI = 12</li> <li>❑ CALD = 3</li> <li>❑ People living alone (without carers) = 6</li> <li>❑ Acquired brain injury (on increase)</li> <li>❑ Living in squalid conditions</li> <li>❑ 8 better off in PG inpt unit</li> <li>❑ M = 20 F = 16</li> </ul>
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**Are the outcomes as expected? (to June 2010)**

	2009-2010	2010-2011	2011-2012
Anticipated referrals :	20	104	108
Anticipated occ. service :	70	364	364

<p><b>Top End</b></p> <ul style="list-style-type: none"> <li>❑ 190 occasions of service</li> <li>❑ 55 referrals</li> <li>❑ 20 consults / behaviour advice</li> <li>❑ Reduction in re-presentation to hospital = 8 clients</li> <li>❑ Evidenced base comprehensive assessment</li> <li>❑ Collaboration &amp; networking</li> <li>❑ Intensive case management</li> </ul>	<p><b>Central Aust</b></p> <ul style="list-style-type: none"> <li>❑ 231 occasions of service</li> <li>❑ 36 referrals</li> <li>❑ 15 consults / behaviour advice</li> <li>❑ Reduction in re-presentation to hospital = 5 clients</li> <li>❑ Evidenced base comprehensive assessment</li> <li>❑ Collaboration &amp; networking</li> <li>❑ Intensive case management</li> </ul>
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**Do we have a business case for expansion?**

- ❑ **YES of course.....**
  - ❑ Hospitals reduced LOS as education focuses on behaviour, medications and delirium management
  - ❑ Community clients reduced risk of hospitalisation
  - ❑ Remote health clinics have increased support as indigenous ageing numbers grow
  - ❑ RACF residents reduce episodes of hospitalisation
  - ❑ Reduced incidents / staff injuries
  - ❑ Reduced problems related to Territory Housing residents

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**Can be a bit slow going .... But we are working on it**




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**Wish List \$\$\$\$\$\$\$\$!**

- ❑ Increased staffing – full time Social Worker for each region, an Aboriginal Liaison Officer (ALO)
- ❑ Secure transitional / assessment beds - special care unit (eg WA or NSW models) with supportive and appropriate medical and allied health services in collaboration with acute care
- ❑ Unit to have appropriate environment for comprehensive assessment and enhanced behaviour management planning
- ❑ Funding for squalor clients – ‘clean ups’
- ❑ Increased collaboration between geriatric, mental health & palliative care


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**Full steam ahead.....**



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**Some times the road can be not as it seems ..**



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**Do things you have never done before..**



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What's the road ahead look like?



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