

Oversea Corporate Scholarship Programme for Allied Health Professionals 2012-13 –

Attachment Programme for Allied Health Professionals in Primary and Community Care for Old Age Psychiatry 19 – 30 Nov 2012

Isaac KWOK Clinical Psychologist



**Paul LAU, PT(KH) Helen SEZTO, OT(UCH)** 

Menda CHAU, OT(WCH)

**Natalie LAI, OT(CPH)** Windy TSUI, PT(UCH) Isaac KWOK, CP(PYNEH)

#### **Team members**

- To understand the healthcare models for older adults with mental health problems and / or dementia in the United Kingdom;
- To explore the feasibility of adopting service model in Hong Kong;

3. To promote the collaboration of the multi-disciplinary teams in dementia care service.

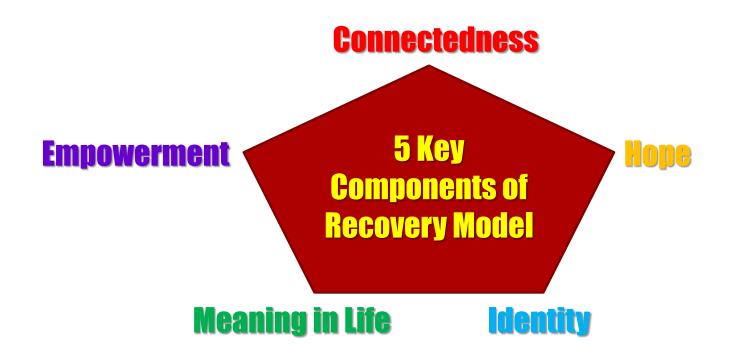


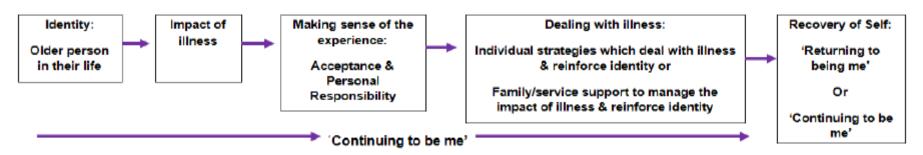
### **Major Objectives**



Ms. Stephanie Daley, Lead OT & Recovery Lead for the Mental Health of Older Adults & Dementia CAG (MHOAD)

# Recovery Model for the Older Adults with mental illness





#### **Recovery for Older Adults in the UK**





### Case Formulation Group



**Dr. Grace WONG**Consultant Clinical Psychologist

## **IAPT**



Improving Access to Psychological Therapies

#### Focus of the Intervention

Nature of the Intervention

Step 4: **Severe and complex depression**; risk to life; severe self-neglect

Medication, high intensity psychological interventions, ECT, crisis service, combined treatments, multiprofessional and inpatient care

**Secondary Care** 

Step 3: Persistent sub-threshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate to severe depression

Medication, high intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions

Step 2: Persistent sub-threshold depressive symptoms; mild to moderate depression

Low intensity psychological and psychosocial interventions, medication and referral for further assessment and interventions

Step 1: All known and suspected presentations of depression

Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions

### NICE — Stepped Care



Dr. Sophie Monaghan Dr. David Matthews

Clinical Psychologist Consultant Clinical Psychologist

### Croydon Memory Service

#### Client with subjective memory problems



**Referral**: Client is referred to CMS through designated channels. CMS assess for appropriateness



Client referral is considered appropriate?

CP

Assessment: Client and significant other undergo the assessment process

Yes

Nurse

OT

Social Worker

**Assistant** psychologist

Primary care access worker

**Psychiatrist** 

**Diagnosis and Feedback**: Client, significant and referrer are informed of probable / possible diagnosis and action plan



Treatment: Client undergo treatment plan as agreed



Review: Client is reviewed following baseline after 6 months, 12 months and then at least every 12 months



Yes Client is ready for D/C? D/C back to GP

Care coordinator has concerns about a range of problems



Referral to **CMHT** 

#### **Patient Pathway for clients with dementia Croydon Memory Services**





#### **Croydon Careline Service**





Ms. Barbara Dunk, OT Consultant in-charge of the Assistive Technology service (Left 2)

**Assistive technology** 









PT, care attendant and supervisor in Park Avenue Care Centre

#### Namaste Care Programme



Physiotherapist of MHOA/D



# Pain Management and Fall Prevention Programme



## **Learning and Reflection**

- 1. Enhancing CP services in dementia care
- 2. Increasing accessibility and health promotion
- 3. Quality service & adoption of Step Care Model
- Collaboration with COC Psychiatry and COC Geriatric for enhancing CP services for the elderly

- Development of Recovery Model for the Older Adults with mental illness
- Improving Quality of Life and Independence of People with Dementia through Assistive Technologies
- 3. Namaste Care An Inspired Approach for the Older Adult with advanced dementia

- Use of recovery model and patient centered care approach by all disciplines in the whole process of disease management and care for psycho-geriatric clients
- Pain management and fall prevention programme can be enhanced and delivered in PT service in mental health service for older adults and dementia care
- 3. The principles of Namaste care can be promoted in PT practice

# Thank you!