Welcome to the Seminar One of the 2020 Lecture Series supporting clinicians working with older people with mental health problems

What do we know about the impact of viral epidemics on older people’s mental health, and what can we do?

A partnership activity of
HETI Higher Education
and
Older People’s Mental Health Policy Unit, Mental Health Branch, NSW Ministry of Health
Today’s Agenda

• 12 noon  Lecture commences
• 12.45 pm  Q & A
• 1pm -1.15 pm  Virtual Afternoon Tea

• **Questions** should be posted using the ‘Chat’ function in Zoom (usually found in the centre of the toolbar at the bottom of your screen)
• **Virtual Afternoon Tea** will be through random allocation to Zoom rooms. You are most welcome to stay and catch up with others from across NSW, or return to your usual work.
Have you considered study in 2020?

HETI’s Applied Mental Health Studies older persons specialisation draws on person-centred and recovery oriented practice for working with people who are moving into old age and very old age. Students will explore the reality of challenges and developmental changes that occur with age. There is also an acknowledgment of the ongoing contribution of older people to society and identification of factors that support positive ageing.

Scholarship Opportunities about to open for 2020 Semester Two
Open to clinicians working in NSW Health older people’s mental health services or transitioning to work in these services.

Other NSW Health clinicians may be considered for scholarships, depending on applications.

For more information on courses and upcoming information on scholarships go to www.heti.edu.au or email info@heti.edu.au
2020 Opportunities for study in HETI’s Applied Mental Health Studies

Choice of study intensity
You can elect to take an award pathway to a Graduate Certificate, Graduate Diploma or Masters or enrol in non-award courses or units for training or professional development purposes.

Learn in your time
Delivered in an online learning environment, with interprofessional collaboration via online forums and Zoom sessions encouraging open discussions and regular communication.

Learn with experts
Amelia Renu, Academic Lead – Older Persons
Amelia has worked as a Clinical Nurse Consultant in Older Persons Mental Health for over 12 years, including acute inpatient care and community experience. She also has held project roles in workforce planning and development, and the development and implementation of core competencies in the specialty with the NSW Older Person’s Mental Health Policy Unit, and the NSW Institute of Psychiatry. Amelia holds a Master’s Degree which focused on Clinical Teaching, Research and Gerontology. She has been a Lecturer in Nursing at Australian Catholic University (ACU) for the last 4 years, and has recently finished a Graduate Certificate in Higher Education through ACU
What do we know about the impact of viral epidemics on older people’s mental health, and what can we do?

Dr Roderick McKay
Director Psychiatry and Mental Health Programs
Acknowledgements

I acknowledge the Traditional Custodians of the various lands on which we work today and any Aboriginal and Torres Strait Islander people participating in this session.

I pay my respects to Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. 
Acknowledgements

In light of our purpose, and in particular given the history of the site the HETI North Parramatta Campus is located on, I would like to recognise those with lived experience of mental health conditions in NSW. I acknowledge that mental health clinicians can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities.
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Introductions

Dr Roderick McKay

• Director Psychiatry and Mental Health Programs
• Clinical Advisor, Older People’s Mental Health Policy Unit
• Conjoint Senior Lecturer, University of NSW
• Old Age Psychiatrist
• Clinician
• Community member
• Previous
  • Clinical Director
  • Bi-national Chair, RANZCP’s
    - Faculty of Psychiatry of Old Age
    - Community Collaborative Committee
Outline

• Lessons From Hong Kong
• Overwhelmed with complexity of information?
• Frameworks to assist understanding
  • Wicked Problems
  • Domains of a meaningful life and recovery oriented care
• Implications for next steps for each of us
Lessons from Hong Kong


Hong Kong 2003 – SARS epidemic

• lasted just over 3 months,
• affected 1755 patients,
• ~300 deaths
• associated with increased elder suicide rate for 2003 (Chan et al., 2006).
  • increased risk of completed suicide in older women, but not men or the population aged under 65.
• Factors may have contributed
  • breakdown of social networks
  • limited access to health care
  • female elders, because of their preexisting engagement in social and health services, were more susceptible to the effects of temporary suspension of these services during the SARS outbreak (Chan et al., 2006).
• The Hong Kong-specific Elderly Suicide Prevention Program established in 2002, with efficacy in reducing suicide rates (Chan et al., 2011), has continued throughout the pandemic.
Whether the coronavirus disease 2019 (COVID-19) pandemic influences suicide rates in older adults is not yet known. However, the pandemic is likely to result in a confluence of the risk factors for suicidal behaviors (Reger et al., 2020) informing approaches to prevention.

**Solutions: suicide prevention for older people during COVID-19**
- Population approaches (primary prevention)
- Continuity of access to mental health care (secondary and tertiary prevention)
- Targeting loneliness and disconnection
- Mitigating the adverse effects of quarantine

“Whether the coronavirus disease 2019 (COVID-19) pandemic influences suicide rates in older adults is not yet known. However, the pandemic is likely to result in a confluence of the risk factors for suicidal behaviors (Reger et al., 2020) informing approaches to prevention.”

**Conclusion**
There are several ways in which the COVID-19 pandemic will have an impact on suicide in older adults, including by increasing the prevalence of known risk factors for suicide and infection control measures which increase isolation and vulnerability. Countries grapple with the pandemic crisis in the midst of their own challenges – economic, political, and natural disasters. However, there are common elements to suicide prevention in older adults: accessible dissemination of accurate information, promoting self-help and positive coping, reducing isolation through technology, and developing telehealth.”
Importance of local context

May 2020, pp. 1-20

COVID-19 and Psychogeriatrics: The View from Australia

Nancy A. Pachana (a1), Elizabeth Beattie (a2), Gerard J. Byrne (a3) and Henry Brodaty (a4) (a5)

DOI: https://doi.org/10.1017/S1041610220000085 Published online by Cambridge University Press: 12 May 2020

• Rate / pattern of dissemination
• Bushfires
• Indigenous populations
• RACFs and people with dementia
• Ethical challenges
  • Ageism and self stigma
  • didn’t discuss Royal Commission or Voluntary Assisted Dying legislative context
• Medicare
• Telehealth enhancements
• Internet and internet based mental health infrastructure
Importance of local context

- Cultural habits
- Spirituality
- Health system capacity
- Baseline social well-being
- Decline in physical well-being
- Dying alone
- Telehealth
- Social mobilisation

COMMENTARY

COVID-19 and mental health of older adults in the Philippines: a perspective from a developing country
And context includes that has not been not well..recently, or ever?

We are the hollow men: The worldwide epidemic of mental illness, psychiatric and behavioral emergencies, and its impact on patients and providers

Veronica Tucci and Nidal Moukaddam

Those who have crossed
With direct eyes, to death's other Kingdom
Remember us-if at all-not as lost
Violent souls, but only
As the hollow men
The stuffed men
This is the way the world ends
This is the way the world ends
Not with a bang but a whimper.

–T.S. Eliot, The Hollow Men
And it is not all bad

Positive mental health-related impacts of the SARS epidemic on the general public in Hong Kong and their associations with other negative impacts

Joseph T.F. Lau\textsuperscript{a,*}, Xilin Yang\textsuperscript{a}, H.Y. Tsui\textsuperscript{a}, Ellie Pang\textsuperscript{a}, Yun Kwok Wing\textsuperscript{b}

\textsuperscript{a} Centre for Epidemiology and Biostatistics, School of Public Health, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, China
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Accepted 21 October 2005
Available online 15 December 2005
“Results: Over 60% of the respondents stated that they cared more about the family members’ feelings; about 30%-40% stated that they found their friends, their family members more supportive or having more sharing with others when not feeling happy; only a few percent felt the opposite. Further, about 2/3 of the respondents paid more attention to their mental health. About 35%-40% took more time to rest, for relaxation or doing exercise. These items were, in general, negatively associated with post-traumatic stress, perception of stress and other perceptions that were related to SARS.”

Overwhelmed with complexity of information?
Covid-19 and the acceleration of state surveillance

MUHAMMAD FAIZAL ABDUL RAHMAN
Online teaching support: COVID-19 resources

In response to the COVID-19 pandemic, many publishers are temporarily enhancing access to their content.

Resources on COVID-19

AIP Publishing
AIP Publishing has identified a collection of research articles relevant to infectious diseases, epidemics, computational epidemiology, and pandemics, and made them free to read until March 31, 2021.

Biochemical Society/Portland Press
The Biochemical Society/Portland Press has, along with several organisations/publishers, signed a joint statement on sharing research data relating to the coronavirus outbreak freely.

BioOne
BioOne has made relevant content from their publishing partners available to provide support for those working on crisis solutions. Visit their COVID-19 resource page.

Additional relevant articles related to the coronavirus and pandemics can be found via BioOne Complete.

Cambridge University Press
Cambridge University Press has made available their COVID-19 Collection. Some of this content was already open access and the rest has been made freely available.

CEIC: Data: Novel Coronavirus Outbreak Map
CEIC Data's interactive global map covers the number of confirmed cases, deaths, recovered patients and concentration of the COVID-19 virus. Updated daily.

Clarivate
Clarivate's response includes the launch of a global resource site to help medical researchers and healthcare professionals access the world's leading research and late-breaking news around the coronaviruses.

De Gruyter
De Gruyter is offering free access to selected e-journal articles on COVID-19, published online ahead of print.

ELSEVIER
Since January 2020 Elsevier has created a COVID-19 resource center with free information in English and Mandarin on the novel coronavirus COVID-19.

ProQuest Coronavirus Research Database
ProQuest is providing free access to key content on COVID-19.

https://subjectguides.library.unsw.edu.au/teachingsupport/covid19
Three Challenges That the COVID-19 Pandemic Represents for Psychiatry
Ladislav Kesner, Jiří Horáček
Journal: The British Journal of Psychiatry
Published online by Cambridge University Press: 15 May 2020, pp. 1-5

COVID-19 and ophthalmology: an underappreciated occupational hazard
Irene C. Kuo, Terrence P. O’Brien
Journal: Infection Control & Hospital Epidemiology
Published online by Cambridge University Press: 15 May 2020, pp. 1-9
Coronavirus misinformation and confusion plagues health workers

ABC Science / By technology reporter Ariel Bogla
Posted 6h ago, updated 8h ago

With very varying content

- A little research
  - Varied levels of peer review
- A lot of opinion
  - Some linked to past research
  - Some quite misleading (from my perspective)

And attempts to make sense of information overload
Making sense of information overload

Mental health and psychosocial considerations during the COVID-19 outbreak

https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf
Making sense of information overload

With uncertainty about how the past will relate to the future

“This month’s ANZJP depicts the preCOVID-19 world. Life is very different now, and psychiatric training, practice and research are adapting to a new and rapidly changing environment.”

“Looking at this month’s ANZJP, most of these studies could not be carried out in the COVID era”

“The world after the COVID-19 pandemic will be very different. It is likely there will be more people in need of psychiatric care. Most research will have taken a forced pause - but maybe some good will come from this as researchers learn new ways of working, and take stock of existing resources. Transitions to telepsychiatry and online learning, whilst rushed and stressful now, may lead to more flexible access to education and to treatment in the long term.”
Frameworks to assist understanding

Linking the overwhelming and rapidly changing to the more familiar and more stable
As many are....

As many are....

The British Journal of Psychiatry

Achieving Good Mental Health during COVID-19 Social Isolation

Rowan Diamond (a) and John Willan (a2) (a3)

DOI: https://doi.org/10.1192/bjp.2020.91  Published online by Cambridge University Press: 04 May 2020
Wicked problems

- Problems are never completely solved
- Every problem is unique
- There is no clear problem definition
- Multicausal, multiscale, and interconnected
- Solutions are not right/wrong, but are better/worse
- Every solution ramifies throughout the system
- Straddle organisational and disciplinary boundaries
- Multiple stakeholders with conflicting agendas
- Can take a long time to evaluate solutions

Mental Ill health

“Mental ill-health is a broad term that includes both mental illness and mental health problems.

A mental illness is a disorder diagnosed by a medical professional that significantly interferes with a person’s cognitive, emotional or social abilities. Examples include depression, anxiety, schizophrenia and eating disorders. These can all occur with varying degrees of severity.

A mental health problem can reduce a person’s cognitive, emotional or social abilities, but not to the extent that it meets the criteria for a mental illness diagnosis.”

https://everymind.org.au/mental-health/understanding-mental-health/what-is-mental-illness
The importance of self efficacy

The debate about why there has been no detectable improvement in population mental health despite the very large investment in ‘Better Access’ (Jorm, 2018)
Could discouraging self-help outweigh benefits of treatments known to otherwise be effective? (Meadows et al., 2019)
Domains of a meaningful life and recovery oriented care

- Support services
- Spirituality
- Personal relationships
- Leisure
- Personal development
- Occupation
- Accommodation
- Social connectedness
- Health

Personal Recovery: Continuing to be me with a meaningful and contributing life

Adapted from PD20017_003 Specialist Mental Health Services for Older People (SMHSOP) Community Services Model of Care – Guideline.
What do we know about impact of viral epidemics on the domains of meaningful life
Personal Recovery: Continuing to be me with a meaningful and contributing life

Adapted from PD20017_003 Specialist Mental Health Services for Older People (SMHSOP) Community Services Model of Care – Guideline.
What do we know about impact of viral epidemics on health?

Physical Health
- Multiple
- Direct neurological
- Recovery period

Mental Health
- Delirium
- Cognition?
- PTSD
- Suicide
- …

Other things important to each person’s life…
What do we know: Physical health

• Overwhelming rapid evolution of knowledge
• Of possible particular note
  • Delirium
  • Neurological complications
  • Altered blood clotting
  • Risk of severe illness and death increases with age
  • Reduction in both access to, and accessing of health services including for preventative care
• But are there also positives??
  • ? Increase exercise some groups
What do we know: Mental illness post viral epidemic

- WIDE variation in estimates in differing populations, and quality of studies (Lötsch et al. 2017)
- Some VERY high
  - Post Ebola survivors in Liberia
  - “Of the 116 people who survived, 76 (66%) recorded posttraumatic stress disorder, 61 (53%) depression, 43 (37%) anxiety, and 39 (34%) attempted suicide.” (Nyanfor and Xiao, 2020).

Little evidence about impact of survivors who did not get ill
No evidence about communities who the epidemic bypassed
  Good or bad effects
What do we know: Mental illness post viral epidemic

- Likely risk factors for PTSD or ongoing psychological ‘dysfunction (Boyras & Legros 2020)
  - Level of exposure
  - Loss of a loved one
  - Hospitalisation for COVID-19
  - Isolation and quarantine
  - Social Inequality and related risk factors
  - Living with disability
  - Occupational factors
  - Female gender
  - **AGE conflicting results between viruses and countries whether older age a risk or protective factor**
What do we know: Suicide

- Multiple risk factors likely in COVID-19 survivors for suicide (Sher L 2020)
  - Psychological
    - Stresses related to diagnosis/ hospitalization/ treatment
    - Social isolation
  - Neurobiological
    - ICU related
    - Sleep disturbance
    - Medication effects
    - Cognitive impairment
    - Ongoing symptoms
What do we know: responses to trauma?

- **Sufficient fear of infection is required to obtain compliance with public health measures** (Harper et.al. 2020)
- Depression has been identified as a potential mediating factor in prolonged fatigue and PTSD from MERS (Lee et al. 2019)
- **Harm can be done with well meaning interventions**
  - “In the first hours after the traumatic event, psychological debriefing is likely to have no or potentially a negative effect on subsequent PTSD and psychological interventions have not shown consistent results. Providing common-sense help and reassurance is likely to be helpful” (Freeman, 2019)
- Psychological therapies are probably effective but with limited size of studies and lack of clarity if these need to be trauma focused (Lely et al., 2019)
  - With trauma focused approaches potentially more intrusive (Lely et al, 2019)
- PTSD often lower in older populations outside of epidemics (Cook et al. 2017)
- But not always (Baral et al., 2019)
What do we know: Depression and anxiety in epidemic or post trauma

- **Elderly may be particularly at higher risk**
  - Multiple papers
- **Or not?**

- **And in time of recession,**
  - Positive psychological health declines (but ? not subjective life satisfaction) (Bayliss et al., 2016)
  - it appears **older people may be more resilient** in regards to depression and anxiety (Brown et al 2017)
What do we know: use of mental health services?

• In Lombardy, voluntary admissions dropped during epidemic, but not involuntary admissions (Clerici et al. 2020)
• Multiple reports of both
  • Reduction in access to community mental health services
  • Changes in provision of community mental health services
    - Reduction
    - Transitions to tele / video health
    - eMental Health
      » Acceptable to older people in a number of studies BUT Cautionary note about possible drop out rates (Jennings et al. 2019)
• Historical mistrust can impede access (Srivatsa and Stewart, 2020)
• Integrating mental health responses into mainstream epidemic response may be more effective in some settings (Srivatsa and Stewart, 2020)

But the obstacles to doing so are not small (Pfefferbaum and North 2020)
What do we know: use of mental health services?

- Patients with mental health problems, and in mental health care (possibly) have increased risk factors for both infection with coronavirus, and poor outcomes. Reports about this, and how systems under great stress are responding are emerging
  - *Ensuring mental health care during the SARS-CoV-2 epidemic in France: a narrative review.*
- Appointments from different services can interfere with each others interventions (Pebole and Hal, 2019)
What do we know?

- **Ageism** has been evident (Ayalon L, 2020)
- And fear/ reality of rationing of services
- But also recognition of need to mobilise support for older people (Lapid et al. 2020)
  - Including in Australia’s National Mental Health and Wellbeing Pandemic Response Plan
- And Australia has some specific contexts
  - Notably recent introduction Voluntary Assisted Dying Legislation in some states, and associated debates
  - Limited older persons mental health focus in mental health planning outside NSW prior to the pandemic
- **Loneliness** expected to increase (Patel & Clark-Ginsberg, 2020)
- Even after recovery infection has carried stigma in past epidemics (eg Ebola, Srivatsa and Stewart, 2020)
What do we know?

• Social isolation will increase, and

• “Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home, such as at day care venues, community centres, and places of worship. Those who do not have close family or friends, and rely on the support of voluntary services or social care, could be placed at additional risk, along with those who are already lonely, isolated, or secluded.” (Armitage and Nelluma, 2020)
  • And so increasing their risk of depression and anxiety

• BUT
  • What is happening in Australia?
    - For some
      » Work from home
      » School children at some
      » Virtual groups
    - For others, quote all too prescient
Personal Recovery: Continuing to be me with a meaningful and contributing life

Adapted from PD20017_003 Specialist Mental Health Services for Older People (SMHSOP) Community Services Model of Care – Guideline.
What do we know?

Residential aged care
• At higher risk of being a local epicenter of infection
• Have marked visitor restrictions
• BUT
• Also examples of marked improvement in social activities and even empowerment of residents

• At home
  • Reported reduction in use of services
Personal Recovery: Continuing to be me with a meaningful and contributing life

- Occupational engagement
- Accommodation
- Social connectedness
- Health
- Leisure
- Spirituality
- Personal relationships

Support services

Adapted from PD20017_003 Specialist Mental Health Services for Older People (SMHSOP) Community Services Model of Care – Guideline.
What do we know?

Domestic violence increased (Media reporting, not age specific)
Personal Recovery: Continuing to be me with a meaningful and contributing life

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Personal Recovery: Continuing to be me with a meaningful and contributing life

Domains of a meaningful life and recovery oriented care

Adapted from PD20017_003 Specialist Mental Health Services for Older People (SMHSOP) Community Services Model of Care – Guideline.
What should we do?
Find and consider concepts that make sense to you

The Eco-Social Trauma Intervention Model

Be cautious in interpreting ‘evidence’

• Australia is not in the situation where most studies and reports have arisen from
• We are left in a state of uncertainty
  • Have we escaped the worst of the pandemic
  • Or is it still to come?
• What will post COVID life look like?
• What will our economy look like?
Recognise conflicting values will occur, but action must occur

- What is appropriate isolation

  cf

- Seclusion?
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Conventional</th>
<th>Wicked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problems</td>
<td>Clear definition of problem, unknown solutions</td>
<td>No clear definition of problem – unknown and changing solutions</td>
</tr>
<tr>
<td>2. Thought processes</td>
<td>Linear</td>
<td>Complex systems</td>
</tr>
<tr>
<td>3. Time dimension</td>
<td>Task completed when problem solved</td>
<td>No time solution, politically determinate</td>
</tr>
<tr>
<td>4. Nature of knowledge - expertise</td>
<td>Scientific solutions by experts</td>
<td>Problem definition is function of stakeholder views and perspectives</td>
</tr>
<tr>
<td>5. Outcomes</td>
<td>Outcome is either true or false, successful or unsuccessful</td>
<td>Unknown outcome – may be better, worse, or acceptable</td>
</tr>
<tr>
<td>6. Problem approach</td>
<td>Scientific, knowledge protocols</td>
<td>Solutions are judgmental, depending on stakeholder views</td>
</tr>
<tr>
<td>7. Problem characteristic</td>
<td>Loose coupling</td>
<td>Tight coupling</td>
</tr>
<tr>
<td>8. Solutions characteristic</td>
<td>Cause and effect analysis</td>
<td>Multiple feedback analyses</td>
</tr>
<tr>
<td>9. Value system</td>
<td>Shared values of outcomes</td>
<td>Values are in dispute, or in conflict</td>
</tr>
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Source: Adapted from Batie (2008) and based on Kreuter et al. (2004).
Wicked Problems: some key features (Keijser, Huq & Reay (2020))

- “Social issues that cross sectors and which cannot be understood and addressed in isolation”.
- Formulations often ‘grounded in value perspectives’,
  - “stakeholders hold value-laden understandings of the issues and propose solutions based on these values”
  - More information unlikely to achieve consensus between stakeholders
- ‘resistant to a clear definition and an agreed solution’
- Proposed solutions often associated with better-or-worse options,
- ‘solutions’ themselves may leads to outcomes that emerge over time
  - resulting in new challenges that can impact the problem itself.
- Solutions need to be designed around robust actions that support sustained engagement in ways that are non-committal and that keep future lines of action open.
If I was still a service director what would I do?

“Robust actions that support sustained engagement in ways that are non-committal and that keep future lines of action open”

• Focus on actions
  • within control of the service (robust) that
  • Enable stakeholders (robust) to enhance the lives of older people
    - who access the service, or
    - may be prevented from needing to access the service through the actions
    - (engagement)
  • include planned 2 way communication with
  • (sustained, keeping future lines of action open) stakeholders,
    - and those who access the service
  • AND are simple (robust)
If I was still a service director what would I do?

- Include a **simple checklist** to be done once with every consumer
  - With simple targeted subsequent actions agreed with each consumer and their supporters
  - That are reviewed to be continued appropriately after discharge from service (if relevant)
- **Communicate with key stakeholders** regarding
  - What the service is doing
  - Key changes in how the service is
    - Accessed
    - Operating
  - How to communicate with the service about
    - Individuals
    - System issues
    - Opportunities to collaborate
What might be on a checklist?

- Has the person know where to **find out reliable information** about COVID-19
- Does the person have **access to the internet**
  - If not, do they have someone who can assist them find information and services?
- Do they **have a plan** for what they will do if they need to self isolate?
- Does the person **have supporters** who will be able to identify if action is required, and enable this?
  - 0 = high risk
  - 1 or only those in same residence = medium risk
  - 2 or more in more than one residence = lower risk
- If high risk
  - Is the person well engaged with this, or another health or social, service that provides proactive follow up?
    - Yes = high risk
    - No = Very high risk
Look after yourselves

As a clinician what should I do?

• Ensure I consider the issues in the checklist in my practice
• Ensure I keep up to date on what is shared ‘common’ knowledge regarding COVID-19 and related practice
• Keep focused on providing recovery oriented care in which ever way best fits with the adaptations services I work with need to make for COVID-19
• Expect to face ongoing changes in the way I practice, and the context those I work with are seeking help
  • And see this as an opportunity rather than a burden

Keep focused on the older person and their networks
They will find most of the answers with our support
How do we identify and support those who most need it??

• Recognise all are trying to work this out so start where you can
• Consider looking at a couple of the references from this presentation
• Consider
Virtual Afternoon Tea

Enjoy!

(and please complete the feedback survey)

https://www.surveymonkey.com/r/OPMH2020Lecture1
References and resources


References and resources


Cook JM, Simiola V. Trauma and PTSD in older adults: Prevalence, course, concomitants and clinical considerations. Current opinion in psychology. 2017 Apr 1;14:1-4.


References and resources


References and resources


References and resources

Nyanfor SS, Xiao S . The Psychological Impact of the Ebola epidemic among Survivors in Liberia: a retrospective cohort study. Preprint from Research Square, 23 Mar 2020  DOI: 10.21203/rs.3.rs-18672/v1


Sher L. Are COVID-19 survivors at increased risk for suicide?. Acta neuropsychiatrica. 2020 May 4:1-.

References and resources


Wilcox S. The Factors That Support Mental Resiliency in a Pandemic. Psychology Today. April 01, 2020
