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Mental Health Professionals Network

Webinar

An interdisciplinary panel discussion

Collaborative Mental Health Care, Older People and Sleep Disturbance

Monday, 20th August 2013

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by

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Panel

- Dr Richard Kidd (general practitioner)
- Prof Colette Browning (health psychologist)
- Dr Rod McKay (psychiatrist)
- Dr David Cunnington (sleep physician)

Facilitator

- Prof Shantha Rajaratnam (psychologist)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face professional development activity.
- Please post your comments and questions for panellists in the 'general chat' box. For help with your technical issues, please post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please provide your feedback by completing the short survey which will appear as a pop up when you exit the webinar.

Learning Objectives

Through an inter-disciplinary panel discussion about Wayne, an older person who may be experiencing mental health issues and/or sleep disturbances (case study), the webinar will:

- Raise awareness of the link between mental health and sleep disturbances
- Identify the key principles of the featured panellists' approach in assessing, treating and supporting Wayne
- Identify the merits, challenges and opportunities in providing collaborative care for Wayne

General Practitioner Perspective

Approach?

- Need to engage Wayne and maybe Bev
- Wayne asked the question that is the segue into hooking Wayne into investigation and treatment
- No its not old age and maybe I can do a lot to help
- We need to work out if its one or more things going on

Dr Richard Kidd

General Practitioner Perspective

Differential Diagnoses?

- Maybe too early for DD – we need more information about Wayne
- Weight change? Pain? Mood? Cognition? SOB?
- Diabetes? / Prostatism? / Sleep apnoea?

Dr Richard Kidd

General Practitioner Perspective

Differential Diagnoses? continued..

- Dementia? / Depression?
- Is Bev depressed? She is also not sleeping – what about her pain control?

Dr Richard Kidd

General Practitioner Perspective

What Next?

- Blood and urine tests for Wayne
- More history and family history around dementia and depression as well as diabetes / prostate
- Comprehensive mental health assessment cognitive and mood assessment
- Maybe referrals – Sleep Physician, Psychologist

Dr Richard Kidd

Health Psychologist Perspective

- Wayne's situation demonstrates the inter-relationships between physical, cognitive and mental health and sleep disturbance in the context of age-related changes and expectations.

- A health psychologist can focus on how biology, psychology, behaviour and social factors influence health and illness.

Prof Colette Browning

Health Psychologist Perspective

- In later life poor sleep quality is an independent risk factor for falls and depression and can inhibit recovery from illness.

- In later life good quality sleep is important for cognitive functioning and memory consolidation.

- Chronic illness, which is more prevalent in later life, can impact on sleep quality.

Prof Colette Browning

Health Psychologist Perspective

- Sleep also often occurs within the context of a personal relationship. Poor sleep patterns can be disruptive to a partner (Beverley) and people with care giving responsibilities may have disrupted sleep patterns.

- Wayne attributes his health problems, including wakefulness at night and difficulty getting back to sleep, to old age. He holds negative expectations about whether he can be helped.

Prof Colette Browning

Health Psychologist Perspective

- As a health professional we first have to reassure Wayne that in later life health problems can be treated.

- A health psychologist can use evidence-based approaches such as CBT in the treatment of sleep problems.

- A health psychologist can also help Wayne deal with weight issues and the management of any chronic illnesses that may be influencing his sleep patterns.

Prof Colette Browning

Psychiatrist Perspective

Principles of psychiatrist assessment of Wayne

- Structure and emphasis of assessment will vary according to
  - psychiatrists experience and training
  - Wayne's wishes
  - setting of assessment

- Semi structured approach
  - Follow patient's responses in how to move through assessment
  - But know what areas need to be covered

Dr Roderick McKay

Psychiatrist Perspective

Principles of psychiatrist assessment of Wayne continued..

- Bio-psycho-social assessment and formulation
- Looking for predisposing, precipitating and perpetuating factors
- Comparing and contrasting patient and collateral history wherever availability and consent allow
  - Want to see Wayne both alone and with Bev

Dr Roderick McKay

Psychiatrist Perspective

Priority assessment issues for Wayne

- In first assessment prioritise:
  - Rapport
    - Clarifying what Wayne is/ is not concerned about
  - History
    - (including referral information)
  - Mental State Examination (including some degree cognitive testing)
  - Problem formulation

Dr Roderick McKay

Psychiatrist Perspective

Priority assessment issues of Wayne continued..

- Risk assessment
- Differential diagnosis
  - medical, depression, anxiety, cognitive impairment, medications, substance misuse, sleep disorder
  - May be more than one process/ condition involved
- Areas that will impact most on initial management
- Identifying gaps between needs and available supports
- The likely role of the psychiatrist and other involved parties

Dr Roderick McKay

Psychiatrist Perspective

Principle of management by a psychiatrist

- Will vary according to role, resources and patient views
- Want to ensure bio-psycho-social needs met
- Almost always consist of varying degrees of:
  - Direct management
  - Collaborative management with others
  - Communication / coordination with patient and others

Dr Roderick McKay

Psychiatrist Perspective

Priorities of management of Wayne by a psychiatrist

- Short term
  - Psycho-education patient and family (with consent)
  - Ensuring management of any medical conditions
  - Ensuring adequate supports
  - *Safe* commencement of effective treatment*, if indicated*
  - Role negotiation (professional, patient, wife)
  - Ensure potential risk issues identified and agreed approach to exploring/ managing them

Dr Roderick McKay

Psychiatrist Perspective

Priorities of management of Wayne by a psychiatrist continued..

- Longer term
  - Re-clarification of diagnosis (es)
  - Determining duration of treatment (if required)
  - Relapse prevention
  - Follow up planning

Dr Roderick McKay

Sleep Physician Perspective

What is a sleep physician?

- Specialist adult physician (FRACP)
  - minimum 7 years post-graduate training
  - with at least 1 year specifically in sleep
- Manages a range of sleep problems
- Historically focus has been on sleep apnea
- Evolving into broader practice
  - New curriculum / training
  - Demand

Dr David Cunnington

Sleep Physician Perspective

Wayne – Assessment:

- High risk of obstructive sleep apnea
  - Presence of co-morbid hypertension & obesity
  - Symptoms of tiredness / disturbed sleep / snoring
- Sleep apnea important to treat if present
  - Increases risk of CV disease
- Increases risk of depression

Dr David Cunnington

Sleep Physician Perspective

Wayne – Assessment: Continued..

- Symptoms of insomnia (probably co-morbid):
  - Difficulty getting back to sleep
  - Non-restorative sleep
  - Frustration around difficulty getting back to sleep

- Insomnia important to treat if present:
  - Insomnia increases risk of depression
  - Insomnia treatment improves depression symptoms / outcomes

Dr David Cunnington

Sleep Physician Perspective

Wayne – Next steps

- Overnight sleep study (hospital-based) then review

- Refer to mental health professional:
  - Psychologist
    - Assessment
    - Probable CBT

Dr David Cunnington

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks

- Each participant will be sent a link to online resources associated with this webinar within 1-2 days

- For more information about MHPN networks and online activities in 2013 visit www.mhpn.org.au

Are you interested in leading a face-to-face network in your local area with a focus on Older People and Mental Health or Sleep Disturbance?

MHPN can support you to do so.

Please fill out the Expression of interest that you'll receive as a link in the webinar follow up email. MHPN will follow up with you directly.

Thank you for your contribution and participation