

## SERVICE NAME: Merri Health Stepped care for Older Adults

### PROGRAM INFORMATION:

Merri Health Stepped Care for Older Adults, aged 65+ (or 50+ for Aboriginal and Torres Strait Islander people) is a one year pilot program funded by the North Western Primary Health Network. The program consists of 4 components:

- Clinical Triage – Ascertaining eligibility for service
- Therapeutic Service – time limited psychological interventions, therapies and referrals as appropriate
- Physical Health and Wellbeing – Addressing activities of daily living, physical health and referrals as appropriate.
- Community Connectors – linking and community connections.

The program will provide time limited psychological therapies, physical health therapies and social connectedness opportunities for older people with or at risk of mild to moderate mental illness (e.g. anxiety/depression); or if socially isolated/experiencing loneliness and at risk of anxiety/depression.

The program catchment areas include the following local government areas: Moreland, Darebin, Brimbank and Melton.

### ELIGIBILITY:

- 65 or over (or 50+ for Aboriginal and Torres Strait Islander people)
- People with or at risk of mild to moderate mental illness (e.g., anxiety/depression)
- Or at risk of social isolation/experiencing loneliness and at risk of developing anxiety/depression
- Interested in improving their wellbeing
- Would benefit from time limited psychological service/interventions and/or social connectedness
- The client does not need to have a diagnosis

This program is not a crisis service. Clients who are deemed high risk of suicide, harm to self or others, who have complex mental health needs and/or require long term mental health support would not be considered suitable for this service.

### COST:

There is no cost to this service

**Note** if client is referred to other services, a payment for the other service may occur

### CATCHMENT AREA:

Local government areas: Moreland, Darebin, Brimbank and Melton.

### LOCATION:

Various sites across the catchment area

### REFERRAL PROCESS:

**STAGE 1: service will only accept written referrals using the SCTT:**

- GP management plan or SCTT General Practice Referral
- Physical health checklist

### KEY CONTACTS:

#### Written Referrals:

FAX (03) 9495 2599

Email: [service.access@merrihealth.org.au](mailto:service.access@merrihealth.org.au).

#### Enquiries:

Clinical Triage (03) 8319 7450

Email: [steppedcare@merrihealth.org.au](mailto:steppedcare@merrihealth.org.au)

## FREQUENTLY ASKED QUESTIONS

### **What is mental illness for older adults?**

Mental illness is a term used to describe significant changes in a person's thoughts, mood, perception and behaviour. Mental illnesses are common and can temporarily be experienced as a reaction to life stressors. If they are not dealt with effectively, they can develop into more severe mental health disorders. Common mental health issues for older adults include stress, anxiety, depression, life adjustments, functional changes, and grief and loss.

### **Does the client need a formal mental health diagnosis to be referred?**

No, the person does not need a formal diagnosis to be referred to this service.

### **What do we mean by mild to moderate mental illness?**

The severity of mental illness occurs along a broad continuum, which can be measured based on intensity and duration of symptoms, and degree of impaired function. Mental health can change based on an individual's ability to respond to environmental stressors.

Mild mental illness may display some symptoms, with some change to their usual daily level of functioning, less interest in surroundings and activities, lack of enjoyment in usual pleasurable activities, and an increase in anxiety or worrying. Moderate mental illness would display the same symptoms, but of increased intensity and frequency, with greater impairment on daily functioning. There may be some thoughts that life is not worth living, even harm to self or others.

Some identifiable signs and symptoms include:

- Withdrawing from friends and family
- Changes in appetite or sleep pattern
- Difficulties with life adjustments and functional changes
- Bereavement and grief issues (e.g., struggling with loss of loved ones)
- Feeling irritable, frustrated, unhappy, sad or miserable
- Increased hopelessness themed thoughts (e.g., "I am worthless", "I can't do it")
- Feeling anxious or on edge
- Concentration difficulty or increased forgetfulness

### **How long will mental health therapeutic support be provided?**

The average length of time for psychological intervention will be approximately 8 to 16 weeks, with regular reviews conducted to ensure that this is the most suitable service for the individual.

### **What supports does the program provide?**

Some of the areas include:

- Qualified mental health clinicians who are able to provide person centred mental health support and psychological therapies. These interventions include, but are not limited to counselling, reminiscence therapy, psycho-education, interpersonal psychotherapy, psychodynamic therapy, motivational interviewing, cognitive behavioral therapy, problem solving interventions or a combination of these modalities
- Assistance in accessing other services depending on client needs and assessment (e.g., referral to My Age Care)
- Assistance in connecting consumers to their local community and communal supports
- Comprehensive assessment of physical health, mobility, and engagement in physical activity by an allied health professional
- Health coaching and tailored physical and psychosocial interventions to improve health and wellbeing

# General practice referral

Purpose: to provide a standardised quality referral from general practice to other service providers

## Consumer

Name: \_\_\_\_\_

Date of Birth: dd/mm/yyyy  /  /

Sex: \_\_\_\_\_

UR Number: \_\_\_\_\_

or affix label here

Referral date: dd/mm/yyyy  /  /

Feedback requested:  Yes  No

## Patient/consumer details

Name: \_\_\_\_\_

Preferred name/s: \_\_\_\_\_

Date of Birth:  /  /

Sex: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Alternative contact: \_\_\_\_\_ Indigenous status: \_\_\_\_\_

## Referral to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Referring General Practitioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Provider number: \_\_\_\_\_

General practice referral

## Service requested

Priority:  urgent (list reason)  non-urgent

\_\_\_\_\_

## Reason for patient referral

\_\_\_\_\_

## Other notes (for example current services)

\_\_\_\_\_

Interpreter required: \_\_\_\_\_

DVA number: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Insurance: \_\_\_\_\_

Pension card number: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Referring doctor

Patient name:

Date: dd/mm/yyyy  /  /

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# General practice referral

Purpose: to provide a standardised quality referral from general practice to other service providers

Consumer  
Name: [ ]  
Date of Birth: dd/mm/yyyy [ ] / [ ] / [ ]  
Sex: [ ]  
UR Number: [ ]  
  
or affix label here

## Clinical information

Warnings: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medication: None known:

Drug name	Strength	Dose/frequency/special
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

Social history: [ ]

Medical history: [ ]

Investigation / Test results / Relevant plans (eg General Practice Management Plan, Team Care Arrangement, Mental Health Treatment Plan): [ ]

General practice referral

Referral Acknowledgment: to be completed by agency/practitioner in receipt of referral

To acknowledge a referral you have received, complete this section

From	Name: [ ]	Position: [ ]
	Organisation: [ ]	Phone: [ ]
	Email: [ ]	Fax: [ ]
To	Name: [ ]	Position: [ ]
	Organisation: [ ]	Phone: [ ]
	Email: [ ]	Fax: [ ]

Date referral received: dd/mm/yyyy [ ] / [ ] / [ ]  
Status of referral:  Accepted  Wait listed  Rejected (note reason and suggested alternatives)  
Estimated date of assessment: dd/mm/yyyy [ ] / [ ] / [ ]  
Contact person for further information:  As above (From details)  New contact (Provide in notes)  
 I agree to participate in the care of this patient under a Team Care Arrangement

Notes: [ ]

Physical health check list items for referrers

Area	Screening questions	Comments
Activities of daily living (ADL)	Has difficulty or needs assistance with: <ul style="list-style-type: none"> <li>• Household tasks</li> <li>• Personal care</li> <li>• Shopping, paying bills etc....</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Give details - list specific areas of difficulty or assistance required)
Mobility	Has difficulty or needs assistance with: <ul style="list-style-type: none"> <li>• walking or moving around the house</li> <li>• walking or moving around outdoors and away from home</li> <li>• transfers (bed, chair, wheelchair)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Give details – list specific areas of difficulty or assistance required)
Falls	Has had a fall at home or in the community in previous 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical activity	Spends most of the time engaged in sedentary behaviors (watching TV, reading, sewing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
General health	Client rates their own health as poor and/or is wanting to improve their overall health	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: