



Mental Health in RACFs

Case Presentation



78yr man with complex problems

- ▶ Pre-morbid – self-employed bookmaker, interest in sports
- ▶ Married with three children
- ▶ Intermittent depression
- ▶ Dense L hemiplegia 2010, subsequent seizures & mild cognitive impairment
- ▶ Chronic pain
- ▶ FHx bipolar

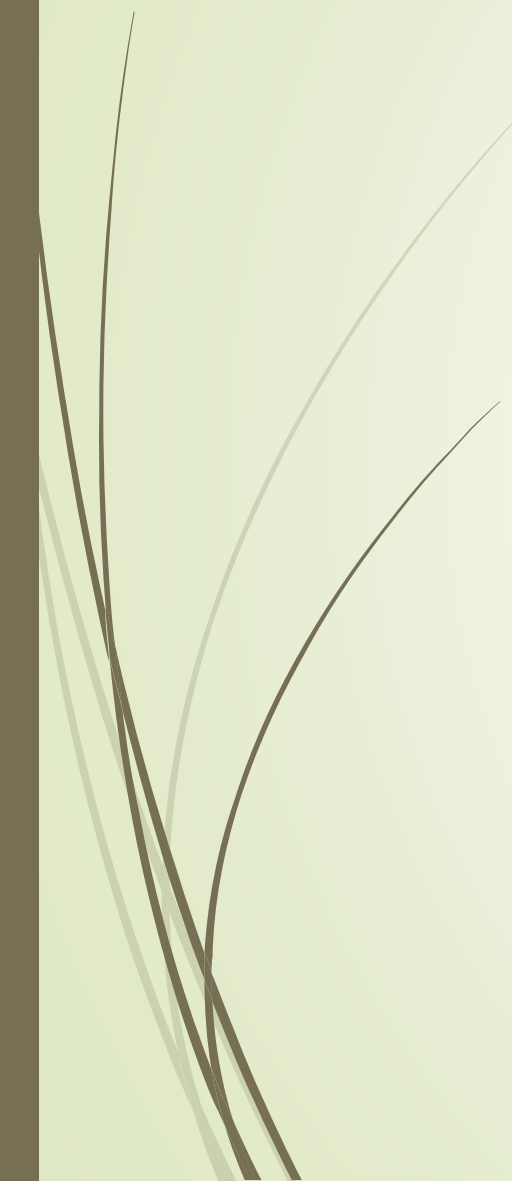


RACF past 5yrs

- ▶ Chronic worsening MH problems
- ▶ Depression
- ▶ Verbally aggressive & demanding behaviour
- ▶ Frustrated by disability, and lacks insight into disability and implications

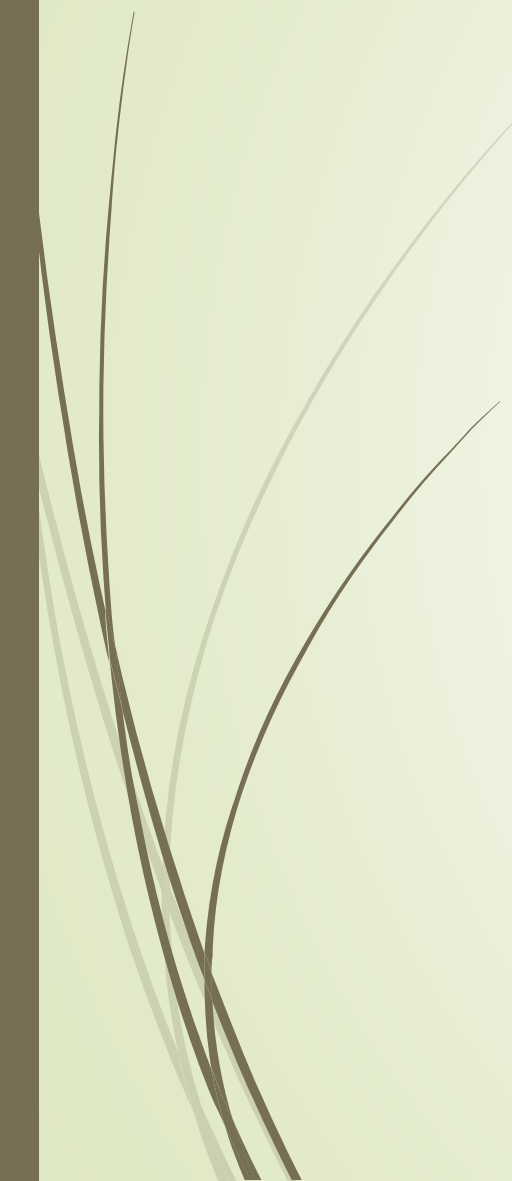


Recent deterioration

- ▶ Increasingly manipulative towards nursing staff
 - ▶ Disinhibited ? stroke-related
 - ▶ Some self-harm threats
 - ▶ 'Negative counter-transference' among nursing staff
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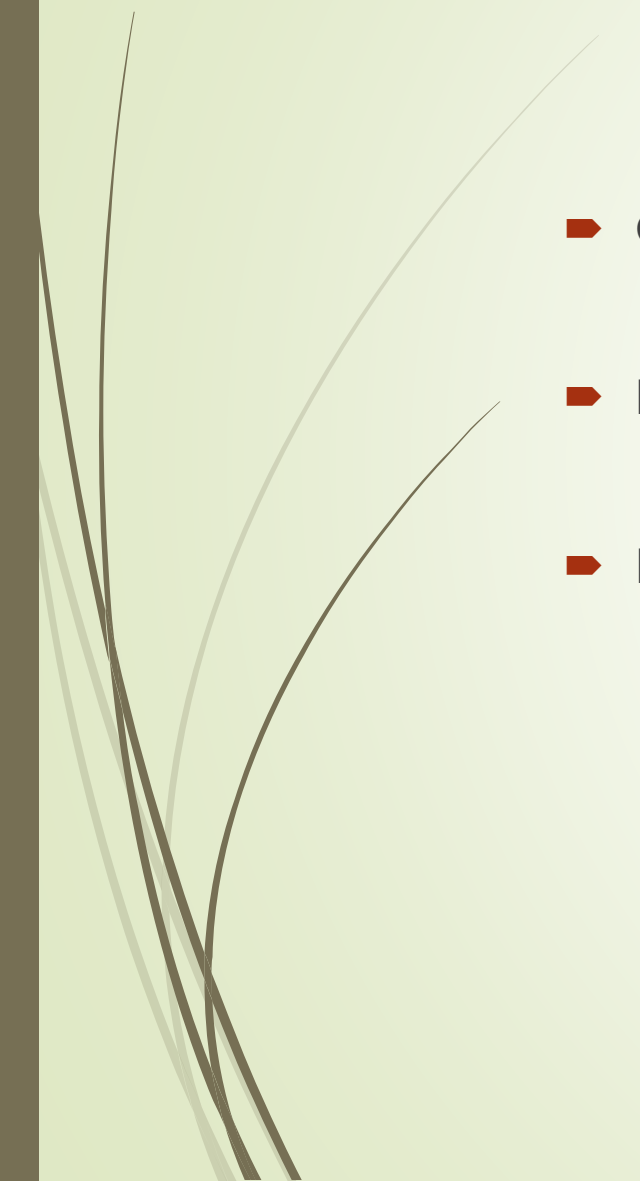


Assessment

- ▶ Cornell Depression scale
 - ▶ Reports of behaviours from nursing staff
 - ▶ Observation of mood & somatic symptoms
 - ▶ Risk assessment – manipulative behaviours, expressed intentions vs capacity
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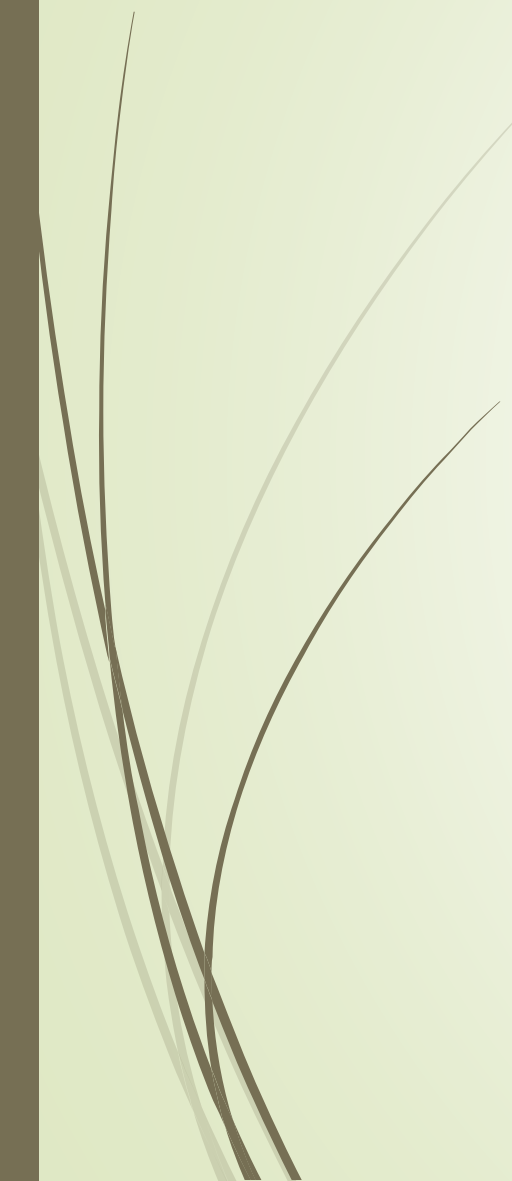


Psychiatric diagnoses

- ▶ Chronic depression currently euthymic on sertraline
 - ▶ Hypomania with paranoid delusions – Othello syndrome
 - ▶ Borderline personality disorder
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Challenges

- ▶ Complex presentation
 - ▶ Difficult behaviours coupled with lack of insight
 - ▶ Consistent approach – variable staff & staffing levels
 - ▶ Regular psychiatric team support (very good in this case)
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Treatment

- ▶ Clear communication and family support
- ▶ Education for staff
- ▶ Behavioural strategies
- ▶ Regular psychologist support
- ▶ Psychotropic medication recommended by psychiatrist (risperidone, valproate)

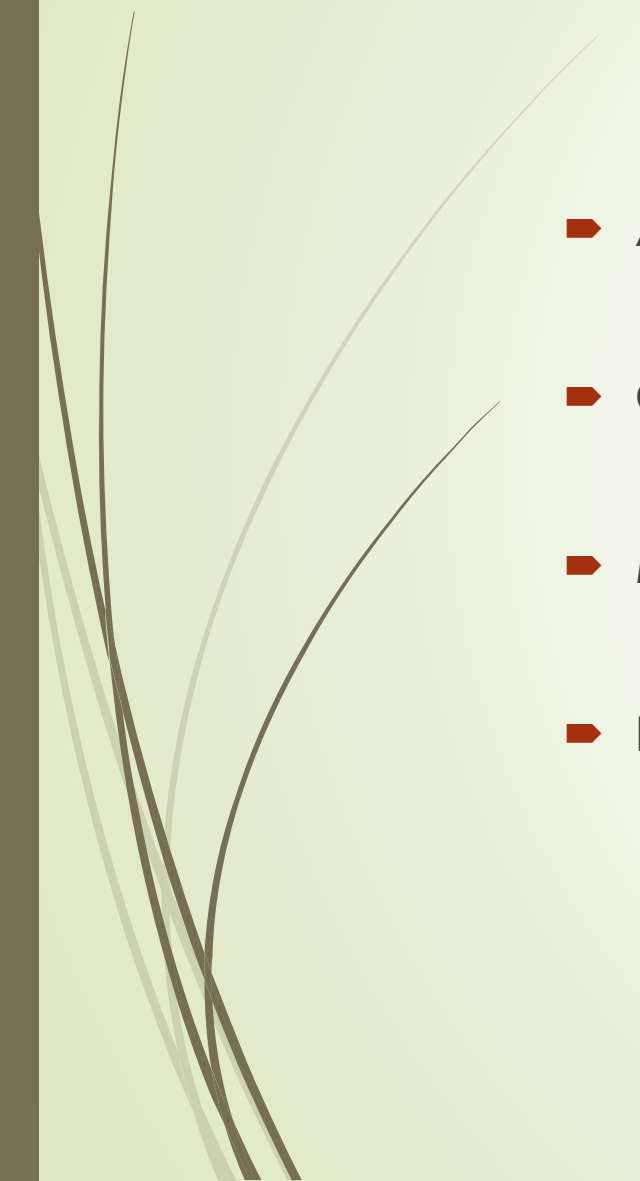


Contributors to depression in RACF

- ▶ Loss of independence
- ▶ Social isolation (esp. during COVID)
- ▶ Adjustment to 'institutional life'
- ▶ Impact of co-morbidities (physical & sensory decline, chronic pain)
- ▶ Approaching end of life



Differential diagnoses

- ▶ Adjustment disorder
 - ▶ Cognitive impairment / psychomotor retardation
 - ▶ Medication side effects (esp. sedation)
 - ▶ Hypothyroidism
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Questions ?

