

COVID-19 Has Altered Service Delivery But Renfrew County's Geriatric Mental Health Outreach Program Is Still Operational

FOR IMMEDIATE RELEASE

May 8, 2020

COVID-19 may have affected the way in which many health care services are being delivered, but the staff of Renfrew County's Geriatric Mental Health Outreach Program want to reassure the community that they are operational.

"Our work is continuing, but some of the ways we are doing things look a little different right now," said Rob Wynja, Clinical Manager of Geriatric Mental Health and the Arnprior and Renfrew sites for Mental Health Services of Renfrew County, a program administered by the Pembroke Regional Hospital.

The Geriatric Mental Health Outreach Program provides comprehensive assessments for people aged 65 and older who are experiencing mental health challenges such as reactive behaviours or changes in personality and mood, psychosis, anxiety or memory loss. Some of the program's functions include:

- Serving as a liaison with family physicians, professional caregivers, community agencies and families**
- Monitoring effectiveness of treatment recommendations including pharmaceutical, non-pharmacological behavioural suggestions and psychosocial interventions**
- Advocating on behalf of the senior and the family**
- Participating in inter-agency and/or family conferences**
- Assisting in care plan development with other professional caregivers**
- Providing holistic patient focused care, collaborating across transitions including community.**

Staffed by nine registered nurses who specialize in Geriatric Mental Health, five geriatric psychiatrists from The Royal in Ottawa and two clerical staff, the program is operated county-wide based on physician referral and assists approximately 450 clients per year.

Many of those in the program still live at home or in a long-term care or retirement home setting, while a small percentage are in hospital.

Typically, after receiving a referral, one of the team's nurses conducts an initial in-person assessment. That information would then be shared with the psychiatrist before conducting a second in-person visit with both the nurse and the psychiatrist present.

"While we can't do the face-to-face under the current restrictions, the service is continuing and being well managed with phone consultations, and in some cases video conferencing," Mr. Wynja said, adding that it's working out well in terms of being able to get the assessments done and since the psychiatrists are working from home they now have more flexibility around when they can do the consultations.

He added that family members are happy to be able to take part in phone assessments and noted that the referring family physicians have a good communication system set up with the psychiatrists so that quick phone conferences can be arranged if need be.

“The only component missing at this point is the visual part of the assessment which will be arranged when COVID-19 restrictions are lifted. In the interim, families have been very happy to be able to speak with the psychiatrist and our nurses by phone,” Mr. Wynja said.

Another aspect of the program involves behavioural support to staff in long-term care and retirement homes and the community, as well as hospitals for individuals who are suffering from dementia.

Registered Nurse Kandis Meilleur said the behaviour support role is particularly important in helping clients who are undergoing some type of transition in setting – either from home to hospital, home to long-term care or to a retirement residence etc.

“We work collaboratively with various care partners, most importantly the client and substitute decision maker, to identify and mitigate possible causes or triggers to behavioural responses. Communication of care needs and interventions across all transitions is very important,” Ms. Meilleur said.

She added that she also supports programs within the community and noted that, particularly in the current situation with COVID-19, health care workers have seen an increase in behavioural issues in those with dementia, in part because of change in routine, reduced supports and the physical distancing and other measures put in place to prevent the spread of the virus.

“Despite the challenges, our nurses and psychiatrists have come up with innovative ways to make things work while trying to ensure that the quality of the client experience is maintained despite not being able to interact in person,” Mr. Wynja said.

He added that the referral process hasn’t changed – family physicians can still fax their referrals to (613) 735-4638 - and assessments are being scheduled as quickly as possible.

FOR MORE INFORMATION, PLEASE CONTACT:

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