



AMHOCN

Australian Mental Health Outcomes and Classification Network
Sharing Information to Improve Outcomes

National Outcomes and Casemix Collection (NOCC) basic training vignettes: **OLDER PERSONS SERVICES**

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Helen, 75 years

Admission



Helen is a 75 year old lady of Italian origin, referred by GP with a 6 month history of increasing persecutory ideas and recent threats to neighbours with a knife. Both Helen's daughter Maria, and her GP, describe a twelve month history of personality change with increased irritability and reduced interest in the activities of her grandchildren. Six months ago she started accusing her neighbour of stealing her mail. Five months ago she started yelling at her neighbour at night and putting extra locks on her doors. In the last 3 months she has begun to accuse the neighbour of trying to kill her. She rarely leaves the house, telling family not to visit or they may be hurt. They do not understand Helen's behaviour and are reluctant to "get involved in mum's business".

This morning Helen rushed out of her house and started waving a knife at her neighbour's house and screaming "don't call me a slut". No one was in the neighbour's house and Helen quickly went back inside. She has done this a number of times over the last two weeks. This behaviour prompted her husband to call her GP, who called the Aged Care Psychiatry Team. They interviewed her and, while she described her mood as "normal", she said that life didn't give her much pleasure and that she just didn't have the energy to do things. She says that she has been eating and sleeping well. She complains she has had some difficulty concentrating and recently had a minor car accident. She says that sometimes she is forgetful but "what would you expect of a woman my age". However, Helen believes her only problem is her neighbour trying to harm her. She has no past history of violence but feels she may have to defend herself if her neighbour attacks her.

She lives at home with her husband who has been wheelchair bound with severe arthritis for many years. He is not happy with her behaviour but indicates that as long as he does not challenge her about what she thinks, "things are OK". He indicates that she is not keeping up with the housework and she is not as good a cook as she used to be; but he says that Helen mostly pays all the bills by mail and he doesn't think that any are overdue. He complains that she has started drinking more than she used to. Although she drives to the local corner store once a week to shop, she rarely leaves the house at any other time. Helen was an active member of the Italian Community and the Catholic Church but has not participated in any community activities in over a year.

Helen, 75 years

Admission



HoNOS consensus ratings

| Scale | Recommended Rating | Rationale |
|---|--------------------|--|
| 1 Behavioural disturbance (e.g. overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour) | 2 | Helen has been disruptive and the waving of the knife is an aggressive gesture prompting rating. |
| 2 Non accidental self injury | 0 | No indication of problems related to non accidental self injury. |
| 3 Problems with drinking and drug taking | 1 | Recent increased intake of alcohol. |
| 4 Cognitive problems | 2 | Helen has had difficulty concentrating and describes herself as sometimes forgetful. |
| 5 Physical illness or disability problems | 0 | No indication of problems related to physical illness or disability. |
| 6 Problems associated with hallucinations and delusions | 4 | Helen's delusional ideas regarding her neighbour are pervasive and preoccupying and have driven a range of behaviours including the recent knife waving. |
| 7 Problems with depressive symptoms | 1 | Although she describes her mood as normal, she gets no pleasure from things and has a lack of energy. |
| 8 Other mental and behavioural problems | 0 | No indication of other mental and behavioural problems. Helen wrings her hands but this is more agitation (already rated) associated with delusional ideas (already rated) and anxiety or stress would not be the focus of clinical intervention at this time, this prompts a rating of a 0. |
| 9 Problems with relationships | 4 | There has been a marked decline in the quality of Helens relationships with others, in particular her daughter. Her almost complete social isolation indicates a severe difficulty. |

Helen, 75 years

Admission



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| 10 | Problems with activities of daily living | 0 | Helen has no problems undertaking simple and complex ADLs e.g., she manages household finances with no problems. |
| 11 | Problems with living conditions | 2 | Husband has little understanding of how to manage Helen's behaviour. |
| 12 | Problems with occupation and activities | 0 | Access and opportunity to Catholic and Italian community activities but these are not being taken up by Helen. |

Bill, 77 years Admission



Bill is a 77 years old gentleman, who assaulted his wife two days ago by shaking her violently. She is increasingly fearful of Bill's verbal and physical aggression over the last 6 months and predicts Bill will either hurt himself or someone else. One of the triggers for Bill's behaviour is his belief that his wife is having an affair. Bill constantly checks up on her and whenever the phone rings, he becomes upset and distressed. Bill can't name the person he believes she is having an affair with, or explain why he believes this, except for vague ideas of being a "bad husband".

According to his wife and the nurse, Bill started having memory problems about 2 years ago, especially with his recent memory and he has marked problems finding the right words to express himself. Bill's long - term memory is intact. Since last year Bill has been losing his way around the flat at night. He and his wife live in a rented 2 bedroom second story flat and the nurse has expressed concern that the flat may not be appropriate as ongoing accommodation due to Bill's behaviour and the impact of the two flights of stairs Bill has to negotiate if he leaves the flat.

Bill has lost 4 kgs over the past 6 months and his physical state is compromised due to emphysema, hypertension, prostatism and Parkinson's disease. As a result, Bill has some incontinence and moderate restrictions on his mobility and it takes him a significant amount of time to walk up or down the stairs and he can only do it with the help. Bill also has a high risk of falling, having had 2 to date. Bill requires a lot of assistance with all of his ADLs and he receives home support but only with showering and dressing, all other assistance is provided by his wife. They have 2 daughters who live close by but the relationship has deteriorated to the point where they will not visit Bill. Bill would often wander around the house in his underwear when the grandchildren arrived which has distressed the daughters and they believe the he should be "put into a nursing home".

The wandering around the house has become worse, especially at night. During the day Bill tends to sit in the chair with the TV on, dozing, smoking cigarettes and drinking anything up to 10 beers a day from which he is usually drunk which contributes to his lack of appetite, disturbed night time behaviours and aggression towards his wife. Bill sees nothing wrong with the intake of beer saying "nothing wrong with that, a man needs a beer". Early evening, Bill then starts to become more active and walks around the flat and he becomes lost and starts knocking on the walls and putting the radio on very loud which is now disturbing the neighbours and when they complain Bill verbally abuses them.

Bill's GP prescribed him sleeping tablets but he refuses to take them because he "just doesn't want to" and although taking the tablets may improve his sleep pattern, the potential side effects of dizziness on standing and increased fatigue would not be tolerated by Bill.

Bill says he has been feeling depressed for most of the last year but that "there is nothing wrong with that" and reports has no suicidal ideation.

Bill used to attend the senior citizens but because of his memory and physical problems he hasn't done so for 6 months. The nurse arranged for his attendance at the day program but he refused to attend, even though assisted transport was provided.

Bill, 77 years Admission



HoNOS consensus ratings

| | Scale | Recommended Rating | Rationale |
|---|---|--------------------|--|
| 1 | Behavioural disturbance (e.g. overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour) | 4 | Bill assaulted wife two days prior to assessment by violently shaking her and this is rated as a serious physical attack. |
| 2 | Non-accidental self-injury | 0 | No evidence of non accidental self injury. |
| 3 | Problem drinking or drug-taking | 3 | Bill's drinking is a daily occurrence indicating clear dependence and usually results in drunkenness. This is a moderate problem. |
| 4 | Cognitive problems | 3 | Bill has moderate problems with orientation at night, getting lost in the flat, recent memory problems and marked expressive language problems. |
| 5 | Physical illness or disability problems | 3 | Bill has problems with mobility, negotiating the stairs and requires assistance with his ADLs but he is not totally incapacitated. The degree of impairment and the need for assistance and the risk of falling are indicative of problem of moderate severity. |
| 6 | Problems associated with hallucinations and delusions | 3 | Bill is distressed by thoughts that his wife is having an affair, and becomes upset and distressed every time the phone rings and impacts on his behaviour. Preoccupation is expressed through Bill's need to constantly check up on his wife. This is a problem of moderate severity. |
| 7 | Problems with depressive symptoms | 2 | Bill indicates that he feels depressed and has done so for a year and combined with his reference to ideas of being a "bad husband" would indicate some feelings of guilt. |
| 8 | Other mental and behavioural problems | 3H | Bill has not been sleeping at night but at times during the day. His sleep pattern would be the focus of clinical intervention and need to be monitored. |
| 9 | Problems with relationships | 4 | Bills recent behaviour has caused significant tension in the relationship between himself and his daughters this warrants severe difficulties with social relationships. |

Bill, 77 years

Admission



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| 10 | Problems with activities of daily living | 4 | Bill requires home care for simple activities such as showering and his wife indicates that he “does nothing” for himself indicating significant deficits in a range of areas which warrant the higher rating. |
| 11 | Problems with living conditions | 2 | The location of the flat on the second floor impacts on the risk of injury to Bill from falling and from the effects of effort required to negotiate the stairs indicating a mild problem. |
| 12 | Problems with occupation and activities | 4 | Bill refuses to attend services (ie the day program) that might improve his quality of life. |