Mood Management Clinic

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Brief History

- Our mood clinic began life as a Day Therapy unit. It was set up as part of the service provided to older adults in the community when the newly built unit was opened in 1985.
- At that time it operated as a Monday-Friday service providing social and therapeutic activities for community patients. It was able to provide respite care for carers of dementia patients as well as mood management. It's main objectives were to prevent/delay in-patient admission, provide assessment, diagnosis and treatment for psychiatric and psycho-social problems. It was able to treat up to 40 patients per week, with one or more days of attendance.

Group Goals:

To understand depression/anxiety

To learn and implement self-help strategies

To have peer support through sharing of experiences

To develop understanding of the psychological and physiological mechanisms of anxiety and depression.

To demonstrate and practice a variety of relaxation and breathing technique.

To learn about goal setting and activity planning as mood management techniques

To learn about the relationship between self-talk and feelings

To develop insight and problem solving skills

To provide an opportunity for participants to develop a support system

Modules used, include;-

1. Values
2. Goal-setting
3. Choice point
4. Mindfulness
5. Relaxation strategies
6. Behavioural activation
7. Anxiety
8. Depression
9. Effective communication
10. Understanding your medication
11. Sleep hygiene
12. Chronic pain issues
13. Grief and loss
14. Community engagement

BENTLEY OLDER ADULT MENTAL HEALTH SERVICE
MOOD MANAGEMENT CLINIC

NAME:----------

Mood Management 12 week program

Day of Attendance----------

Start Date----------

Predicted End Date----------

Clinic Times:-
12.00-12.30 Exercises
12.30-13.00 Afternoon tea/Ice breaker
13.00-13.10 Rating scale
13.10-14.10 Psycho-education
14.10-14.30 Mindfulness/Relaxation Session
14.30 Return Home/1:1 with Case Manager, OPA's arranged

Dependence

- It has been a surprise to us to learn that other out patient groups that have been set up, have failed due to non-attendance.
- This has lead to interventions being provided on a one-one basis.
- The peer support aspect is lost and it is less cost-effective.

Transport

- Availability-public, private, family commitments
- Accessibility-wheelchairs, walking frames, mobility
- Cost-taxi vouchers, taxi fares, bus/train fares
- Eligibility-those in care facilities may not be eligible for transport
- Driving capacity-can, and has become an issue on occasion

Case study 1

Ann Smith

Mrs Smith is a 79 year old widow who was referred to Mood Clinic to manage her depression and anxiety. She had experienced multiple losses and significant physical health issues that included amaurosis fugax, which she attributed to medication. She had declined a medication option to treat her depression as a result.

Initially, she was engaged with the group and the topics discussed. She appeared to benefit from the psycho-education, however, we noted that her mood remained low and her anxiety was evident despite her ability to mask it.

Following a medical review and discussion by the Multi-Disciplinary Team, it was decided that she would benefit from individual counselling.

Our Clinical Psychologist saw her on an individual basis for several weeks. During this time progress was made, she has now accepted medication, which is being slowly titrated upwards to a therapeutic level. She recommenced the Mood Clinic two weeks ago and will complete the course. She will then be discharged to either a Community Mental Health Nurse for short-term follow-up, or to the on-going care of her GP. She will be provided with a discharge plan that will include relapse indicators and the referral process in case of future need.

Case study 2

Magdalena Smith

Is 68 year old single lady who was sole carer for her mother, who has dementia and her sister who has an intellectual disability.

She was referred to our service by the department of aged care, when she expressed suicidal and homicidal ideation. Not only does she have multiple medical issues, she has a neurological degenerative disease that has been difficult to diagnose and therefore, treat. At that time she was frustrated, angry, depressed and anxious. Her home situation and deterioration in physical health was impacting on her mental health. Following her assessment, she was treated with an antidepressant and referred to the mood management group. Initially this was of benefit to her, however, due in part to her neurological disorder, her physical health (ataxic and a falls risk), and personality structure, she derailed every group by being late, loud and disruptive.

Unfortunately we had to consider the impact that this behaviour was having on other members of the group and made the decision to continue her therapy on a 1-1 basis. Although disappointment at no longer having the social contact she was able to continue to utilise that strategies she had learnt ,however she did require a further admission to our inpatient unit shortly after discharge from the clinic which to us was evidence that the benefit of the mood clinic is justified.

The Mindful Zebra