

**ST3-POA-AOP-EPA7 – Social and living assessment**

<b>Area of practice</b>	Psychiatry of old age	<b>EPA identification</b>	ST3-POA-AOP-EPA7	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Assessing older people in complex domiciliary settings, including those with problems such as hoarding, squalor and homelessness.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee demonstrates an ability to perform a comprehensive psychiatric assessment, mental state examination and formulation. This should include the integration of information gathered from direct observation and assessment, and from collateral sources. The trainee should appropriately assess safety and risk issues relevant to the patient arising from the assessment of their mental state and their social and living circumstances. The trainee should demonstrate an ability to assess for mental illness in the context of issues such as hoarding, squalor and homelessness, in addition to considering personality and other factors. The management plan should consider the involvement of other health professionals where appropriate and other resources as indicated (eg. medical and allied health services, local council, rubbish removal and cleaning, domiciliary supports, mental health support, legal advocacy).</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of appropriate assessment tools appropriate to the assessment of specific clinical presentations (Yale Brown OCD scale, Hoarding Rating Scale, Hoarding Assessment Tool, Environmental Cleanliness &amp; Clutter Scale, Living Conditions Rating Scale).</li> <li>• Understands the likely differential diagnoses associated with such scenarios, including dementias, primary psychoses, mood disorders, substance abuse disorders and personality disorders.</li> <li>• Knowledge of diagnostic criteria for hoarding disorder.</li> </ul>			

**Skills**

- Ability to apply and interpret appropriate assessment tools in order to complete a comprehensive psychiatric assessment, ideally performed at the place of residence.
- Performs a cognitive assessment, including Mini-Mental State Examination (MMSE), Frontal Assessment Battery (FAB), Global Deterioration Scale (GDS) and further assessment as indicated.
- Ability to identify the need for formal neuropsychological testing, particularly if cognitive impairment or psychiatric illness impairs testamentary capacity, considering associated legal/advocacy issues as indicated.
- Completes a medical assessment acknowledging the risk of medical comorbidity associated with self-neglect, lack of access to medical services, medications and social isolation, referring to an appropriate medical practitioner.
- Performs a comprehensive risk assessment, recognising and assessing the range of risks to the patient, and potentially others, including risks relating to:
  - mobility/falls
  - loss of items (medications, keys, papers, food)
  - fire
  - hygiene/sanitation.
- Completes a social assessment including identification of, and engagement with, supports in place (both formal and informal). Identifies specialised services needed to appropriately assess and manage social situation.
- Demonstrates an appreciation of social factors of relevance to the clinical presentation and assesses and manages these.
- Recognises the potential need for broader assessments, including assessments of activities of daily living, mobility, financial and advocacy status and identification of areas of need or support. Understands the need to oversee and coordinate services and their implementation and to ensure ongoing monitoring of their impact.
- Develops a comprehensive management plan within a biopsychosocial framework, including appropriate prioritisation of clinical issues, particularly risk to the patient related to self-neglect and potential for misadventure, and appropriate psychiatric and medical intervention.
- Liaises with collateral sources of information, including family, GP, community health and social services, police, local council and other agencies where applicable.
- Ability to collect and assimilate information from various sources and to acknowledge the different viewpoints of those involved whilst maintaining a patient-centred focus in which ethical judgements will need to be made relating to the principles of autonomy versus paternalism.
- Considers the need for referral to other health professionals, government services and social supports.

**Attitude**

	<ul style="list-style-type: none"> <li>• Respectful, open-minded and non-judgemental approach to the patient and their situation, whilst maintaining a focus on the salient psychiatric and medical issues relevant to the case.</li> <li>• An understanding that lifestyle choices which are not considered consistent with mainstream standards of living may be made by patients but that this does not necessarily constitute psychiatric or medical illness.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>AMERICAN PSYCHIATRIC ASSOCIATION. <i>Diagnostic and statistical manual of mental disorders</i>. 5th edn. Arlington: APA, 2013.</p> <p>DEPARTMENT OF HEALTH. <i>Discussion paper hoarding and squalor 2012</i>. Melbourne: Ageing and Aged Care Branch, Department of Health, 2012. Viewed 14 June 2013, &lt;<a href="http://www.health.vic.gov.au/agedcare/downloads/pdf/hoarding_squalor.pdf">http://www.health.vic.gov.au/agedcare/downloads/pdf/hoarding_squalor.pdf</a>&gt;.</p> <p>SNOWDON J, HALLIDAY G &amp; BANERJEE S. <i>Severe domestic squalor</i>. Cambridge: Cambridge University Press, 2012.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar