Letter to GP / Surgery re MHSW services in Aged Care facilities

Dear Dr.…..

(Organisation / clinician name) has been working collaboratively with (Aged Care facility) staff in the delivery of quality psychological support and supportive care for their residents for ( time frame). Over this time we have provided the care staff and families of residents with training and mentoring in signs of psychological stress, grief and loss and coping with change.

All residents are screened on entry to (Aged Care facility) for depression or other signs of psychological distress. These depression scales include – the Geriatric Depression Scale and the Cornell Depression Scale. Our MHSW’s have on occasion included the Distress Thermometer or the HADs (Hospital Anxiety and Depression Scale) to further identify and differentiate a diagnosis of either depression, grief and or adjustment issues.

(can be included )

In collaboration with the Registered Nurses and the Care Manager, we have developed a triage system to identify when residents or their families may need additional psychological support to deal with the effects of grief, loss and the transition into End of Life Care. Our MHSW have also been included in family meetings and Case Conferences to provide additional psychological support. Often families have continued with this support in their bereavement.

In order to support the continued work of our highly skilled MHSW’s in working with the residents at (Aged Care facility), we need your support to ensure that these residents, where they are eligible, have a Mental Health Treatment Plan (MHTP) completed and submitted to Medicare. You will receive information about the assessments and therapy to be undertaken with the residents and or their families following the Medicare protocols or more frequently if required. Our staff have access to the facility’s on line patient management system and upload notes and alerts to staff as required.

The Registered Nurses or Care Manager will notify you if they have concerns regarding a resident or family member, and inform you of a request for a MHTP. Alternatively, (organisation / MHSW) will ring your surgery to request a MHTP for a resident.

Reports from the Care Staff have indicated that the supportive care, education and therapy (Organisation / MHSW) is providing to (Aged Care facility) is improving the care and increasing their focus on psychological wellbeing of all their residents. Your assistance in ensuring that this valuable service continues is appreciated.

If you have any concerns, or would like to discuss the work that (Organisation / MHSW) is undertaking in regard to Palliative and End of Life psychological care, please do not hesitate to contact either xxxxxxxxxxxxxxxxxxxx

Yours sincerely

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