

scoping review is to explore which types of narrative approaches are used for quality improvement in the long-term care setting for older people. The review identifies, among other things, types of narrative approaches, their goal and challenges.

Methods: A literature search (in Embase, Medline ALL, Web of Science Core Collection, CINAHL, PsycINFO, Sociological Abstracts – proquest, Social Services Abstracts, International Bibliography of the Social Sciences, Google Scholar) was performed from inception up to 28th of April 2022. Thirty-nine articles were included.

Results: Almost all included studies were from Western countries, in particular the Netherlands and Canada, and much focused on intramural care. Different types of narrative approaches were identified, such as a participatory or co-design, photovoice or interview approach. The goal of the approaches was directed at the client, care relationship, organization, or a combination of those levels. The agenda for quality improvement was usually informed by insights revealed during the execution of the narrative approach and researchers were often leading this process. Most approaches are used in practice only once at one or more locations. Findings and suggestions for further research will be discussed, for example about including people with cognitive impairments or relatives.

Conclusions: This scoping review revealed a variety of approaches that attempt to collect narrative information from older people, relatives, and professionals to improve quality of long-term care. Development opportunities for narrative approaches are structural embedding of narrative approaches in practice, including people with (severe) cognitive problems, and effect studies about achieved improvements.

FC36: Advance care planning with older people living with psychosis- preliminary findings regarding the experiences and attitudes of mental health clinicians with a view to implementation strategy.

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Objectives: Older people living with mental illness, including schizophrenia and other psychotic disorders, experience increased physical morbidity and premature mortality rates compared to the general population. However, Advance Care Plans (ACP) are rarely documented in this group, despite ability to discuss end-of-life care and express wishes. The aim of this study is to explore mental health clinicians' attitudes, experiences, and perceived barriers and facilitators to ACP with people living with psychotic illnesses, to better understand the reasons for this gap and develop a needs-responsive approach to implementation.

Methods: This qualitative study involves focus groups of multidisciplinary mental health clinicians who work with people aged 55+ with psychotic illnesses. It is being conducted in three public mental health services in Sydney, Australia. Focus groups are audio-recorded, transcribed and analysed using reflexive thematic analysis, grounded within an interpretive description framework.

Results: Preliminary findings from an unsaturated sample of 12 multidisciplinary clinicians (psychiatrists, social workers, occupational therapists, psychologists) will be presented. Emerging themes regarding experiences of ACP include 'no experience', 'not a priority', 'particular relevance for nursing home residents' and 'difficult to navigate consumer choices in the context of delusions'. Emerging themes in relation to attitudes about implementing ACP

with people with psychotic illnesses include: 'ACPs are needed', 'ambivalence', 'I don't know how', and 'whose responsibility are ACPs?'. Barriers to ACP include: 'misconceptions about ACP', 'misperceptions about psychotic illness', 'clinician uncertainty- capacity, emotional state, psychosis risk', 'systems issues', 'lack of knowledge and confidence', and 'interfering with therapeutic relationships'. Potential facilitators include: 'get the timing right', 'make it multidisciplinary', 'opportunity to practice', 'embed in protocol', 'upskilling clinicians- modelling and training', and 'support from an external ACP role'.

Conclusions: Mental health clinicians may be the only healthcare professional in contact with an older person living with psychosis, providing unique opportunities to explore ACP. Clinicians recognise the need for ACP, the complexity of such Discussions, and importance of nuanced capacity assessment and appropriate timing. Proposed solutions to implementing ACP include combining targeted education with practical training for clinicians, embedding ACP in practice using a team approach and system change, or -alternatively-through a dedicated external ACP role.

FC37: How Can We Enhance Mental Health Care for Older Adults?

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Objectives: With the global growth of the population of older adults, the prevalence of mental health disorders in this age group is also increasing. Despite the high demand for prompt access to specialized care, referrals to geriatric psychiatry are still disproportionately low, as suggested by the review of current epidemiological studies. Research data evaluating referral patterns to geriatric specialists are limited and indicate that primary care providers play a key role in the referral process.

Methods: As a part of a year-long Archstone Learning Collaborative, a group of geriatric psychiatrists has had monthly meetings discussing various contemporary issues in geriatric psychiatry. One of the projects was to clarify a decision-making process for medical professionals and caregivers, to help them determine when to refer to geriatric specialists, including geriatric psychiatrists.

Results: We reviewed the most common criteria for referral to geriatric psychiatrists and other specialists with overlapping expertise in geriatric mental health care. We have worked on a diagram and a flowchart to help navigate the referral process. To empower primary care providers and other medical professionals, we created a flyer for caregivers, educating them on what signs and symptoms may indicate the need for seeking a referral to geriatric psychiatrists.

Discussion: Encouraging interdisciplinary collaboration and streamlining referral processes are crucial to fulfilling the increasing demand for geriatric psychiatry services. To guarantee older adults receive the specialized care they need, it is important to raise awareness among various medical professionals regarding the referral criteria and the roles of different geriatric specialty providers. Caregivers are essential to the referral process because they can identify warning signs and symptoms and seek referrals. Overall, this presentation offers insightful information about the referral process to geriatric psychiatry, intending to enhance access to mental health care for older adults with mental health disorders.