

Summary of Outputs from EHealth Ireland Workshop 4th Sept 2017

Topic: Connecting for the Future: Elderly Mental Health

On the 4th September at an Ecosystem event in DCU over 40 participants, with special interest in the area of Mental Health came together to collaborate and develop a brief for the Innovation Challenge to be held on the 21st and 22nd of October.

This workshop intended to help capture key problems or pain points to bring forward to the Hackathon in October as areas that we would like the teams to concentrate on over the 2 day period.

The key problems and pain points that were highlighted included:

- A need to address mental health wellness in the elderly on a consistent basis to be proactive in a pre-illness perspective.
- An awareness around the sensitivities of emotional needs, including the increased incidence of elderly people at risk of isolation. Elderly sometimes people feel invisible, isolated, disconnected. A stronger tie to being part of the community could help.
- Solve the information and communication barriers for the mental health patient, clinician and family. This communication flow has barriers causing stress and anxiety for the elderly person. The patient and the clinician have a great information flow but that is not happening with the patient's family, when the patient gets back to the community, back home, the family does not know what to do, how they can help take care of them. Create a coordinated care plan through a multidisciplinary team to support the elderly patient.
- Lack of an information source that allows family consensual access, something possibly available to local community as well with consent.

PROBLEM/PAIN POINT 1:

- > COMMUNICATION BREAKDOWN > STRESS > WRONG MEDS
- > "I DON'T WANT TO BOTHER THEM" > STIGMA > DIGNITY
- >

SUGGESTED SOLUTION AREAS:

- PROACTIVE ENGAGEMENT TO ELDERLY POST ACUTE-CARE
- USAGE OF TECHNOLOGY FOR PROACTIVE ENGAGEMENT
 - LIVE AGENT, SMS, MESSAGING, VIDEO (RURAL??) APPS(?)
- MUST BE INTUITIVE TECHNOLOGY, LINKED TO EHR

PROBLEM/PAIN POINT 2:

- SHARED PATIENT RECORD ACROSS ALL DEPTS
 - SINGLE VIEW OF A PATIENT
- 25%

SUGGESTED SOLUTION AREAS:

PROBLEM / PAIN POINT I

FEELINGS?
Recognise
Respect
Acknowledge
Support

WHO -> ACCESS
PATIENTS
CARERS
FAMILY
Wider Social network

Isolation -
real connections

INVISIBILITY
- Home / Home
- Time
- The Home!

Location
of Care

ELDERLY
Carers
don't want to live

Information
for Carers

CARE

SUGGESTED SOLUTION AREA

Engagement
Technology
Engagement

Digital Literacy
COST?

FROM UNRECOGNISED
FEELINGS
Support structures
who can help

I don't know
... in an

Services
access to them
better than cheap
HSE routes

Loss of
SELF +
SELF ESTEEM
FEELING OF
BEING
ALONE

HOW TO ASK
FOR HELP?
MEMORIAL
COMPLIMENTSHIP
+
Linkages

FEAR OF
FUTURE

IMPROVE NICH
Support network
for Carers

PROBLEM / PAIN POINT II

SEEMS TO BE THE
FUNDING
OR COST
Working habits
to be seen
AUDIO CONNECTION
THAT RECOGNISE
VOICE FOR
ELDERLY

SUGGESTED SOLUTION AREA

D B K POINT ①:

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EVALUATION
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SUGGESTED SOLUTION AREA

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CULTURE OF
LOCAL
EVALUATION
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SIGNATURE
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FROM BM/PAIN POINT ②:

SUGGESTED SOLUTION AREA:

PROBLEM/PAIN POINT ①:

EARLY DETECTION OF MENTAL HEALTH ISSUES IN ACUTE CARE SETTINGS

- rituals
- Coors
- Family members
- ✓ hospital nurses
- mental health nurses

SUGGESTED SOLUTION AREA:

add on to PAJ
wellbeing assessment
learning system
breakdown/conversation

PROBLEM/PAIN POINT ②:

SOCIAL PRESCRIBING - ENCOURAGING + FACILITATING SOCIAL ENGAGEMENT

- Representative groups
- ✓ Public health nurses
- home help nurses
- Technologists

Low/ISAX/IBM.

SUGGESTED SOLUTION AREA:

App - template