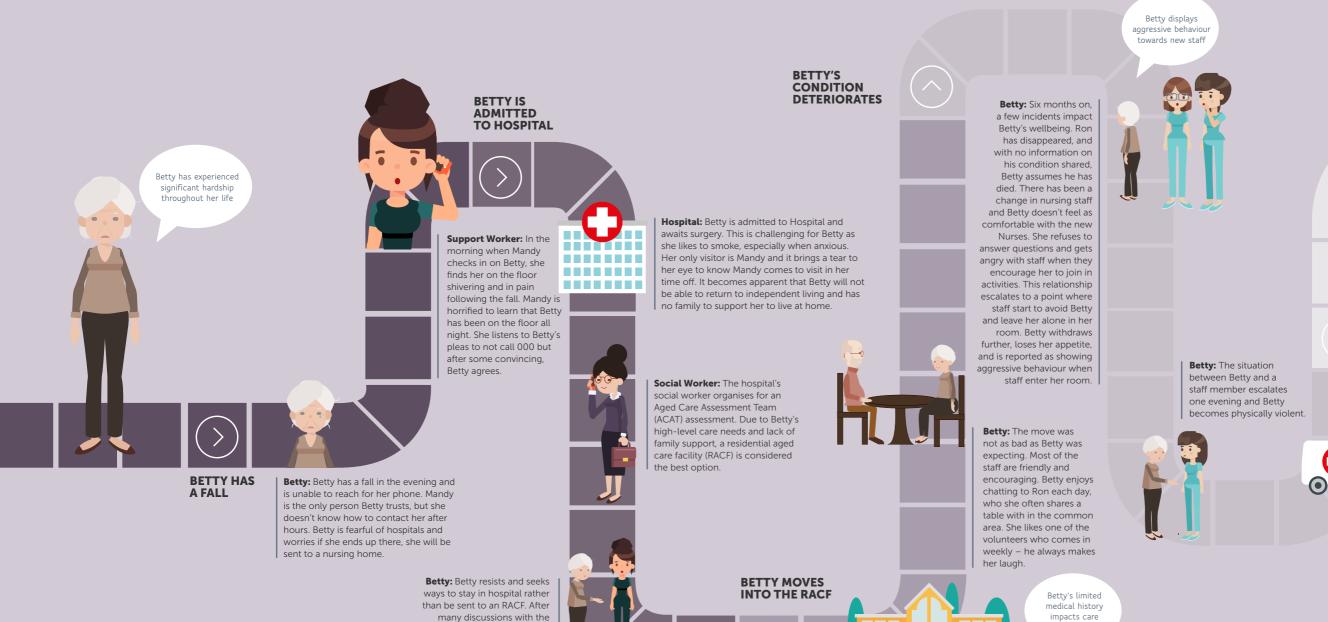
Betty's journey

Betty is 78 years old and is prematurely aged due to her life circumstances. She has been homeless at times in her last 30 years and is grateful to now be living in a self-contained unit. Betty has the support of a Housing Support Worker, Mandy, who supports Betty to maintain regular check-ups at the local bulk-billing General Practitioner (GP) clinic and to stay on her medications for her mental health condition.



social worker and Mandy, she finally agrees, and the social worker assists with the process.

RACF Staff: Betty's medical discharge plan is provided, however there is very little history on Betty's medical history. Betty is very private and not willing to share her personal history or interests. The staff pay particular attention trying to ensure a comfortable transition. Betty has no visitors and receives no regular General Practitioner (GP) visits.



ED Staff: ED staff attempt to determine what medications Betty is on for her condition and a mental health assessment is undertaken. This is a complicated process as there has been limited communication between the RACF, ambulance and ED staff, especially after hours.



RACF Staff: RACF staff call an

ambulance and
Betty is taken to

Key Themes:

- Limited capacity of RACF to support complex, high needs residents
- RACF staff require adequate training and support to recognise, understand and work with the needs of people with mental health conditions
- Limited access to mental health specialist services for RACF residents and staff
- Lack of shared medical records between systems can result in lack of good continuity of care





