Collegian (2016) 23, 97—102

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/coll

# Recognising falls risk in older adult mental health patients and acknowledging the difference from the general older adult population

**Dianne Wynaden, RN, MHN, PhD**[a],
**Jenny Tohotoa, BSc, MSc, PhD**[a,*],
**Karen Heslop, RN, PhD**[b],
**Omar Al Omari, PhD, RN**[c]

[a] *School of Nursing and Midwifery/Curtin Health Innovation Research Institute, Curtin University, Australia*
[b] *Department of Psychiatry, Royal Perth Hospital, Joint Position with Curtin University, Australia*
[c] *School of Nursing and Midwifery, Jerash University, Jordan*

Received 11 April 2014; received in revised form 30 September 2014; accepted 19 December 2014

**KEYWORDS**
Older adult;
Mental health;
Falls risk;
Fall risk management

**Summary** Older adults admitted to inpatient mental health units present with complex mental health care needs which are often compounded by the challenges of living with physical co-morbidities. They are a mobile population and a high risk group for falling during hospitalisation. To address quality and safety concerns around the increased risk for falls, a qualitative research study was completed to obtain an improved understanding of the factors that increase the risk of falling in this patient cohort.

Focus groups were conducted with mental health professionals working across older adult mental health services in metropolitan Western Australia. Data were analysed using content analysis and three themes emerged that were significant concepts relevant to falls risk in this patient group. These themes were (1) limitations of using generic falls risk assessment and management tools, (2) assessment of falls risk not currently captured on standardised tools, and (3) population specific causes of falls.

The findings demonstrate that older adult mental health patients are a highly mobile group that experience frequent changes in cognition, behaviour and mental state. The mix of patients with organic or functional psychiatric disorders within the same environment also presents complex and unique care challenges and multi-disciplinary collaboration is central to reduce the risk of falls. As this group of patients are also frequently admitted to both general inpatient

* Corresponding author. Tel.: +61 892662090.
*E-mail address:* j.tohotoa@curtin.edu.au (J. Tohotoa).

http://dx.doi.org/10.1016/j.colegn.2014.12.002

and aged care settings, the findings are relevant to the assessment and management of falls risk across all health care settings.


## 1. Introduction and background

In 2011, falls claimed the lives of 1530 Australians over the age of 75, which was an increase from 365 in 2002 (ABS, 2011), 30% of people over 65 years who live in the community fall each year (Gillespie et al., 2009). Falls in older adults impose a substantial burden on health services and contribute significant costs to an already over stretched health budget (Australian Institute of Health and Welfare, 2013). A fall is defined as any unexplained event that results in the person inadvertently coming to rest on the floor, ground, or lower level (Venes, 2009). While the majority of falls in older adults occur in the community, they are also the most common adverse event experienced during hospitalisation and the most reported safety incident occurring across all adult clinical areas (Oliver & Healy, 2009). Cognitively impaired older adults constitute a high-risk group for falling while hospitalised (Harlein, Halfens, Dassen, & Lahmann, 2011) and the falls are often unwitnessed and close observation of patients, particularly those prone to falling, is a key factor in preventing falls (Oliver, 2002).

The causes of falls are multi-factorial with both intrinsic and extrinsic aetiologies (Lord, Sherrington, & Menz, 2001; Tzeng, 2010). Intrinsic factors include a history of falling and the fear of falling again (Fonad, Robins-Wahlin, Winblad, Enami, & Sandmark, 2008; Weber & Kelley, 2010), demographic factors of age (Edelman & Mandle, 2010), and chronic conditions like diabetes, coronary heart disease and dementia (Fonad et al., 2008; Mulley, 2001; Schoenfelder & Crowell, 1999; Titler, Shever, Kanak, Picone, & Qin, 2011). Edelman and Mandle (2010) established the link between falls and problems with vision, hearing, blood pressure, mobility and gait. Additionally, altered mobility and musculoskeletal disorders can result in decreased strength, pain, fatigue, and difficulty ambulating, resulting in an increased risk for falls (Edelman & Mandle, 2010). Changes in reaction time and coordination that is often experienced with disorders like depression can also increase falls risk (Iaboni & Flint, 2013; Schoenfelder & Crowell, 1999).

Medications prescribed to manage primary or co-morbid health problems can cause symptoms of dizziness, syncope, and weakness, which also increases the risk for falls by inhibiting balance and mobility (Weber & Kelley, 2010). The more medication taken by an older adult, the greater their risk of falling (Mulley, 2001). Medications with the strongest links to an increased risk of falling are those commonly used with mental health patients and include serotonin reuptake inhibitors and tricyclic antidepressants (Kerse, Flicker, Pfaff, Draper, & Lautenschlager, 2008), antipsychotic agents (Rigler et al., 2013), benzodiazepines, anticonvulsants (Lavsa, Fabian, Saul, Corman, & Coley, 2010) and in the older adult population also anti arrhythmics (Tinetti, 2003).

Increased thirst, a common symptom in people who have a mental illness, whether psychogenic or medication-induced can lead to more frequent ambulation and need to urinate further increasing the opportunity for falls to occur (Tangman, Eriksson, Gustafson, & Lundin-Olsson, 2010). Extrinsic factors also increase falls risk (Fonad et al., 2008) and include environmental issues such as obstructed walkways, inadequate lighting, slippery floors and surfaces, tripping and the lack of or improper use of assistive devices (Edelman & Mandle, 2010).

Approximately 100,000 people over 65 years of age live in the health region where this research was conducted (Australian Bureau Statistics, 2011), and form the cohort that may be admitted to older adult mental health inpatient units. Falls are a major safety concern in these health settings with fall rates being up to four times higher than in general hospital settings (Blair & Gruman, 2005). One of the findings of a 12 month review of falls at two older adult mental health services in Western Australia, was the identified deficits of generic falls assessment and management tools (Heslop et al., 2012) when used for this older adult population.

In responding to the identified high falls risk, a qualitative study was designed to obtain a multi-disciplinary perspective on using generic falls risk assessment and management tools in the mental health setting. Generic tools are historically targeted at assessing falls risk in the surgical and/or medical general hospital setting and designed for assessment in acute or inpatient care where patients are less ambulant than those admitted to the mental health setting. They usually consist of two components: falls risk prediction to identify patients who are likely to fall and management strategies to prevent the patient from falling (Morse, 2006).

The generic tools used at the services where this research was completed require the health professional to complete a full assessment of falls risk on patients if any of the following three criteria are met during the initial assessment: (a) the patient had a slip, trip or fall in the last six months; (b) they are unsafe when walking or transferring, or (c) they are confused. If none of these criteria are met, minimum management standards outlined on the tool must still be implemented for each patient. These include, orientation to the hospital environment, ensuring a call bell is within easy reach and providing the patient with appropriate mobility aids.

## 2. Objectives of the study

The objectives of this multi-site formative study with older adult mental health patients were to:

(1) Determine the effectiveness of using generic falls risk assessment and management tools with older adult mental health patients.
(2) Identify mental health specific triggers for falls risk and their management.