



Advanced Older Adult Mental Health Care Training Course

13 – 17 June 2027
Johannesburg

Advanced Older Adult Mental Health Care Training Course

Ref: 1515_211907 **Date:** 13 – 17 June 2027 **Location:** Johannesburg **Fees:** 4500 Euro

Overview

Advanced Older Adult Mental Health Care Training Course is a one-week course for healthcare, social care, community, and care coordination professionals, who leave with an Older Adult Mental Health Care Plan. The course connects age-sensitive assessment, later-life presentations, cognition, frailty, physical comorbidity, trauma, medication review, safeguarding, carer partnership, social connection, and integrated pathways. Agile Leaders Training Center presents older adult mental health care as person-centered support coordinated around need rather than age alone.

Who Should Attend

- Functions responsible for older adult mental health assessment
- Teams responsible for integrated health and social care
- Personnel responsible for care coordination and referral
- Services responsible for safeguarding and carer partnership
- Functions responsible for community and care-home support

The course assumes participants support older adults within health, social, or community services and leaves out independent diagnosis, prescribing, and treatment decisions beyond professional scope.

Departments and Industries

The course supports departments and organizations coordinating mental, physical, cognitive, functional, and social care for older adults.

- Mental health and behavioral health services
- Primary care, hospitals, and rehabilitation functions
- Social care and community support organizations
- Residential and home-care services
- Public health and voluntary sector teams

Learning Objectives

By the end of this course, participants will be able to:



- Apply age-sensitive, person-centered assessment methods
- Analyze depression, anxiety, delirium, and dementia presentations
- Evaluate frailty, multimorbidity, trauma, and medication factors
- Build safeguarding and carer partnership responses
- Prioritize social connection, referral, and escalation
- Use integrated care planning and review tools

Course Agenda

Day 1: Age-Sensitive Assessment

- Older Adult Mental Health Needs Map
- Person-Centered Life Story Interview Guide
- Sensory and Communication Adjustment Checklist
- Biopsychosocial and Functional Assessment Matrix
- Collateral History and Consent Record

Day 2: Later-Life Presentations

- Depression and Anxiety Recognition Framework
- Delirium, Dementia, and Depression Comparison Grid
- Cognitive Change and Reversible Cause Review
- Grief, Loss, Trauma, and Adjustment Map
- Suicide, Self-Neglect, and Crisis Formulation Template

Day 3: Physical Health and Medication

- Frailty and Multimorbidity Impact Profile
- Pain, Sleep, Nutrition, and Mobility Review
- Medication Burden and Adverse Effect Checklist
- Substance Use and Withdrawal Inquiry Guide
- Mental and Physical Health Coordination Map

Day 4: Safeguarding and Integrated Care

- Ageism and Access Barrier Analysis
- Older Adult Abuse and Neglect Safeguarding Pathway
- Family and Carer Partnership Agreement
- Social Isolation and Connection Action Map
- Integrated Care, Referral, and Review Plan



Day 5: Older Adult Care Practice

- Suggested Exercise: Age-Sensitive Assessment Conversation
- Suggested Exercise: Delirium and Dementia Differentiation
- Suggested Exercise: Medication and Multimorbidity Case Review
- Suggested Exercise: Safeguarding and Carer Meeting
- Capstone Exercise: Older Adult Mental Health Care Plan

Practical Exercises

The course uses suggested activities based on fictional primary care, hospital, community, social care, home-care, and residential scenarios.

- Suggested activity: adapt an assessment for sensory, cognitive, communication, mobility, and cultural needs.
- Suggested activity: distinguish an acute change from longer-term cognitive decline and identify physical, medication, and referral actions.
- Suggested activity: respond to possible abuse or self-neglect while respecting consent, capacity, safety, and role boundaries.
- Suggested activity: coordinate a person-centered plan with the older adult, carers, and multidisciplinary services.

FAQs

Who suits advanced older adult mental health care training, and what does it assume?

Professionals supporting assessment, care coordination, safeguarding, referral, or community services suit the training; it assumes relevant responsibility for older adults and requires participants to work within their clinical or non-clinical scope.

How does older adult mental health care differ from general adult mental health training?

Older adult mental health care accounts for ageing, cognition, frailty, multimorbidity, medication burden, sensory and communication needs, social isolation, carers, and age-related access barriers alongside mental health presentations.

How should delirium, dementia, and depression be distinguished in older adult mental health care?

Delirium, dementia, and depression should be distinguished through onset, course, attention, cognition, mood, function, physical assessment, medication review, collateral history, and specialist referral rather than through one screening score.



What does safeguarding involve in older adult mental health care?

Safeguarding involves recognizing abuse, neglect, coercion, exploitation, self-neglect, and carer strain; assessing immediate needs; respecting consent and capacity; recording concerns; and following the applicable escalation and referral pathway.

How can older adult mental health care support family and carers?

Older adult mental health care can involve carers with the person's agreement, clarify roles, provide accessible information, recognize carer strain, share crisis and review arrangements, and connect carers with appropriate support.

Conclusion

Participants leave with an Older Adult Mental Health Care Plan containing assessment, differentiation, physical health, medication, safeguarding, carer, social connection, referral, and review tools. The plan links mental, cognitive, physical, functional, and social evidence. It helps teams coordinate age-sensitive decisions while preserving personhood, choice, safety, and continuity.