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.

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