» Educate patient and family:
  - To seek help from a trusted family member, friend, or health worker if they have any thoughts of self-harm/suicide.
  - That family/carers may also need psychosocial support – provide patient with resources (e.g., brochures if available, SA Depression and Anxiety Group details https://www.sadag.org/)

» Educate family/friend/carer:
  - Talking about suicide does not trigger the act of suicide and may lower the risk of following through on suicidal ideation.
  - Where they may get support for their own mental health and to better support the patient.
» Refer to social worker, registered counsellor, mental health services if available, or to community resources such as NGO or faith-based organisation crisis centres or support groups.

REFERRAL
» All patients who have attempted a medically serious act of self-harm/suicide.
» All patients where there is an imminent risk of self-harm/suicide.
» All patients where there is a high index of suspicion for self-harm/suicide.

16.8 SPECIAL CONSIDERATIONS

16.8.1 INTELLECTUAL DISABILITY
F70.0-1/F70.8-9/F71.0-1/F71.8-9/F72.0-1/F72.8-9/F73.0-1/F73.8-9/F78.0-1/F78.8-9/F79.0-1/F79.8-9/F84.1/F84.4 + (Z13.3/Z81.0/Z81.8)

» Difficulty with verbal communication in the patient may result in over diagnosis of psychiatric conditions.
» More time is needed in the consultation and to obtain adequate history from family members.
» High risk of being victims of sexual and physical violence by family, neighbours, or strangers – maintain high index of suspicion for abuse.
» Physical discomfort, e.g., pain or constipation, may present as emotional distress.
» Emotional distress, fear, anxiety, or depression may cause aggression or odd behaviour.
» A supportive, caring, and secure environment is essential for well-being and contained behaviour.
» Manage together with social workers, occupational therapists, counsellors, and non-health departments, e.g. social development and education.
» Consider anxiety, depression, and epilepsy before psychosis.
» Use lowest possible doses of medication to achieve desired effect.
» Placement in a residential facility may be necessary. Requires referral to a social worker and may require completion of one MHCA Form 04 and two Form 05s depending on the mental health status of the user.

16.8.2 OLDER PATIENTS (≥ 45 YEARS)

» New psychiatric diagnoses are uncommon in the older patient.
» Actively exclude medical causes, e.g. anaemia, pain, constipation, dementia, chronic kidney disease, COPD, malignancy.
» Older patients are very sensitive to the side effects of psychiatric medications. Use lowest possible dose to achieve desired effect.
» Consult with family/carers: educate about the condition and provide support by explaining how to manage behaviour at home.
» Refer family/carers to social worker or counsellor for further support.

16.8.3 SEXUAL HEALTH AND SEXUALITY

F52.0-9

Sexual problems may be more frequent amongst people with mental illness or neuropsychiatric conditions:

» Low sex drive, anorgasmia (unable to achieve an orgasm), or impotence may occur as part of the mental illness, as a result of medication side effects (e.g. fluoxetine), and/or substance use.
» Hyper-sexuality may occur in people with intellectual disability, in manic or psychotic states, emotional dysregulation, or substance use disorders.
» Specific sexual disorders, e.g. vaginismus (spasm of vagina) or other sexual dysfunction require specialist treatment.
» Refer for assessment and appropriate treatment.

Mental illness is more common amongst people with alternative sexual orientations or who are transgender.

» Stigma, discrimination, and victimisation increase the prevalence of mental illness amongst this group of people.
» Response to treatment will be poor if underlying issues are not expressed and managed.
» Disclosure to staff depends on a non-judgemental, accepting environment.
» Refer to counsellor/social worker.
» Counsel family members and caregivers.
» Refer to psychiatrist depending on clinical presentation/need.

16.8.4 MATERNAL MENTAL HEALTH

Details regarding maternal mental healthcare are provided in:

- Primary Health Care STGs Chapter 6: Obstetrics, Section 6.9: Maternal mental health.
- Adult Hospital STGs Chapter 15: Mental health conditions and substance misuse.