Caring for Older Australians:
Putting Mental Health on the Aged Care Agenda

In response to the Productivity Commission's Draft Report on *Caring for Older Australians*, clinicians from the Aged Care Psychiatry Service at the Prince of Wales Hospital endorse the Commission's recommendation for the older Australian to "*receive a flexible range of care and support services that meet their individual needs and that emphasise, where possible, restorative care and rehabilitation.*"[1] However, appropriate community services for the older person with a mental illness have been overlooked in the Draft Report. This omission is particularly noted in the model of care proposed in the Draft Report; "The Building Block Approach," which fails to make specific reference to mental illness at the level of specialised care. This falls short of meeting the National Health and Hospital Reform Commission's[2] recommendation that '*as a matter of some urgency, governments must collaborate to develop a strategy for ensuring that older Australians, including those residing in aged care facilities, have adequate access to specialty mental health and dementia care services.*'' Reference to this recommendation is noted in the Productivity Commissioner's Terms of Reference.

This submission addresses the growing gap in **community** services for older people who have a mental illness. Mental illness per se does not meet the eligibility criteria for existing Aged Care Community Services. These Services traditionally base their eligibility criteria upon age-related physical frail care needs and/or dementia; providing assistance with personal care, domestic assistance and health care support. Older people with a mental illness and other comorbidities require a continuum of care so that they are not asked to choose between services that attend to either mental health needs or physical needs. There exist gaps in both Aged Care and Mental Health Services in meeting the needs of the older person with mental illness.

Gaps in Aged Care Community Services

- Home and Community Care (HACC) eligibility criteria are based on *functional* difficulties in respect of Activities of Daily Living.
- Community Options Program (COPS) is a HACC funded program which provides a comprehensive range of basic maintenance and support services to people with complex needs; namely a number of interacting physical/medical, social and emotional needs that require formal case management.
- Aged Care Assessment Team's (ACAT) assessments are based on a comprehensive evaluation of predominately aged care needs including medical conditions, physical capabilities, cognitive/behavioural aspects and social factors.

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[1] Caring For Older Australians, Productivity Commission Draft Report, January 2011
[2] A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009

- Community Aged Care Packages (CACP) are aimed at the older frail person who is eligible for low level residential care but chooses to live in the community.
  Access Economics' Report, *Caring places: planning for aged care and dementia 2010 -2050*[3] predicts the following deficits in aged care supply:

	Community Aged Care Packages (CACPs)	Extended Aged Care at Home (EACH)	Extended Aged Care at Home – Dementia (EACH-D)	Residential aged care places
Deficits under the <u>85+ scenario</u> would reach almost 280,000 places and packages across Australia by 2050. The deficit would comprise	55,411	6,860	3,694	213,000
Deficits under the <u>dementia prevalence</u> scenario would reach almost 227,000. The deficit would comprise would comprise	45,157	5,591	3,010	173,585

This increased service demand will in practice mean that older people with a mental illness who demonstrate minimal age-related frail care needs or dementia will fail to meet the Aged Care Community Services' eligibility criteria, and will find it increasingly more difficult to access Aged Care Services.

Gaps in Mental Health Community services

Community services for older people with mental health problems are for the most part focussed on dementia. Older people with dementia and behavioural problems can access Dementia and Behavioural Management Advisory Services (DBMAS), but where older people have a physical frailty and a mental illness other than dementia, many Aged Care Community Services consider themselves unable to manage the mental health issues. Community services for younger people with mental illness resist taking on older people. Hence there is a gap in service provision for older people with a mental illness who are not cognitively impaired. Too often the default option for the older person with mental illness is either

1. a premature admission to hospital

   'nearly one-quarter (22%) of overnight episodes with a principal diagnosis of a mental or behavioural disorder were for either geriatric evaluation or management or for psychogeriatric care—predominantly the latter.'[4]

2. or admission to a Residential Aged Care Facility. This is reflected by the number of older people with a mental illness who are living in low level residential care.

   'As 30 June 2009; just over a fifth (21%) of residents (in Residential aged care) had a diagnosis of 'mental illness only.'[5]

   Yet the NSW Department of Health Charter for Mental Health Care in NSW[6] states

   'people have a right to mental health services that provide care in the least restrictive environment, consistent with treatment requirements.'

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[3] Caring Places: planning for aged care and dementia 2010-2050, Volume 2, Access Economic, February 2011
[4] Older Australians in Hospital. Bulletin 53, Australian Institute of Health and Welfare, Canberra, August 2007
[5] Residential aged care in Australia 2008-2009: A statistical overview, Aged care statistics series number 3, Australian Institute of Health and Welfare, Canberra, 2010
[6] Charter for Metal Health Care in NSW, NSW Department of Health

Simultaneously, The Mental Health Council of Australia's report, Home *Truths: Mental Health, Housing and Homelessness in Australia,*[7] states

> *'While many young people experience mental illness and homelessness, 17 per cent of homeless people are over 55 years of age, and of that group, 7 per cent are over 65. The issues faced by older Australians are likely to be exacerbated by declining physical health and longer periods of homelessness or unstable housing. This group may also experience significant mental health issues, and these links should be investigated. This is a particularly timely issue now, as many older Australians face the loss of superannuation and retirement savings due to the world financial crisis.'*

In *Older Australian at a Glance* it is noted that

> *'The literature on mental health in older people tends to focus on dementia, however, functional disorders such as schizophrenia, anxiety disorders and clinical depression are more prevalent (Collier 2006.)'*[8]

This has ramifications for research, funding and service delivery. This is especially alarming when noted that 6% of people aged 75-85 are likely to have a mental disorder.[9]

Many adult Mental Health Services are not funded to support the specialised needs of this age group. For example Neami programs and Mental Health Rehabilitation Units provide services to adults up to 65 years of age. Services such as Specialist Mental Health Services For Older People (SMHSOP) offer short term intensive assessments, treatment and management with the view to transferring care to longer term community services. SMHSOP services continue to provide outreach, follow up and consultation to community services.

Gap in the Productivity Commission's Draft Report on *Caring for the Older Australia*

There needs to be far greater inclusion of the needs of the older person with a mental illness than stated in the Productivity Commission's Draft Report. AIHW's Report, *Australia's Heath 2010* states

> *'Mental health became one of Australia's national priority areas for health because of its effect on the Australian population and the possible reduction in disease burden that could occur through prevention and treatment. Based on self-reports in the 2007–08 NHS,*[*] *mental and behavioural problems were the ninth most common group of long-term health conditions for older people, affecting an estimated 249,000 people aged 65 years and over. Mood (affective) disorders, such as depression, were the most common type of mental health condition reported by older people. In addition, about 8% of the males and 11% of the females reported high or very high levels of*

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[7] Home Truth: Mental Health, Housing and Homelessness in Australia, The Mental Health Council of Australia' March 2009
[8] Older Australians at a Glance, 4th edition, Australian Institute of Health and Welfare, Canberra, November 2007
[9] Older Australians at a Glance, 4th edition, Australian Institute of Health and Welfare, Canberra , November 2007
[*] National Health survey

> *psychological distress. An estimated 4% of males and females aged 65 years and over in the survey took at least one medication for a mental health condition in the preceding 2 weeks, with about 3% using antidepressants and 1% using sleeping tablets or capsules'* [10]

The Draft Report notes that The Social Inclusion Toolkit (Commonwealth of Australia 2009) identifies vulnerable communities to include people living with mental illness,[11] yet the report has omitted the needs of these people in the proposed model of care. It is crucial there is targeted intervention to assist older people with a mental illness to remain in the community, to build their capacity and preserve their dignity. Lack of appropriate community options to keep older people with a mental illness in the community places them at risk of being hospitalised, homeless or placed in Residential Care. The latter is a costly miscarriage of service delivery

> *'In 2008–09, the total of all recurrent Australian and state and territory government expenditure on aged care services was $10.1 billion. An estimated $6.6 billion of this amount was spent on residential aged care, with the Australian Government the dominant funder (estimated $6.5 billion).'* [12]

Recommendations

Under the Health Reforms[13], the Commonwealth will take over all of aged care funding (excluding those in hospital). It is recommended that additional funding be made available for specialised community support packages for older people with a mental illness. Delivery of such packages would involve partnerships between Aged Care Assessment Teams, Aged Care Community Service providers, Mental Health Services and Residential Respite Services. The aim of the proposed funding would be to keep the older person with mental health illness well enough to remain out of hospital/residential care and supported in their own homes, resulting in less cost for hospital and residential care. The community packages are proposed with a view to minimising the impact of mental illness on older people and working towards to an optimal level of functioning and wellness.

There is a need for community services that focus on **social engagement** rather than practical daily tasks. The aim of these services would be to **enhance wellness and build the capacity** of older people with a mental illness.   Establishing **therapeutic relationships** is pivotal to these services. Individual care plans would need to accommodate the unpredictable nature of mental illness resulting in services that are **flexible** in meeting the **episodic nature** of when increased care might be required.   Service providers would need to be **educated** about mental illness, understand therapeutic interventions, and learn skills to **assess risk factors and strategies for managing challenging behaviour.** It is essential that services providers operate in **joint partnership** with other services, particularly Old Age Mental Health Specialists.

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[10] Australia's Health 2010, The twelfth biennial health report of the Australian Institute of Health and Welfare, Canberra 2010
[11] Caring For Older Australians, Productivity Commission Draft Report, January 2011
[12] Older Australians at a Glance, 4th edition, Australian Institute of Health and Welfare, Canberra, November 2007
[13] A National Health and Hospitals Network for Australia's Future, Commonwealth, Australia 2010

Key elements of these packages will provide **person-centred delivery** of specialised packages for older people with a mental illness that will focus on the unique individual needs of the mentally unwell older person and would include:

- Services that accommodate the episodic nature of mental illness, with a flexible treatment approach, in terms of level of care, hours, staff rostering, intervention strategies and funding.
- A transitional component for stabilising older patients in the community post discharge from psychiatric inpatient units.
- A focus on socialisation and engagement in the community, as older people with mental illness are often isolated due to symptoms of their mental illness, the associated stigma and poor interpersonal skills
- Regular and/or daily supervision and management of medication, especially when treatment commences.
- Assistance with the coordination of service providers, such as Department of Housing, Primary Health Care, Mental Health services and the Public Guardian.
- Establishing and maintaining partnerships between all stakeholders to reduce the rate of rehospitalisation, placement in residential care or homelessness.
- Support for the carers of <u>older</u> people with a mental illness, regardless of age of the carer.
- Support for carers through specialised mental health respite hours, at home or in residential care.
- On going Mental Health education and training of new and existing Aged Care Community Service providers to assist in the identification and management of symptoms, behaviours and risk factors associated with mental illness.

It would need to be determined which service will provide a screening assessment, such as Aged Care Assessment Teams (ACAT,) Community Options (COPS) or Mental Health Services. These packages are envisaged to herald a shift in paradigm from a focus on old age frailty to establishing mental health needs/risks as criteria for eligibility to receive Aged Care Community Services.

Eligibility requirements for access to Aged Care Services need to recognize mental illness as a specific condition that requires specialised community services. In turn Services Providers need to have skilled staff to work with older people with a mental illness. It is therefore essential that Mental Health is viewed as a priority in *Caring for the Older Australians* and is incorporated as specialised care in "The Building Block" approach to care as proposed in the Productivity Commission's Draft Report.