Mental Health Commission of New South Wales

FEEDBACK TO THE SENATE COMMUNITY AFFFAIRS LEGISLATION COMMITTEE INQUIRY INTO THE AGED CARE QUALITY AND SAFETY COMMISSION BILL 2018 AND RELATED BILL

NSW Mental Health Commission

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1. Introduction

Experiencing positive mental health is everyone's right, regardless of age. Our goals, occupations, culture and lifestyle may be very different but we all want the opportunity to live well into older age. The Mental Health Commission of NSW supports any actions that protect and advocate for the rights, safety and quality of care provided to aged care consumers and promote confidence and trust in the provision of aged care services in NSW.

People with a lived experience of mental health issues along with issues of ageing may need to access a range of support services to maintain good mental health and intervene early when issues arise. This may mean, for some people, having access to a range of support services, including but not limited to: mental health clinical services and supports, Commonwealth-funded aged care services, affordable housing, meaningful activities and connections to local social and community supports.

It is important to note that over half the people who live in residential aged care reported symptoms of depression[1]. Therefore it would seem reasonable to assume that over half the adults in residential aged care have a significant mental illness. Despite this, mental illness or distress has not been seen as a priority in previous aged care standards. This stands in contrast to other comparable jurisdictions. In this regard the UK NICE Quality standard [QS50] "Mental wellbeing of older people in care homes" is probably the clearest example of moving recognition to a policy response[2].

In 2017, the Mental Health Commission of NSW published a report "Living Well in Later Life" which investigated how *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* can be best applied to improve the lives of older people in NSW. After significant consultation with experts from the Council of Ageing NSW, the Faculty of Society of Old Age (NSW Branch) of the Royal Australian and New Zealand College of Psychiatrists and the NSW Health Education and Training Institute, eleven principles were identified as necessary to enable people to live well in later life and maintain positive mental health. These principles are provided in the general comments section for further consideration when planning the terms of reference for the new Aged Care Quality and Safety Commission.

The Mental Health Commission of NSW welcomes this opportunity to provide feedback to the Senate Community Affairs Legislation Committee Inquiry into the Aged Care Quality and Safety Commission Bill 2018 and related bill. The following sections include our comments on the draft and associated functions of the Commission.

1.1 Specific feedback

1.1.1 Clause 5 – Objective of this Act

The Mental Health Commission of NSW supports the objective of the Act and the Commission's regulatory framework that will protect and enhance the safety, health, well-being and quality of life of aged care communities, across Australia. The Commission recommends that references to health and wellbeing should make explicit that this includes physical health, mental health, and social and emotional wellbeing.

1.1.2 Clause 8 – Meaning of Commonwealth-funded aged care service

In reference to the definition of "Commonwealth-funded" aged care services, the NSW Mental Health Commission recommends that this definition be explained further, to clarify if

this refers to services that are part-funded, joint-funded with a State or Territory, or receiving any part of Commonwealth funding for the provision of services to older people.

1.1.3 Clause 16 – Functions of The Commissioner

In reference to the definition of "Commonwealth-funded aged care services" the NSW Mental Health Commission recommends this definition include services that are part-funded, or joint-funded with a State or Territory (as per 1.1.2).

In reference to the Commissioner having the ability to seek and consider clinical advice that is relevant to the performance of any of their functions, the NSW Mental Health Commission recommends that wherever possible, relevant clinical experts in mental health are regularly consulted. The Commissioner should also consider receiving advice on matters related to clinical care from people with a lived experience of mental illness who are accessing Commonwealth funded-services and/or aged care mental health peer workers and/or lived experience researchers or academics.

1.1.4 Clause 34 – Persons assisting The Commissioner

It is recommended that relevant national or state or territory Mental Health Commissions be consulted to assist the Aged Care Quality and Safety Commission where systemic issues arise, regarding people with a mental illness accessing Commonwealth-funded or other services. These consultations should arise also in relation to systemic issues impacting on the ability of aged carer recipients to maintain positive mental health and wellbeing irrespective of whether they have a pre-existing mental illness.

Although the NSW Mental Health Commission does not advocate for or become involved in individual cases, there is a role for Commissions to provide systemic advocacy where there are gaps, unnecessary process barriers, or issues of local planning and referral between agencies which provide services and support to people with a lived experience of a mental illness in NSW.

We look forward to opportunities to contributing to better planning and access to services for older people with a lived experience of mental health issues or older people who are at risk of developing a mental illness in NSW.

1.1.5 Clause 40 – Membership of the Advisory Council

It is recommended that the Minister considers the appointment of a person (preferably an older person) with a lived experience of mental health issues and a carer as part of the advisory committee. Committee membership should also include a person with relevant clinical skills and experience in older persons' mental health. This will not only ensure that the rights of people experiencing mental illness are prioritised within the aged care sector, but that early intervention where mental illness occurs later in life and suicide prevention awareness activities will also be highlighted. The latest release of ABS data showed high rates of suicide in older people, with the highest suicide rate among men aged 85 and older, with 32.8 deaths per 100,000 people.[3]

With the Australian population ageing, and more people experiencing mental health issues, the NSW Mental Health Commission recommends strongly that there be adequate mental health expertise as part of the advisory council and that this should be reflected in the wording of this bill or supporting legislation.

2. General considerations

It is recommended that the new Aged Care Quality and Safety Commission gives consideration to the following principles of which the NSW Mental Health Commission and its stakeholders agree are fundamental to the mental health and wellbeing of older people. [4]

1. Promote prevention and early intervention in later life

Enhancing our knowledge and understanding of factors that protect against poor mental health is key to prevention. Mental health promotion targeting older people should be available across NSW. Early intervention is needed when a person's mental health first starts to deteriorate, no matter what age they are, to halt progressive deterioration and avert the need for crisis intervention. Treatment for mental illness should be based on clinical and support needs and not on age. Person-centred, trauma-informed, recovery-oriented practice applies equally to older people and needs to be the foundation of their care.

2. Eliminate ageism and related stigma and discrimination

Age discrimination needs to be eliminated at personal, interpersonal and structural levels. The exclusion of most nursing home residents from Medicare-funded psychological care is one potent example. We need to counter stigma and discrimination with positive expectations, images, examples and objective data. We also need to counter discrimination by ensuring equitable access to mental health care and support. Positive attitudes and behaviours towards older people can improve with education and understanding.

3. Increase participation of older people in the decisions which affect them

The desire and ability of older people to exert choice and control over their own care should be respected. We need to move away from doing things 'for' older people to doing things 'with' older people. Health, community and aged care services should involve older people and their carers in planning, implementing and evaluating services. Workforce training on supported decision making needs to be made available. Robust models for participation from individuals who utilise mental health services and other supports should include older people and their carers. Advance care planning needs to be offered and supported, including assistance in appointing a power of attorney where needed.

4. Increase ageing-friendly, culturally informed and accessible services and information

Older people have their own unique experiences that may not be shared by younger generations. These may include wars, genocide, being part of the Stolen Generations, institutionalisation, or unique immigration experiences, with trauma experiences compounding over time. Ageing-friendly, culturally informed services that respond to the potential impact of these experiences and their expression in old age, will result in more positive outcomes. Potential barriers to access should be addressed, such as negative attitudes to ageing, lack of interpreters, lack of cultural awareness and competency, social isolation, poor transportation and financial restrictions. Information that promotes services should highlight improved quality of life, promote healthy ageing, and describe clear pathways to support. Information should be sensitive to literacy issues, including familiarity with technology.

5. Reduce suicide and suicide risk in older people

Suicide continues to be a risk for people as they age. The tragedy of suicides in residential aged care has also recently been quantified and highlighted.[5] The highest age-specific suicide rate occurs in men aged 85 years and older. Physical illness, health decline, grief, loss of identity, loneliness and social isolation can negatively impact overall wellbeing and be significant contributors to mental illness and suicide. Protective factors such as social connection, feeling in control and satisfaction with life should be actively supported. Promoting help-seeking, along with better recognition of and responses to suicide risk in older people, are key to reducing suicide in all settings. Timely, responsive and appropriate evidence based support and care, in particular specialist treatment, are also critical.

6. Implement person-centred, trauma-informed recovery-focused approaches, including older person peer worker models

Psychosocial intervention is just as effective in older people as in younger people. Participation in meaningful activities is key to recovery and can include volunteer work, physical activity, mental stimulation and socialisation. Imparting wisdom and knowledge to younger generations can be mutually beneficial and aid recovery and resilience. Peer worker models for older people should be developed, with a focus on the lived experience of mental illness and supporting social connections and meaningful activity. The benefits of social inclusion for older people should be widely promoted.

7. Increase the focus on mental health as being equally important as physical health in care responses for older people

Mental health needs should be given the same priority as physical health needs of older people. Depression, anxiety, substance misuse and other mental illnesses are not a normal part of ageing, but they can become common when we fail to respond appropriately. They need to be addressed in assessment and treatment. Services should also address the wellbeing needs of older people, including loneliness, social isolation and quality of life. Early identification of social isolation in older people and prompt referral to appropriate support services should be a priority, along with a system-level approach to strengthen social inclusion, integrate older people within the community and to improve the overall mental health and wellbeing of the person.

8. Increase the number and capacity of specialist services for older people in line with population ageing

As the population ages, there is and will continue to be an increased demand for contemporary models of specialist mental health and other services for older people. These need to be supported by adequate provision of primary health care, residential aged care and other community based supports. Specialist services should reflect the shift to person-centred, trauma informed practices that actively support older people to define recovery goals and direct their own care. Partnerships between government, community managed (non-government) and private sectors are integral to integrated care and positive outcomes for older people, and need to be pursued as a priority.

9. Increase workforce knowledge and skills

As people live longer with mental health issues and comorbid (co-existing) chronic physical illness, the need for skilled, highly trained professionals and for growth in the care support workforce, becomes paramount. Staff working in hospital, community, residential aged care and primary health care need access to training, backed up by professional standards and competencies, to enhance their understanding, knowledge and skills about older people in general and older people's mental health and suicide risk in particular. Holistic care practices also require understanding of issues that may impact older people's health and wellbeing, such as financial difficulties, social isolation and elder abuse. The resources to secure a stable and competent workforce in the future will require government commitment, along with regulation on skill mix and staff ratios in the residential care sector.

10. Reduce service fragmentation and access barriers through improved governance, care pathways and funding models at federal, state and local levels

Care for older people is fragmented and navigating access to appropriate services is challenging due to current funding arrangements and models of care. Service access pathways need to be easier to travel, with support provided to facilitate access where needed. Collaboration between governments needs to continue to identify and trial alternative models for funding care and services for older people, with a view to enhancing integration and responsiveness to local needs. Governance and funding arrangements need to be transparent, accountable, democratic and consultative, enabling the input of older consumers, carers, service providers and the community in decision making about issues such as resource allocation and service design. Resource allocation should be informed by local clinical and support needs, with bureaucratic hurdles minimised. The processes and outcomes of localised decision making should be benchmarked against evidence-based and expert consensus targets and principles. Promising examples of collaborative care models for older people with mental illness include mental health-residential aged care partnerships implemented through the NSW Ministry of Health's Pathways to Community Living Initiative. Collaboration across the mental health, aged care, primary health care, community managed and disability service systems is critically important.

11. Promote the quality use of medicines for older people

The use[1] of medicines as a treatment for physical or mental illness in older people should follow the four tenets of the quality use of medicines and be efficacious, appropriate, judicious and safe. Older people, and their family or carers where appropriate, should be central to decision-making about their medicine management. Only safe and effective prescription of off-label medicines should occur, recognising the risks of unnecessary or harmful polypharmacy and over-sedation of older people, particularly when used as a form of chemical restraint or to modify challenging behaviours.

[1] Australian Institute of Health and Welfare 2013. Depression in residential aged care 2008–2012. Aged care statistics series No. 39. Cat. no. AGE 73. Canberra: AIHW

[2] National Institute of Quality Standards (UK) 2013, "Mental Wellbeing Of Older People In Care Homes", Quality standard (QS50), Available from https://www.nice.org.uk/guidance/qs50

[3] Australian Bureau Of Statistics, 2018, "Causes Of Death, Australia 2017, Intentional Self-Harm, Key Characteristics 2017" Available from http://www.abs.gov.au/Causes-of-Death

[4] NSW Mental Health Commission (2017) Living Well in Later Life: The case for change. Available from https://nswmentalhealthcommission.com.au/sites/default/files/documents/living_well_in_later_life_-_the_case_for_change.pdf

[5] Ibrahim, J. E., Bugeja, L., Willoughby, M., Bevan, M., Kipsaina, C., Young, C., ... & Ranson, D. L. (2017). Premature deaths of nursing home residents: an epidemiological analysis. Med J Aust, 206(10), 442-7.)