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Senate Community Affairs Legislation Committee
Parliament House
Canberra ACT 2600

Dear Senators,

Thank you for providing Alzheimer's Australia with the opportunity to provide further information on the ***Living Longer. Living Better.*** Legislation. I welcome your interest in the complex issues around mental health and ageing. Older individuals with mental health concerns whether associated with dementia or not have long had difficulty accessing appropriate care and support. The issue has been well documented in work done by the Department of Health and Ageing[1] and the former Psychogeriatric Care Expert Reference Group[2]. We are pleased that concerns around psychogeriatric care are again being highlighted and that there is a separate inquiry by the Senate Community Affairs Committee which is specifically considering care for people with behavioural and psychological symptoms of dementia (BPSD).

The dementia supplement which has been proposed for residential aged care will address long standing concerns that the Aged Care Funding Instrument does not capture the cost of providing care for individuals with the most severe behavioural symptoms. It is also our view that this supplement should be linked to specific requirements to ensure that facilities have the capacity to provide appropriate care for these individuals for example in respect to regular review of care plans, medication use and environmental design. We will be developing more detailed views in response to the discussion paper with has been released by the Department of Health and Ageing.[3]

In response to the specific questions raised by the Committee:

Senator FIERRAVANTI-WELLS: Mr Rees, there was some evidence given yesterday, particularly by the Royal Australian and New Zealand College of Psychiatrists and by Wintringham, when we were talking about home care, that an issue has arisen about the potential diagnosis of dementia before accessing the supplement. Mr Rees, would you mind having a look at the transcript and providing us with some comments on notice.

[1] Report to the Minister for Ageing on Residential and People with Psychogeriatric Disorders 2008 http://www.health.gov.au/internet/main/publishing.nsf/Content/1F697B25971C1EDDCA2575520001DDC6/$File/Final%20Report%20-%2028Aug2008.pdf)
[2] Report by Psychogeriatric Expert Care Reference Group to the Ministerial Conference on Ageing December 2010.
[3] http://www.livinglongerlivingbetter.gov.au/internet/living/publishing.nsf/Content/103A6D01679825CBCA257B5C0017E3E2/$File/Dementia-Veterans-Supplements.pdf

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The dementia supplement in ***home care*** has been designed to capture the additional costs of caring for an individual with cognitive impairment. In the current community care system, this extra cost is only acknowledged at the highest level of package in the Extended Aged Care at Home- Dementia (EACH-D) packages. The proposed supplement will provide important additional funds for individuals with cognitive impairment at all four levels of packages.

The recent discussion paper which has been circulated by the Department proposes that individuals will not be required to have a diagnosis of dementia to access the supplement but that the Approved Provider should "make every effort to encourage care recipients to seek a medical diagnosis if one does not already exist". An appropriate clinical tool will be used to assess presence of cognitive impairment. In our view this is the best approach as individuals with dementia often face lengthy delays in receiving a diagnosis due to a variety of complex issues. The average length of time from noticing symptoms to receiving a diagnosis is approximately 3.1 years. Therefore requiring a diagnosis of dementia for eligibility would mean that many individuals who do require extra care and support would not be eligible for the supplement.

Senator FIERRAVANTI-WELLS: The second issue that arose yesterday was the reference to the dementia supplement rather than a broader behavioural supplement. I wonder if you have some thoughts in relation to that, because it was raised with us that, while 'behavioural' obviously includes things pertaining to dementia, it is much broader than that. Do you have any views on that?

Within ***residential care***, the dementia supplement focuses on providing resources to support individuals with severe behavioural symptoms. The recent discussion paper released by the Department of Health and Ageing proposes that this supplement be available for any resident who is experiencing these symptoms regardless of whether they have a diagnosis of dementia, as long as they have a diagnosis of a relevant medical condition including mental health concerns. It is our view that this is an appropriate approach as the supplement is designed to provide for the extra costs associated with behavioural symptoms and the costs associated with cognitive impairment are already funded through the ACFI.

Senator FIERRAVANTI-WELLS: There was a difference of opinion, again, over the use of PAS. Mr Rees, when you look at the evidence of the psychiatrists and of Wintringham, you will see the issue arises in those two submissions about the use of the measuring tool and the PAS. I was wondering if you had some views in relation to that—if you could take that on notice.

As a consumer organisation, we are unable to comment on the appropriateness of a specific clinical tool and would be advised by clinical experts on this issue. We

acknowledge that their may be a need for a specialised tool for the homeless population, just as the RUDAS is suggested as an alternative tool for PAS in CALD communities.

The issue raised by Wintringham, however, goes beyond the issue of the specific tool to measure cognitive impairment. The Wintringham submission questions the purpose of the supplement in community care. In their submission, Wintringham has suggested that the supplement in community care is a "behaviour supplement" and therefore the PAS is not an appropriate tool. The difficulty with this argument is that the supplement proposed in community care is designed to acknowledge the additional costs of providing care due to cognitive impairment, irrespective of behavioural symptoms. In my view this is an appropriate approach as unlike in residential care, these additional costs have not been captured through other approaches.

There is a need for greater clarity in the sector on the two supplements that are available. It would be prudent for the Department of Health and Ageing to rename the supplements according to their purposes instead of referring to both as "dementia supplements". The dementia supplement proposed in community care could be referred to as a "cognitive impairment" supplement. The dementia supplement proposed in residential aged care has the purpose of providing the additional funding required to support individuals with the most severe behavioural symptoms and could be referred to as "severe behaviour" supplement.

Thank you again for the opportunity to speak with you about the legislation. If I can provide any further information please let me know.

Kind Regards,

Glenn Rees
CEO, Alzheimer's Australia

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