Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and
poor practices, and ensuring proper clinical and medical care standards are maintained and practised
Submission 5 - Attachment 2

Acknowledgements

Mental Health Commission of New South Wales

Living Well in Later Life:
A STATEMENT OF PRINCIPLES

1. Promote prevention and early intervention in later life

The physical and social changes that come with ageing can leave older people vulnerable to poor mental health. 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

Many older people are vibrant, active members of the community whether they are living in their own home, receiving community-based services or living in residential aged care. However, the images and language used to describe older people frequently present negative stereotypes and generalisations. 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 consumer and carer participation should include older people. 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.

Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised

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5. Reduce suicide and suicide risk in older people

Suicide continues to be a risk for people as they age. 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 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.

> The Mental Health Commission of New South Wales calls upon government, private sector providers and the community sector to adopt the vision outlined in this statement, and identify the necessary funding, training and education resources to embed these principles in their practices and programs.