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SUBMISSION TO SENATE SELECT COMMITTEE ON MENTAL HEALTH

RE: OLD AGE PSYCHIATRY

Thank you for the opportunity of making this submission to the Senate Select Committee on Mental Health.

I wish to address the issue of Mental Health of Older Australians. I will make my points simply and briefly:

1. One in eight Australians is over the age of 65 and this is set to reach one in five Australians in the next 20 to 30 years. The proportion of people aged 80 or more is set to quadruple in the next generation from just over 2% to over 8%.
2. The mental health problems affecting older people differ to those affecting younger people. The differences are qualitative as well as quantitative.
 - Qualitative differences include the high rate of dementia, increasing from 5% of those over 65 to 20% of those over 80 and 30% of those over 90.
 - Quantitative issues are increased susceptibility to side effects from medication, need for different techniques in managing mental problems, and different life issues precipitating depression and other psychiatric disorder.
3. Older people with mental illness are under represented in Medicare statistics and this is not accounted for by a decreased prevalence of mental illness. In other words older people are less likely to get referred for specialist mental health services, less likely to receive them and less like to receive non pharmacological management, such as psychotherapy, cognitive behaviour therapy or other talking treatments (Draper BM, Koschera A. **Do older people receive equitable private psychiatric service provision under Medicare?** *Australian & New Zealand Journal of Psychiatry.* 35(5):626-30, 2001)
4. Mainstream mental health services are not equipped to deal with the special aspects of assessment, diagnosis and management relevant to older people. Usually they have little idea of the complex mosaic of Aged Care Services. Often, mainstream mental health service providers are not particularly interested in older people and resent having to work with this age group. Old Age Psychiatry is a distinct sub specialty as is Child and Adolescent Psychiatry.
5. Older people do not do well in mainstream psychiatric inpatient units. They are vulnerable to injury from aggressive young psychotic patients.
6. The inpatient management of older people with acute mental illness requires a dedicated area or ward and a dedicated specialist team of skilled and experienced in dealing with these issues.
7. The provision of specialist mental health services for older people across Australia is patchy and uneven. Some states, especially Victoria and Western Australia, and some areas within the state have adequate provision of a range of services. In other areas particularly those in rural and remote regions specialist mental health services for older

people are virtually non-existent (O'Connor D & Melding P, *Journal Australian and New Zealand Journal of Psychiatry*, in press).

The provision of adequate specialist mental health services for older people requires a range of services including

- Community services.
- Outpatient clinics.
- Acute inpatient wards.
- Consultation-liaison services to general hospitals.
- Special care units for people with dementia and behavioural disturbances.
- Supra-regional facilities for violent and dangerous older people with mental disorders, usually organic brain disease such as alcoholic dementia.

8. There have been numerous reports and documents written about what are the minimum benchmarks for specialist mental health services for older people (available on request).
9. There are settings where there are very high rates of psychiatric disturbance. In nursing home in particular, rates of psychiatric and behavioural problems exceed 90% in residents with dementia who constitute over 70% of residents. Rates of psychosis are reported to be around 50% in people with dementia in nursing homes. (Brodaty H. Draper B. Saab D. Low LF. Richards V. Paton H. Lie D. **Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors.** *International Journal of Geriatric Psychiatry.* 16(5):504-12, 2001).
10. Almost no attention is paid to prevention of psychiatric disturbances in older people.
 - Reducing the risk of onset of depression, e.g. by physical health measures, regular exercise, good diet, avoidance of vascular risk factors, combating loneliness.
 - Reducing the risk of or delaying the onset of Alzheimer's disease and other dementias by mental stimulation, physical exercise, attention to diet, reduction of vascular risk factors, prevention of diabetes and possibly vitamin supplementation.

Summary

The ageing of Australia demand that we can urgently consider a cohesive plan for provision of a Specialist Mental Health Services for Older People across Australia.

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