



Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Dear Sir

Senate Select Committee on Mental Health
(Special needs group – Older People's Mental Health)

Please find attached a submission to the Senate Select Committee on Mental Health developed by the Older People's Mental Health Committee. The submission addresses the extent to which National Mental Health Strategy resources have been committed at a State level, as well as the adequacy of various models of care for people in this target group.

The Committee who developed the submission comprises key service partners in the northern rivers geographical area of the North Coast Area Health Service in New South Wales.

In order to give a balanced view of service issues pertaining to Older People's Mental Health, the submission outlines factors that both promote or inhibit good service delivery.

If you have any queries about this submission, please do not hesitate to contact me on Ph:0266 247003 Mobile:0418159800.

Yours sincerely

S Smith

Older People's Mental Health

Submission from Northern Rivers geographical area of the North Coast Area Health Service

Contact person: Sylvia Smith
1 Pignat Place Goonellabah 2480
Phone: 02 6624 7003

Background

Current and projected populations aged 65 and over by network;

Network	2001	%	2011	%
Tweed Byron	26653	19.7%	35894	22.1%
Richmond Valley	19181	14.9%	24158	17.1%

Mental Health Clinical Care and Prevention Model (MH-CCP)

Previously, there were only limited or no standards or guidelines available to assist an Area Health Service in NSW to determine the adequacy or otherwise of its mental health services and resources. The Centre for Mental Health has now developed the MH-CCP model that promotes a population health approach across life span, service components and need. This has enabled the Northern Rivers to better estimate mental health service needs based on population size and composition and refine services planning already undertaken.

Using this model, the following needs can be extrapolated:

2002			
Population >65	Beds required	Inpatient staff required	Ambulatory staff required
46339	16.5	23.9	23.9

2006			
Population >65	Beds required	Inpatient staff required	Ambulatory staff required
51859	18.4	26.3	27.1

2011			
Population >65	Beds required	Inpatient staff required	Ambulatory staff required
60163	21.5	30.5	31.3

(NRAHS MH Services Plan Final Feb 2003)

Factors promoting good mental health for Older People in the Northern Rivers:

1. **Older People's Mental Health (OPMH) Committee** commenced March 2002 – Committee members include health and service partners, interagency representatives and a community representative. The Committee provides a mechanism for information sharing, identification of emerging issues, assisting with policy development and addressing education and training needs.

The OPMH committee was consulted with and is committed to the Northern Rivers OPMH Services Delivery Plan, which is currently being reviewed. In brief it has the following goals:

- Provision of services within a continuum of care model, aimed at maintaining clients in own community and requiring collaborative partnerships with all service partners;
- Ensuring that assessment, diagnosis, treatment is tailored to meet the individual needs of an older person who is referred to the Mental Health Service;
- Ensuring that the education and training needs of workers involved in the provision of mental health care of Older People are met
- The promotion of Older People's mental health and well being; to endeavour to prevent MH problems and disorders occurring and to ensure intervention at the earliest possible time; and
- Promotion of effective structures to support appropriately qualified staff according to best practice guidelines

2. Psychogeriatric initiatives

- Older Persons Psychological Outreach Service (OPPTOS).
OPPTOS involved the establishment of a specialist health care telehealth network across the Northern Rivers using existing and new video conferencing facilities and offers tertiary service provision via Psychogeriatric services from Concord Hospital, Sydney. OPPTOS is funded for two hours per week.
- Medical Specialist Outreach Assistance Programme (MSOAP).
Commonwealth MSOAP funding is available to provide a service to enhance current aged care and Mental Health Service delivery and may include assessment, diagnosis, treatment or management for clients with complex presentations.

3. Other joint/service partner initiatives

- Teams of Two.

Statewide joint learning initiative for mental health professionals and General Practitioners. Topics included *The Physical Well-Being of People with a Mental Health Presentation* and *Acute Mental Health Presentations (Management in the Community)*. In addition, the Northern Rivers Division of General Practitioners is active in local joint education activities.

- Mental Health/Aged Care Assessment Team education and training initiatives.

Several education and training workshops have been conducted which acknowledge the shared interagency approach that the Northern Rivers has taken to OPMH.

- Graduate Certificate in the Psychiatry of Old Age – a Northern Rivers Mental Health Service initiative that funded 6 clinicians to compete a Graduate Certificate. The Clinicians came from a variety of settings.

Factors inhibiting mental health service delivery for Older People in the Northern Rivers:

There are very limited resources identified within Mental Health to provide services to this client group, who by the nature of concomitant physical ill health, functional impairment, social isolation and organic mental disorders often have complex presentations.

Foci of NSW State funding in recent years has been on Child and Adolescent service provision and provision of increased beds for the adult population, all of whom have different needs to Older People.

Northern Rivers does not have designated Psychogeriatric beds, a designated service or specialist staff. Thus there is a very limited service to the provision of acute care of older people who present with mental illness.

There are no designated mental health non-acute inpatient beds and no long stay designated beds for older people.

This highlights the need for intermediate beds for those who fall between inclusion criteria of hostels and nursing homes. Commonwealth funded Nursing Home beds are not available to people with a primary diagnosis of mental illness.

The incidence of severe depression in a high percentage of nursing home residents needs addressing urgently. This percentage is spiralling due to the lack of recognition and treatment by skilled mental health clinicians, and can only deteriorate further with the ageing population.

In light of the above, continuum of care, support and coordination between mental health services and other services may be perceived as fragmented and disjointed despite good intentions of all agencies involved.

Despite the commitment and dedication of clinical staff there continues to be a lack of resources, direction and coordination from senior department members. If provided with a more coordinated approach to care, patient outcomes would undoubtedly improve.

Access to private psychiatrists with experience in older people mental health is limited.

MH service partners report that there is poor support from mental health services for the carers of older people with mental health problems.

The primary carers (family and institutional carers) of older people with mental illness are integral to the successful support and recovery of mental health disorders and these carers must have access to relevant training and support within a whole of community framework. This is not happening at this time.

There is a lack of clear and meaningful clinical Statewide guidelines to guide support and treatment options for clients >65.

The Emergency Departments (EDs) identify that there is a need to improve the management of mental health presentations to ED. Local initiatives are attempting to address this. An example is at Lismore Base Hospital, Lismore NSW, where a one-month training focus on Older People's mental health will occur in June 2005. Whilst this is an excellent initiative, it only addresses the issue in one small department of a large establishment.

There is limited knowledge and skill on the management of behavioural and psychological symptoms associated with psychotic presentations occurring in older people, however, this is being addressed slowly via joint education and training to enhance the skills and proficiencies of Mental Health staff and service partners. More resources need to be allocated to this model, and innovative adaptations are needed which would allow it to be extended to community partners. If for example, Service Clubs were involved, this could maximise resource allocations and increase impact.

Continuity of medical records between inpatient units and Community Mental Health has been identified in Root Cause Analysis results and is currently under review in the Mental Health Service. It is hoped this will address the lack of continuity of medical records between different Area Health Services.

There needs to be a commitment from mental health services to better address the needs of older people who reside in residential aged care facilities. The incidence of depression, anxiety disorders and other mental disorders are significant and insufficient resources and initiatives have been created.

Workforce issues

Recruitment and retention of the multidisciplinary mental health workforce is a major concern for all mental health services in NSW and across Australia. This, coupled with the rural nature of the Northern Rivers, makes recruitment a matter of urgency.

New and innovative models of recruiting and retaining workers need to be encouraged. The use of community workers with experienced life skills in this area need to be explored.

Training requirements and support of the existing mental health workforce needs to be further addressed and targeted to meet local demands, (on-going in the Northern Rivers).

Attendance at specialised training for inpatient unit staff is essential in order to improve skill mix. There is no incentive for staff to undertake training in this specialty area due to the lack of recognition and remuneration. Specialty training gaps inhibit the provision of these essential services. There is a need to increase capacity in both skill mix and number of staff for this population.

Some improvement in these areas has been possible through the Mental Health Outcomes Assessment Tools training (MH-OAT).

Australia is renowned for the significant volunteer workforce. Volunteers in the area of older persons mental health, particularly within residential aged care settings need to be established and supported. Such a project could maximise patient outcomes with minimal financial input.

There is a need for research in evidence based practice, its utilisation and management of the complex presentations that occur across the lifespan and as people age.

Stronger partnerships and closer collaboration with General Practitioners and other medical specialist, needs to be investigated.