



ADACAS
A D V O C A C Y

Response to **Re-envisioning Older Persons** **Mental Health and Wellbeing in** **the ACT**

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1. About ADACAS

The ACT Disability Aged and Carer Advocacy Service (ADACAS) is a human-rights focussed organisation, which provides:

- Individual advocacy for and with people with disability, people experiencing mental ill health (or psychosocial disability), older people, and carers.
- Support to people making submissions to the Royal Commission into Aged Care Quality and Safety, and/or the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
- Assistance with National Disability Insurance Scheme (NDIS) related appeals to the Administrative Appeals Tribunal
- Redress Scheme support services to people who are survivors of institutional child sexual abuse
- Aged Care Navigator assistance to older people seeking assistance to understand the aged care systems
- Community Connection support and outreach to people with disability and carers from culturally and linguistically diverse (CALD) backgrounds.
- NDIS support coordination to a small number of NDIS participants.

ADACAS additionally has a Policy and Projects team which engages in systemic advocacy, delivers projects to embed supported decision making approaches in service systems and explores practical responses to issues arising through individual advocacy and supported decision making. This team also prepares and delivers fee-for-service training on aged and disability related topics.

ADACAS staff work with individuals who are “falling through the cracks” in current service systems, and facing barriers to their rights being upheld, and to an experience of equitable access to services. ADACAS offers issues-based advocacy, and the topics of advocacy are multiple and varied, ranging from housing, to access to justice, to psychiatric treatment order hearings, to quality of service issues, to child protection processes, to restrictive practice/ restraint/ seclusion, to substitute decision-making, to aged care service issues, to NDIS and NDIS appeals etc.

ADACAS is a member of DANA, the Disabled Persons Advocacy Network, and OPAN, the Older Persons Advocacy Network.

ADACAS is based in Canberra and the ACT and has been providing free individual advocacy in this region for 28 years. ADACAS also provides free advocacy and information to people with disability in parts of NSW: specifically, in set areas of Shoalhaven, the Eurobodalla Hinterland, Batemans Bay, Broulee – Tomakin, Moruya – Tuross Head.

ADACAS acknowledges the traditional owners of the various lands on which we work: the Ngunnawal communities for our work in the Canberra area, the peoples from Dharawal and Yuin communities for our work across on the South Coast), and pay our respects to their Elders, and to all Aboriginal and Torres Strait Islanders in our communities.

2. Responses to Questions:

1. Are the issues/recommendations identified by stakeholders in the paper still relevant areas for consideration? If not, what further areas would you identify? Have the issues/recommendations identified in the paper changed in the context of COVID-19? If yes, please provide further detail.

We do consider the issues identified by stakeholders as very relevant areas for consideration.

We would additionally identify the following areas:

- Human rights of older people especially in terms of health (and access to mental health and wellbeing support)

In terms of human rights - we emphasise the need for there to be equitable access to and equitable quality of mental health treatment and wellbeing support made available across the lifespan.

Research shows that co-occurring mental ill health is at a high level amongst older people living in residential aged care¹, higher than that occurring amongst older people living in the community. We acknowledge that the factors that could be contributing to this are complex. We contend that much more support is needed to ensure that older people have equitable access to and quality of mental health treatment and support available to them (regardless of a person's living arrangements).

- Connectedness between wellbeing/general support and mental health
In the paper: *Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities*², published by the Department of Health, and PHN, a distinction is drawn between "routine welfare or pastoral care services" and services for people where there is diagnosable mental illness (or risk of same). We note that both are important, both can impact profoundly on mental health and urge action to ensure that both are available.

At present in the ACT – it is extremely difficult for many older people, especially if living in residential aged care, to access psychological care. There are far too many and far too large gaps between services. Even the programs that are being rolled out, are incomplete and designed to meet only certain types of need. For example: in the ACT, the Capital Health Network is rolling out the

¹ National Ageing Research Institute (2019), *Mental health of older adults: A National Ageing Research Institute Position Paper*. Prepared by Dr Meg Polacsek and Associate Professor Bianca Brijnath August 2019. Accessed via: https://www.nari.net.au/files/files/documents/position_paper_mental_health_-_formatted.pdf in September 2020.

² Australian Government Department of Health (2018), *Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities*. Canberra: Australian Government Department of Health; 2018. Accessed via: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/\\$File/11PHN%20Guidance%20-%20Psychological%20treatment%20services%20in%20Residential%20Aged%20Care.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/11PHN%20Guidance%20-%20Psychological%20treatment%20services%20in%20Residential%20Aged%20Care.pdf) in September 2020

Next Step (Low Intensity) model (delivered by Woden Community Services) in a small number of residential aged care facilities. Next Step (Low Intensity) is a very structured CBT based program, delivered by mental health coaches, who are not social workers, counsellors or psychologists. Whilst it may be useful to some, as a quite structured program, it might not necessarily be as suitable for people with cognitive impairment (who have co-occurring mental ill health) or those who need a more flexible or tailored support (e.g. with grief/loss and/or trauma and/or mental ill health) from allied health staff such as psychologists or social workers. Given the prevalence of mental illness, grief/loss, trauma and/or cognitive impairment amongst people living in residential aged care, it is imperative that added options for support are made urgently available.

- Supported decision-making and the decision-making rights of older people

The Re-envisioning Older Persons Mental Health and Wellbeing (ROPMHW) position paper includes a section on Substitute decision-making (acknowledging that substitute decision makers might need specialist advice to ensure that they are making lawful decisions in the best interests of the person, and that this role can be challenging and difficult). We agree that in situations where substitute decision-making is occurring, that it is important to get it right and that education and support is needed for people who undertake what can be a complex and challenging role, such that they act in accordance with the rights of the person that they are supporting, and also their legal responsibilities.

However – we would encourage future such papers to be much more explicitly referencing and reflecting on the rights of older people: we would hope that future work will include information on supported decision-making and decision-making rights, also acknowledging the negative impacts that having your rights curtailed can have on mental health and wellbeing.

Supported decision-making approaches content that a person should be supported to be involved in decision-making over matters that relate to their own life and situation to the greatest extent possible. For further information about supported decision-making (including factsheets and information for people who need decision support, and for those who are supporting others with decisions) – see: <https://support-my-decision.org.au/>

- Additional information

Please see attached a copy of two submissions which discuss the above topics in more detail:

1. ADACAS submission to the Royal Commission into Aged Care Quality and Safety.

Please especially refer to pages 15-20 with relation to mental health of older people living in residential aged care (including some information about the impacts during COVID). This submission also includes information about supported decision making (and decision-making rights), and also in relation to abuse.

2. Older Persons' Advocacy Network (OPAN) submission to the Royal Commission into Aged Care Quality and Safety.

ADACAS is a part of OPAN: ADACAS staff wrote this submission for OPAN. This submission focuses on topics related to capacity, supported decision-making and rights.

- Impacts due to COVID

In our view – the issues identified in the ROPMHW paper have become even more pressing (and have had more of an impact during COVID).

The visitor restrictions introduced at residential aged care facilities to seek to reduce the chance of infection, have been having a profound impact also for the mental health and wellbeing, and the sense of connectedness to community for many residents.

Whilst the residential aged care industry code (that was supported federally) allows for visitors: <https://www.cota.org.au/policy/aged-care-reform/agedcarevisitors/>, in practice, through this time, ADACAS has been contacted by many older people and families in situations where residential facilities were seeking to impose more restrictive arrangements (in some cases keep out all visitors), which often have a further impact for wellbeing. Whilst we advocate and support the rights of individuals in these situations, needing to battle for access to see people that are important to you takes an additional toll for the people most directly affected.

The many deaths in aged care settings in Victoria and NSW (which are reported regularly on television, radio stations and in newspapers) are also undoubtedly having a negative impact for many older people during these COVID times.

Older people living in the community have also been telling us of the additional mental health impacts that they are experiencing during these extraordinary times: the impacts of isolation and fears of infection, connection with families and friends etc. The extent of the impacts vary depending on whether or not people have sufficient income/finances to cover their costs, whether people have somewhere safe and secure to live, whether people have adequate access to necessities (food, housing, medical care, support as needed), impacts of any changes in work situation/income levels and stresses that can go with that etc. We note the ongoing issues that are caused for older people who are waiting to receive a home-care package at a level that meets their needs and the corresponding often very negative impact on the mental health and wellbeing of older people and their families/carers in the situations where the level of care available does not meet the level of need.

2. How would you suggest that we prioritise the issues/ recommendations identified by stakeholders in the paper?

We consider all four of the priority themes listed to be important and necessary to act upon:

- Improving integration and continuity of care between aged care and health care systems
- Shifting cultural perceptions of older people and ageing
- Reducing barriers for under-serviced and under-represented groups
- Improving community and social participation and prioritising a social determinants approach to mental health and wellbeing

We emphasise the comments made: that at present whilst there is support from Older Peoples mental health service, this assistance is limited to those who are experiencing acute crisis/highest levels of need, and there are many, many people who are currently falling through the gaps of what is available.

In our experience - some of the most critical need is being experienced at present in residential aged care facilities (this is being amplified by COVID). As such, we strongly urge immediate action on:

- Recommendation 10: Increase allied health supports for mental health within residential aged care facilities including social workers and psychologists.
- Recommendation 9: Scope the potential for ACT Government funded residential aged care facility programs

In our view: whether via Recommendation 10 or 9, there should be allied health workers undertaking community development/ connectedness to the broader community work; and also, psychologists/social workers offering counselling to residents in residential aged care settings who are interested in that support. Any ACT Government funded residential aged care facility programs should be co-designed with residents.

We also agree with the need to act urgently on:

- Recommendation 1: Design and implement a stepped approach to mental health care for older people.
- Recommendations 3: Build capacity of targeted mental health supports for older people to meet increasing demand

On the topic of a stepped approach: We highlight the need for a careful analysis of need, to ensure that any stepped care being offered is suitable to meet the full gamut of mental health and wellbeing needs of older people (including especially the mental health needs of older people with disability (for all disability types, but including specifically disability arising from dementia and also psychosocial disability)). We also note the importance of there being diverse options and pathways to accessing different types of mental health care and support, noting that different things will work for different people/situations.

With regards to Recommendation 3: we are assuming this refers to Older Persons Mental Health Service, and future services being developed.

As a human rights-based service, ADACAS emphasises the importance of

- Recommendation 12: Consumer and carer engagement will be part of program and service development.

We note that there is not currently a recommendation related to this – but would highlight the point made at the top of page 20, and strongly recommend that it become an additional recommendation:

- New recommendation A: Ensure “access to health care provider of choice (e.g. GP psychologist, allied health) for older persons particularly older people in residential aged care facilities and funding models that facilitate this.”

An added new recommendation:

- New recommendation B: Address barriers and ensure equity of access by older people (including older people with disability) to mental health services (and other services) in the community.

At the present, for those living in residential aged care, there can be barriers can relate to staff levels, transport or finance (we didn't have enough staff to help X person go to see their preferred psychologist in the community/ that person doesn't have the funds to pay for a wheelchair taxi, or needs support to organise it and there is no-one to do this).

We support also:

- Recommendation 29: Prioritise early and meaningful engagement with Aboriginal and Torres Strait Islander people when developing services and programs.
- Recommendation 18: Support the existing and incentivise the recruitment of multicultural and Aboriginal and Torres Strait Islander workforce that can bring language skills and cross-cultural competencies into these sectors.
- Recommendation 19: Build capacity and responsiveness of workforce regarding LGBTIQ matters including increasing understanding of appropriate response services for this demographic.
- New recommendation C: Build the capacity, knowledge and responsiveness of the workforce and allied health staff in working with older people with disabilities who are also experiencing mental ill health. In particular, ensure staff are trained and receive ongoing mentoring in regards to supported decision-making, human rights and trauma informed practice.

In relation to the social determinants of health, we support:

- Recommendation 35: Procure and fund programs that address social isolation and loneliness.

There is an especial need for this for older people in living situations where they may be isolated – whether they be living in the community, or in residential aged care.

There are many other of the listed recommendations that we also support, but the above ones are those we have opted to highlight at this time.

3. What are the three key issues identified in the paper that you would prioritise?

We would suggest the following be urgently prioritised:

- Deliver a system where mental health and wellbeing support is equitably available to all older people, at a level and in formats commensurate with and suitable for the breadth, depth and shape of the diverse mental health and wellbeing needs.
- Recommendation 10: Increase allied health supports for mental health within residential aged care facilities including social workers and psychologists
- Ensure that consumer and carer voices are involved in co-designing programs and approaches, and that any programs are flexible, and can be tailored to the needs of individuals and families.

We acknowledge that the first point is not explicitly outlined in the position paper – we include it as we feel it should be.

3. Conclusion:

Mental health and wellbeing of older people is a clear area where a strong improvement is needed to ensure that people are receiving equitable access to and equitable quality of support.

The Royal Commission into Aged Care Quality and Safety entitled their interim report “Neglect”. It is terrifying how apt this title feels.

It is imperative that the mental health and wellbeing needs of older people in the Canberra community be urgently addressed, and the human rights of older people be upheld.