Ms Alisha Chand
Senior Policy Officer
Office for Mental Health and Wellbeing
ACT Health
GPO Box 825
Canberra City 2601
Sent via email to: Alisha.Chand@act.gov.au

Friday 25 February 2021

Dear Alisha,

Feedback re: Draft 1 of the Re-envisioning Older Persons Mental Health and Wellbeing Strategy

Thank you for approaching ADACAS to seek feedback with regards to the draft Older Persons Mental Health and Wellbeing strategy.

As you know, the ACT Disability Aged and Carer Advocacy Service (ADACAS) is a human right focused independent advocacy service, working with people with disability, people living with mental ill health, older people and the informal/family carers who care for any of these individuals.

We were very glad to be approached, and are pleased to be involved. Please see our feedback commencing over the page.

If any additional information or clarification would be helpful or is needed - please contact the ADACAS Systemic Advocacy Team Leader, Ms Lauren O'Brien, on lauren@adacas.org.au or via phone on 02 6242 5060.

As I have recently commenced as ADACAS CEO, I would also welcome an opportunity to meet with the Office for Mental Health and Wellbeing with regards to the work being conducted through your office. Please contact Lauren via the contact details above if such a meeting is able to be arranged.

Sincerely,

Wendy Prowse
CEO
ADACAS
<ceo@adacas.org.au>
Phone 6242 5060 / 0417 141 049

Feedback re:
Re-envisioning Older Persons Mental Health and Wellbeing Strategy – Draft One

We welcome Draft One of the Re-envisioning Older Persons Mental Health and Wellbeing Strategy, and thank-you for your request for feedback.

With regards to the questions that you had asked:

1. Do the objectives and actions identified in the Strategy reflect the key priorities to supporting and promoting older Canberrans mental health and wellbeing? If not, what further areas would you identify?
2. How will we measure success?

Whilst we strongly endorse the objectives included in the draft strategy (and note that they do very much relate to the key priorities around supporting and promoting the mental health and wellbeing of older Canberrans) - we would encourage further development of the actions that are currently listed. Our selected comments are below.

We additionally have included suggestions for additional objectives at the end.

We also ask with this feedback the extent to which there has been direct involvement of older people with mental ill health (consumers) and also carers/family, community services, advocacy and representative organisations both from mental health and aged care domains, but also more broadly with related sectors/intersectional interests as part of the design of the draft strategy to date? We would encourage broad-ranging consultation and engagement with a view to strengthening the approach and outcomes.

- **Objective 1 and related actions:**

We welcome an objective that encourages the expansion of older persons mental health services across the continuum of care. Health promotion, prevention and early support efforts are vitally important, and should be emphasised with further actions encouraging person-centred, evidence-based and holistic approaches that consider all aspects of "what keeps people well" as they age (for e.g., where considerations of exercise, nutrition, sleep, social connections, having needs met, choice and control are being factored in).

Given the importance of mental health services across the continuum of care, we would ask that the range of actions listed against it be significantly expanded - especially with regards to the ways in which government and community organisations can partner together to seek to improve the early support options available. Further comment is made on this point in the additional objectives section, towards the end of this response.

Re 1.1: Whilst liaising with the Office for Seniors and Veterans (OSV) with regards to opportunities as they align with the Age-Friendly City plan for development is worthwhile, could we suggest that other key stakeholders also be included as this work is developed – that there be coordinated and comprehensive targeted engagement across the ACT mental health and aged care sectors to inform opportunities for development (e.g. with mental health consumers/carers/families and advocacy/representative organisations such as MHCC, also ACT Mental Health Consumer Network, Carers ACT, older persons advocacy services and peaks, mental health service providers, aged care service providers, regional community services, and other interested parties etc).

Re 1.2 - Could 1.2 be reframed? Whilst "diverting people from the emergency department when possible" can be important if early support can be provided such that acute level of care is not required – it would be good to see this action re-focused on people being able to access the appropriate level of care at the right time (including emergency department level care if needed), and in seeking to make available early support, with the aim of there being a flow-on impact that the demand on the acute care system (emergency department) consequently is reduced. (Measuring whether there is reduced demand on acute mental health care could be a measurable outcome?).

We would also recommend that there be an action involving working in collaboration with mental health services based in the community sector to pilot initiatives that seek to better ensure that older people are able to access appropriate levels of support at the right time. As part of a preventative approach, we would expect that some of the prevention focused actions would need to carry across a younger than 65 cohort.

- **Objective 2 and related actions:**

We strongly endorse the need for older persons mental health rehabilitation services, and that people must have the opportunity to access rehabilitation services at all ages. It is imperative that access to healthcare (such as rehabilitation) is not restricted by age, and that any rehabilitation available is delivered in a person-centred way that focuses on all facets of mental wellbeing. As part of this, consideration should be made for older people experiencing mental ill health who also have chronic health conditions, disability or other intersectional experiences/needs. Could success be measured by a change to any relevant exit surveys when people are leaving hospital, indicating whether they had been able to access rehabilitation services if wanted, and also increases in numbers of older people accessing rehabilitation services? Encouraging people to seek help early when they need it to prevent crisis is also critically important and a greater uptake in this space this could also be a measure of success.

We are pleased to see that there is an Older Persons Model of Care project planned and as an advocacy service working with people with mental ill health, people with disability and older people (including people who have intersectional experiences across these domains and others) - we wish to express a strong interest in participating in this review when it arises.

- **Objective 3 and related actions:**

Our reading of this objective and the related actions – it seems that the focus might be on the ACT Older Persons Mental Health Community Treatment team – was this the intent?

If so – could we also suggest that there be a parallel objective focused on building capacity additionally amongst community mental health services to encourage expansion into older persons mental health support and in meeting the needs of older people with mental ill health who might be needing support?

We note also need for all services: across the board, to have the ability to work with people with co-occurring mental ill health and disability, and/or co-occurring mental ill health and dementia and also those with other intersectional experiences, and note the need for additional training to be made available to mental health and aged care and related services with regards to human rights, and ensuring that human rights are upheld.

Against objective 3, we would also strongly recommend inclusion of action/s that focus on ensuring that there is education and capacity building around human rights, including education focused on supported decision-making, and capacity building to seek to minimise with the goal of preventing

the use of restrictive practices and seclusion (noting the strongly negative impacts that these can have on mental ill health and human rights). Such education and capacity building needs to be made very widely available – to older people, to families/carers/guardians/Enduring powers of attorney (EPOAs), to service providers and staff.

We strongly endorse Proposed action 3.2 as a valuable inclusion.

We would suggest that there additionally be an action to explore options for targeted treatment/support for people in other complex circumstances, for example, those with other forms of complex mental ill health (i.e., people with eating disorders, people with extensive experiences of trauma and/or abuse etc).

- **Objective 5 and related actions:**

In objective 5 – would it be possible to add a further action around exploring the barriers that are making it more difficult for older people to access support from GPs around mental health, and work with the relevant government, community and service partners to seek to find ways to reduce and address barriers.

We would also request that there be actions supporting education for nurses, nurse practitioners and those working in GP and walk-in clinics, other health professionals, such as (but not limited to) pharmacists, who may additionally be working with older people experiencing mental ill health.

- **Objective 6 and related actions:**

We strongly support the need for objective 6. In our view – item 6.2 should be 6.1 (and 6.1 6.2)

We would also suggest a much stronger set of actions should be included, some suggestions (we are conscious that these are initial thoughts and that the concepts would need to be further developed/refined/considered):

- Work with all stakeholders to develop plans to ensure that barriers to equitable access to mental health treatment by people living in residential aged care facilities in the ACT are identified and addressed.
- Work together with other areas of government to seek expansion of the ACT Official Visitors program into Aged Care, with a view to official visitors being aware of the quality standards already in place for people to be able to access mental health and wellbeing and social engagement services, and also being able to assist with earlier intervention than other oversight/complaint mechanisms (before things reach the point of complaint or entrenched neglect, which inevitably have negative impacts on individuals mental health and wellbeing).
- Develop targeted responses/programs to increase the mental health and wellbeing of residents in the individual ACT-based aged care facilities. Such responses/ programs should be co-designed with residents, families/carers, staff and other key community/representative stakeholders, and take particular account of intersectional needs (especially given the high numbers of people living in residential aged care who are experiencing both mental ill health and/or disability, and/or dementia etc).
- We would also encourage actions around developing universal approaches that encourage a strengths-based, person-centred, choice driven, focus on mental health and wellbeing (and access to supports/services if applicable and wanted) as soon as possible after a resident moves into a residential aged care setting, and also in ensuring that support is available in an ongoing way throughout, as needed. In the community - mental health assessments and supports need to be made more widely available to older people including when they are first receiving aged care supports in their home and then regularly after this (if the person

wants and is comfortable with this) to ensure their needs are being met. The focus should be on keeping people well, and individuals having access to the right mental health supports when they need them (this could be something from which a success indicator could be developed). The design of any such initiatives must be developed in partnerships between older people, families/friends, service providers and the relevant representative/advocacy organisations (including those that represent people with co-occurring disability/dementia, and other intersectional needs).

- Actions focussed on ensuring quality outcomes for people who might experience intersectional discrimination and poorer mental health outcomes accordingly – e.g., people who might experience co-occurring mental ill health and/or dementia and/or disability and/or etc

With regards to (what is currently) 6.2: We suggest that opportunities for partnerships and coordination also be sought with the various community partners (mental health services/advocates/representative bodies).

We hope that there will be additional actions arising from the Royal Commission Aged Care Quality and Safety recommendations, that might encourage additional action/investment into ensuring that older people living in residential aged care have equitable access to mental health support.

- **Objective 8 and 9 and related actions:**

Could we suggest that disability services also be added into both objective 8 and 9 (noting that there will be more and more people over the age of 65 who will have NDIS packages as time proceeds).

We would encourage greater focus on trauma-informed practice and training (beyond a review of resources). Are there ways that this training could be made more broadly available to relevant support workers?

Given the profound impacts that having your decision-making rights constricted, or experiencing restrictive practices/seclusion can have for mental health and wellbeing - we would also encourage actions that ensure that staff receive training on human rights, preventing abuse and supported decision making, and that there also be regular education on alternatives to restraint, restrictive practices and seclusion, with a view to prevention of such practices.

We would separately encourage that there be funding made available for expert support to develop individualised positive behaviour support plans as needed, and encourage the expansion of the role of the ACT Senior Practitioner, to enable them to take an educative and regulatory role in the aged care settings in the ACT, around prevention of and minimising use of restrictive practices/restraint and seclusion.

We further note the need to ensure that the external environment is also conducive to recovery and people's mental health and wellbeing.

- **Objective 10 and related actions:**

Given that LGBTQIA+ communities are a nominated priority partner – we note the need to include also actions related to these populations.

If there hasn't been already – could we strongly recommend partnering with and consultation with people with lived experience, and representative/advocacy organisations such as Meridian and A Gender Agenda (and other related stakeholders) to develop these actions? (We note the

importance of initiatives such as the Silver Rainbow Aged Care training, but would defer to Meridian and others on the exact actions that should be included).

Additional objectives:

- **A:** At the present time, one of the significant challenges of the mental health system as it impacts older people, is in ensuring that the right early support services/systems are available for individuals at the time when they are needed. When the right early supports are not available, mental health needs can progress, to levels where more intensive interventions (e.g., acute level care) may then be required.

  Given that many of the early supports are provided by community organisations, strong and ongoing connections and communication between government and community partners (both aged care, mental health and other community services) is imperative to seek to ensure that there are stronger matches between identified need and the services that are then funded and available.

  As we all have a shared interest in ensuring there is the right early intervention/early support available – could there be additional objectives/actions that relate to government and community working together in seeking to ensure that there is a match of need with services (especially given that the demands for early support will be ever evolving, and thus that services need to be ever evolving also to seek to respond)?

  We suggest that there could be actions related to designing structures/ mechanisms/ reporting to examine and provide de-identified data in a way that allows need and gaps in services/or service capacity to more easily be identified and government and community partners to be able to work together to respond.

- **Decision-making rights and Supported decision-making:** many older people have experiences where their decision-making rights are not upheld, sometimes as a result of guardians and enduring powers of attorney not having adequate information, training and support about their roles. Could there be additional actions included ensuring that training in decision-making rights, and supported decision-making made available to older people, families and staff across a variety of services/settings, for all for whom it might be relevant?

In conclusion:

We are conscious that this review is occurring in a context of the Productivity Commission Mental Health Review report having been issued late last year, also the Royal Commission Aged Care Quality and Safety final report being issued very shortly, and that there are likely to be recommendations that will affect the approach to this review. We note that the (ongoing) Disability Royal Commission is also likely to have findings that may inform approaches in this arena, and note the importance that as responses emerge, that the strategy can evolve as needed.

We thank you for the opportunity to provide feedback – as mentioned earlier, please don't hesitate to contact us should any questions arise.