Supporting the mental health and wellbeing of older Victorians.

A submission to the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety.

July 2020

COTA VICTORIA

MentalHealth Victoria
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1. About MHV and COTA Victoria

Mental Health Victoria (MHV) is the peak body for organisations that work within or intersect with the mental health system in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, unions, local governments, and other bodies across the health, housing and justice sectors.

Our aim is to ensure that people living with mental illness can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

Our vision is for a mental health system that:

- involves people with lived experience, families and carers in decisions which affect their lives
- provides tailored, high-quality supports to people with different care needs and at different life stages
- wraps around a person, ensuring all of their needs can be met
- is easily navigable, providing continuity of care
- is outcomes-focused
- is adequately and sustainably resourced to meet current and future needs.

Council on the Ageing (COTA) Victoria is the leading not-for-profit community organisation representing the interests and rights of people aged 50+ in Victoria. For nearly 70 years, we have led government, corporate and community thinking about the positive aspects of ageing. Today, our focus is on promoting opportunities for, and protecting the rights of, older Victorians. We believe ageing in Victoria is a time of possibility, opportunity and influence. As a member based organisation we are run by, for and with older Victorians.

Our policy team maintain leadership in policy development and advocacy on behalf of people 50+ in Victoria and Australia in general through involvement on a COTA national policy council. We are growing a portfolio of physical, mental and financial health projects and services designed to benefit and improve the quality of life of older Victorians. Through our Seniors Rights Victoria program we are the leading provider of information, legal aid and support, advice and education to help prevent elder abuse and protect the rights of older people.

2. About this submission

This submission on older persons mental health is supplementary to MHV's primary submissions made to the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety in 2019. While all of the recommendations made in the primary submission remain relevant here, there are particular aspects relating to older persons mental health and limitations to service accessibility and quality for older people that need to be highlighted.

Much of the content and recommendations in this submission were developed from information and data gathered at the Ageing and Mental Health Summit which MHV hosted in July 2019.

See Box 1 below for a list of organisations who, along with carers and consumers, attended the Summit.

Box 1. Organisations registered as attending the Ageing and Mental Health Summit, 2019:

- Aboriginal Community Elders Services
- Aged and Community Services Australia
- Aged Care Guild
- Alfred Health
- Alfred Health Carer Services
- Austin Health
- Australasian College for Emergency Medicine
- Australian Nursing and Midwifery Federation
- Australian Psychological Society
- Avonlea Aged Care
- Ballarat Community Health
- Banyule City Council
- Baptcare Ltd.
- Bays Aged Care
- Breakthru
- Brotherhood of St Laurence
- Calvary Community Care
- Carers Victoria
- City of Casey
- CommCorp Consulting
- Commissioner for Senior Victorians
- Commonwealth Department of Health
- Council on the Aging Victoria
- Dementia Australia
- Dental Health Services Victoria
- EACH
- Eastern Melbourne Primary Health Network
- ERMHA
- Ethnic Communities Council Victoria
- Financial and Consumer Rights Council Inc.
- Jewish Care
- Knox City Council
- mecwacare
- Mental Health Legal Centre
- Monash Health
- Monash University
- Municipal Association of Victoria
- National Ageing Research Institute
- National Disability Services
- Neami National
- Neuro-Insight Pty. Ltd.
- Nexus Primary Health
- North West Mental Health
- North Western Melbourne Primary Health Network
- Office of the Chief Psychiatrist
- Office of the Public Advocate
- One In Five Association Inc.
- Peninsula Health
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- Sacred Heart Mission
- Samarinda Aged Care
- Seniors Rights Victoria
- Shepparton Villages
- State Trustees
- Swinburne University
- Tandem Inc.
- The Bays Aged Care
- The Mental Health Professionals' Network
- The Village Baxter
- Uniting AgeWell
- University of Melbourne
- Victorian Council of Social Service
- Victorian Department of Health and Human Services
- Victorian Healthcare Association
- Women with Disabilities Victoria

3. Executive Summary

Victoria's population is ageing. In 2017, 15% of the Victorian population was aged 65 years and over. This proportion is projected to grow steadily over the coming decades.[1] Noting this important demographic trend, it is important that the mental health needs of older Victorians are addressed.

It is widely accepted that there is significant under-reporting of mental health conditions in the older population. A sizable proportion of older people experience depression, anxiety disorders, bipolar disorder, schizophrenia, and other disorders. These conditions are just as distressing and disabling as they are in other age groups, and are often compounded by issues that are more pronounced in older age such as loss of physical condition, health issues, loneliness and moving into care or different housing circumstances. Tragically, suicide is also a major concern.

Given this, older people need no less support for their mental health than younger cohorts, yet at present there are considerable gaps in the programs, supports and services available for this age group. This needs to change.

Many of these changes are similar to the system changes needed for other age groups and the recommendations that MHV has made in previous submissions to the Royal Commission into Victoria's Mental Health System apply equally to this age group. However, some additional issues are important to highlight.

First, good mental health is central to healthy ageing and efforts to promote mental health and wellbeing and prevent mental disorders are just as important in this age group, as in others. Achieving this requires addressing the social determinants of mental health common to all age groups, such as financial and housing security, while also influencing the risk and protective factors that are relevant to this cohort, such as ageist discrimination, loneliness, declining health, loss of independence, elder abuse, and grief and loss. This can be achieved through a mix of public education initiatives, evidence-based prevention programs, and public policy changes. Suicide prevention initiatives are also crucial, particularly for those over 80 who have alarmingly high age-specific suicide death rates.

Second, effective treatment of new and existing mental health conditions is vital. Early intervention, culturally safe care, integrated service delivery and support for carers are just as important for older people as for younger generations. Services need to be tailored to older persons' unique needs and life circumstances, and take account of the complex interactions between social, physical and mental health that occur with age. Increased access to psychological and social therapies are particularly important if we wish to avoid over reliance on psychotropic medications. This all depends on improving service availability, accessibility and quality, and having a well-trained workforce. Ultimately this comes down to adequate funding.

MHV and COTA believe that older Victorians are important, contributing members of the community who have the same rights and needs for programs and services across the continuum of mental health promotion, illness prevention, treatment, recovery support, and suicide prevention as other age groups. At present, they are missing out in many of these areas, and we believes changes in five key areas are required to achieve parity for older people.

These include:

- Increasing focus on mentally healthy ageing and mental ill-health prevention
- Increasing the availability and accessibility of services for older Victorians
- Improving the quality and range of supports and services available
- Strengthening the older persons mental health workforce and increasing funding
- Preventing suicide, particularly among older men and women over 80 years.

1. Australian Institute of Health and Welfare (AIHW) 2018. Older Australia at a glance, 10 Sep 2018. https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians.

3. Executive Summary

Our call to action

We call on the Victorian and Federal Governments to:

1. **Promote and protect the mental health and wellbeing of older Victorians by:**

a) Scaling up existing evidence based primary prevention programs that influence key risk and protective factors in old age, such as loneliness.

b) Tackling aged-based discrimination, elder abuse and other risk factors through public education efforts to shift social norms and through mentally healthy public policies.

c) Ensuring that older carers and the mental health risks associated with providing long-term care are considered in policy development, system design and implementation.

2. **Increase the availability and accessibility of mental health supports and services available to older Victorians by:**

a) Expanding campaigns that target mental health literacy, destigmatisation and help-seeking to older people, and those who support them.

b) Helping older people better understand and navigate the mental health system.

c) Improving screening and detection of mental health conditions among older persons.

d) Ensuring that people over the age of 65 can access the same level of mental health support as younger Victorians.

e) Collaborate to support people living in residential aged care to access mental health supports and services.

f) Ensuring state-wide coordination of mental health supports for older people.

3. **Promote and protect the mental health and wellbeing of older Victorians by:**

a) Moving from a one-size-fits all approach to flexible and tailored services.

b) Improving the way different service systems work together for older people.

c) Improving mental health outcomes for older people using mental health services.

d) Developing and implementing strategies to reduce the excessive use of psychotropic medication among older Victorians.

e) Promoting the importance of advance statements.

f) Ensuring mental health service provision caters for the needs of diverse groups and priority populations.

g) Promoting carer-inclusive practice in all state-funded mental health services.

4. **Promote and protect the mental health and wellbeing of older Victorians by:**

a) Growing and developing the older persons specialist mental health workforce.

b) Increasing funding for older persons mental health services in Victoria.

5. **Improve its response to suicide prevention among older Victorians by:**

a) Ensuring that all suicide prevention initiatives include targets for older Victorians, particularly older people with significant physical health conditions, those who have lost a partner or have limited social support, those living in residential aged care and those over 80 years old.

b) Strengthening the Victorian Suicide Framework to include a specific focus on older Victorians, and including initiatives that are relevant to this age group.

4. A snapshot of older persons mental health in Victoria

Terminology

Many in the community conflate mental health and mental illness, but the two are different. Mental health and mental illness exist on a continuum. Mental 'health' lies at one end and varies from high to low, while mental 'illness' is at the other and varies from mild to severe.[2] To avoid confusion, many groups nowadays prefer to use the terms 'mental wellbeing' or 'mental health and wellbeing' to refer to 'good' mental health, and mental ill-health, mental health conditions, mental disorders or mental illness to refer to psychological distress and conditions such as depression, anxiety disorders, bipolar disorder and schizophrenia.

Mental health and wellbeing

Good mental health is more than the absence of mental illness; it is about feeling good emotionally, and functioning well socially and psychologically.[3] According to the World Health Organization mental health is: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[4] Because mental health and wellbeing is different from mental ill-health it needs to be measured differently. While a range of survey tools have been created to measure this positive state, Australian data on the prevalence of mental health and wellbeing among older people is sparse, since most surveys focus on mental ill-health. One of the best sources is the Australian Unity Wellbeing Index. This survey measures 'subjective wellbeing' a concept closely related to mental health and wellbeing. The Index measures life satisfaction across seven domains and also provides a composite score. These surveys consistently show that people 65 and older on average experience higher life satisfaction than younger cohorts although there has been a steady decline in average life satisfaction scores among older people over the last decade.[5]

Mental ill-health

Data on the prevalence of mental ill-health is more widely available, but gaps still exist. These data show that a substantial proportion of older Australians experience mental health conditions, either arising later in life or continuing from their earlier years. For example, the National Ageing Research Institute found 1 in 10 older Australians have symptoms of depression or anxiety.[6] This rate increases to almost 1 in 2 for those living in residential aged care facilities (RACFs).[7]

Other data from the 2007 National Survey of Mental Health and Wellbeing revealed that 8.6% of people aged 65–74 and 5.9% of people aged 75–85 had experienced a mental health condition in the 12 months prior to the survey.[8] Higher rates of poor mental health are found among people with physical health problems, those in hospital or supported accommodation, people with dementia, and older carers.[9] Our current understanding of the prevalence of poor mental health among older people is likely to be an underestimate because of the stigma associated with mental illness and lower rates of mental health literacy in the older population. Older people, carers and their family report that older people may not fully disclose their experiences of mental illness, accepting them as a 'normal part of ageing'. Hesitation to seek help or simply trying to 'get on with life' hinders health professionals' ability to properly assess mental distress and likely leads to the underreporting of mental disorders in older people.

Suicide

Tragically, more than one person aged 65 or over takes their life each day. In 2018 this equated to 460 deaths among older Australians.[10] Starkly, men aged 85 and over have the highest age-specific suicide rate of all other age groups in Australia.[11] The impacts of suicide are just as tragic among older people as younger people and suicide prevention in this age group is equally important.

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4. World Health Organisation (WHO) 2014. Mental Health: a State of Wellbeing. https://www.who.int/features/factfiles/mental_health/en/.
5. Capic, T., Fuller-Tyszkiewicz, M., Cummins, R. A., Khor, S., Richardson, B., Olsson, C., & Hutchinson, D. 2018a. Australian Unity Wellbeing Index: - Report 34.1: Sixteen years of Subjective Wellbeing: 2002-2017. Geelong: Australian Centre on Quality of Life, School of Psychology, Deakin University. http://www.acqol.com.au/projects#reports.
6. National Ageing Research Institute 2009. Depression in older age: a scoping study. Final Report. Melbourne: beyondblue.
7. AIHW 2013. Depression in residential aged care 2008–2012. Aged care statistics series No. 39. Cat. no. AGE 73. Canberra: AIHW
8. Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., Saw, S. 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Canberra: Department of Health and Ageing.
9. AIHW 2018. Older Australia at a glance. Mental health. https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/service-use/mental-health
10. Australian Bureau of Statistics (ABS) 2018. Intentional self-harm, key characteristics. ABS 3303.0 Causes of Death, Canberra: ABS.
11. ABS 2017. Intentional self-harm, key characteristics. ABS cat. no. 3303.0. Canberra: ABS.

5. Increase the focus on mentally healthy ageing and prevention

Our call to action

We call on the Victorian and Federal Governments to promote and protect the mental health and wellbeing of older Victorians by:

- Scaling up existing evidence based primary prevention programs that influence key risk and protective factors in old age, such as loneliness.
- Tackling aged-based discrimination, elder abuse and other risk factors through public education efforts to shift social norms and through mentally healthy public policies.
- Ensuring that older carers and the mental health risks associated with providing long-term care are considered in policy development, system design and implementation.

A robust mental health system is one that supports action across the continuum of interventions from the promotion of mental health and wellbeing and the prevention of mental disorders, through to early intervention, recovery support and suicide prevention.[12] Achieving this requires a dual track approach that includes population-wide and individual consumer and carer focused initiatives.

Population mental health activities focus on whole groups and communities and aim to promote mental health and wellbeing, and prevent mental health conditions. These initiatives may also focus on mental health literacy, decreasing stigma, and increasing help-seeking. Population mental health activities occur 'outside' the mental healthcare sector including online, in the home, in workplaces and in community settings. They require their own framework, soft-infrastructure and funding.[13]

At present, Victoria's approach to population mental health is under-developed. In particular, too little emphasis is given to promoting mental health and wellbeing or preventing mental health conditions, especially among older Victorians. This needs to change.

More attention needs to be given to addressing the risk and protective factors that influence older people's mental health and wellbeing and the risk of depression and other conditions. These include ageist discrimination; financial and housing stress; social isolation and loneliness; declining health, physical mobility and functional impairment; moving into residential aged care; elder abuse; and the loss of family and friends as people age. The rationale for change and associated solutions are outlined below.

Scale up evidence based prevention programs

Mental health conditions are not inevitable and there is growing evidence that common conditions like depression can be prevented by tackling the underlying risk and protective factors that contribute to poor mental health. While the evidence relating to older persons is less robust than that relating to children and young people, certain interventions hold promise. These include review of one's life (reminiscence), behavioural activation, problem solving and teaching older people cognitive-behavioural based skills.[14 15]

Social activities also improve mental health and wellbeing and reduce depressive symptoms.[16] Prolonging or improving older people's social activities, supportive relationships and civic engagement are therefore crucial to depression prevention. Examples of social group programs with beneficial effects on mental health include walking groups, Men's Sheds, OM:NI, One Good Street, and Good Karma networks.

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16. Forsman AK, Schierenbeck, I. & Wahlbeck K. 2011. Psychosocial interventions for the prevention of depression in older adults: systematic review and meta-analysis. Journal of Ageing and Health, 23(3), 387-416. doi: 10.1177/0898264310378041.

Tackling loneliness is particularly critical. Loneliness has been linked to premature death, poor physical and mental health, and general dissatisfaction with life. The relationship between old age and loneliness is complex with some studies finding high levels of loneliness among older people, while others find low levels.[17]

A study by Relationships Australia found 13.1% of Australians aged 65–69 experienced loneliness and this increased to almost 20% among those aged 80 and older.[18]

Various initiatives to prevent loneliness have been trialled but the results are mixed, with befriending schemes showing positive results among older people with chronic health conditions, but not more broadly, while using volunteers to teach older people computer skills has also been found to have positive effects on loneliness.[19] [20] In terms of 'best buys' a recent economic evaluation commissioned by the National Mental Health Commission modelled an extension of the Community Visitors Scheme that included this volunteer driven approach to training older people in computer/online skills. This demonstrated a return on investment (ROI) of 2.14 and a total saving of $4.7 million over 5 years.[21]

Address key risk factors through public education and social policies

While individual focused programs are important, social change is also required to achieve positive mental health and wellbeing outcomes for older people. Below are some key areas that need to be addressed.

- **Age-based discrimination** has significant negative impacts on the mental health of older people. A third of Australians over 50 have experienced some form of age-related discrimination.[22*] Public education campaigns that challenge outdated concepts of older people as burdens rather than active contributors would help to diminish ageist discrimination.

- **Financial stress and debt** have serious negative impacts on mental health and wellbeing. Recent data suggests material and financial inequality among older Australians is growing.[23] Singles and older couples are most likely to experience income poverty and older women have experienced the steepest increase in income poverty since 2015. After health concerns, financial or cost of living concerns rated as the main issues of concern for older Australians surveyed in 2018.[24] One in five of people over 55 surveyed do not have any money to spend on leisure or social activities.[25] Efforts to support older Victorians with cost-of-living pressures, including but not limited to the aged pension, are essential. Expanding financial counselling programs for older people is another important move.

- **Homelessness** can contribute to poor mental health and the early onset of other health problems associated with older age. Homelessness is a growing problem in later life. In 2016, 1 in 6 of all homeless people were aged 55 or over – around 18,600 people. Over the last decade, the biggest growth in homelessness numbers has been seen in people aged 65–74 and 55–64 and homelessness among older women is growing particularly quickly.[26] Strong partnerships between the Victorian and Federal Governments are required to resolve this issue to ensure that older people have access to secure and affordable private and social housing.

17. AIHW 2019. Social isolation and loneliness. https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness.
18. Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey. Canberra: Relationships Australia.
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23. Wilkins, R. & Lass, I. 2018. The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 16. Melbourne Institute: Applied Economic & Social Research, University of Melbourne.https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0009/2874177/HILDA-report_Low-Res_10.10.18.pdf
24. Newgate Research 2017. State of the (Older) Nation 2018: A nationally representative survey prepared by the Council on the Ageing COTA. December 2018. http://www.stateoftheoldernation.org.au/.
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26. ABS 2018. Census of Population and Housing: Estimating homelessness, 2016. ABS cat.no. 2049.0. Canberra: ABS.

5. Increase the focus on mentally healthy ageing and prevention

- **Caring** for family or friends with mental illness has a detrimental impact on a person's health and wellbeing and life outcomes.[27] Carers of people with mental illness report higher rates of depression and anxiety, as well as feeling socially isolated and hyper-vigilant.[28] The historical inadequacies of the mental health system, including the lack of access to appropriate support and housing options, have placed considerable cumulative stress on carers as they age. All carers, but older carers of people with mental illness in particular, have serious concerns for the future care and support of the person they care for when informal supports are no longer available. Caring can also lead to significant economic stress, especially where caring responsibilities have interrupted paid employment and access to superannuation, leading carers to face financial insecurity.[29]

Addressing the shortcomings of the mental health system, especially resourcing and coordination, would help improve older carers' wellbeing. While this needs to be prioritised to benefit all people in need of mental health support, older carers must be considered and consulted in the development and implementation of supports and services. There is also a need to increase the financial, social and practical support available to older carers of people with mental illness. Increasing the Carers Support Fund (CSF) – which has failed to keep pace with community need – would be one initiative that could help alleviate some financial (and associated) stress for older carers.

- **Elder abuse** constitutes the mistreatment of an older person within the context of a relationship where there is an expectation of trust.[30] It encompasses physical, psychological, sexual, financial or social abuse and neglect, and can have serious consequences for the individual including an increased risk of mental health conditions.[31] [32] Elder abuse can occur in community, residential or clinical settings and perpetrators may include carers and family members or professional support workers.

Social support strategies, including financial management programs and elder abuse helplines, can help to prevent or intervene early to reduce elder abuse.[33] Carer support services can also prevent elder abuse by reducing caregiver burden and stress.[34] Strengthening legislation and regulatory oversight in health, mental health, disability, and aged care services is critical to ensuring that authorities can identify and respond appropriately to instances of elder abuse in these settings when they occur.[35]

- **Transport** provides essential links to friends, family and the wider community. It can help older people to maintain independence and quality of life as their physical health declines and helps them when they are unable to continue driving. Public and private transport options impact older people's access to the services and social groups that support people to maintain good physical, mental and social health. 10% of people over 55 surveyed who do not use public transport would like to be able to use it, and 30% of those who do not use a car would prefer to use one, while 19% of those who do not currently use a car would prefer to use a taxi.[36] Ongoing efforts are required to optimise older persons' access to safe, affordable and convenient transport options.

- **Assistive Technology** refers to aids or equipment that support a person with limited ability or disability to perform an everyday task, such as moving around independently, communicating or undertaking self-care. Wheelchairs, hearing aids, mobility aids, ramps and other home modifications are all examples of assistive technology that enable people to participate both socially and economically in everyday life. Access to such equipment can reduce the likelihood of visits to GPs and admissions to hospital, reduce demand for home care and delay entry to residential care.[37] There is a need to improve the availability and affordability of appropriate assistive solutions for older people to maintain independence and quality of life as they age.

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29. Diminic, S. et al. 2017. op cit.
30. Australian Law Reform Commission (ALRC) 2017, Elder Abuse: A National Legal Response (ALRC Report 131). https://www.alrc.gov.au/publications/elder-abuse-131summary.
31. Dean, A. 2019, Elder Abuse: Key issues and emerging evidence, CFCA Paper No. 51. Australian Institute of Family Studies, Southbank.
32. ibid.
33. Ibid.
34. Pillemer, K., Burnes, D., Riffin, C., Lachs, MS. 2016. 'Elder abuse: Global situation, risk factors, and prevention strategies'. Gerontologist 56: S194-S205.
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36. Newgate Research 2017. op cit.
37. National Aged Care Alliance (2018). Assistive Technology for Older Australians Position Paper. https://naca.asn.au/wp-content/uploads/2018/11/NACA_Assistive_Technology_for_Older_Australians_Position_Paper-1-June-2018.pdf.

6. Support older persons' access to mental health services

Our call to action

We call on the Victorian and Federal Governments to increase the availability and accessibility of mental health supports and services available to older Victorians by:

- Expanding campaigns that target mental health literacy, destigmatisation and help-seeking to older people, and those who support them.
- Helping older people better understand and navigate the mental health system.
- Improving screening and detection of mental health conditions among older persons.
- Ensuring that people over the age of 65 can access the same level of mental health support as younger Victorians.
- Collaborating to support people living in residential aged care to access mental health supports and services.
- Ensuring state-wide co-ordination of mental health supports for older people.

Mental health conditions, such as, depression in older people are deeply distressing for the person and their family and friends. Depression in older people is associated with increased dementia risk, worse day-to-day functioning, increased contact with healthcare services and suicide.[38] Even mild mental health conditions can have a significant impact on an older person's health, functioning, quality of life, use of health services and outcomes of health interventions.[39] Untreated or poorly treated mental health conditions can also lead to higher mortality.[40]

Early intervention and proactive continuing care improves people's outcomes. Mental health support provided before a person experiences a mental health crisis can significantly reduce distress and harm, while also reducing costly hospital presentations and costs associated with other healthcare services. British research shows that increasing older people's access to mental health specialists reduces hospital admissions and improves health outcomes.[41] This requires early help-seeking or early recognition by carers and others, coupled with efforts to influence the enablers and barriers to service access.

Expand campaigns that target mental health literacy, destigmatisation and help-seeking

Low mental health literacy and stigma about mental health conditions among older people can get in the way of them recognising mental health needs when they arise. Older people less accurately identify symptoms of mental health conditions and endorse fewer sources of treatment. They are also more likely to stigmatise mental health conditions.[42] [43] An individual's need for mental healthcare may also be identified by a carer, friend, family member, or other loved one. They too need information about key signs, symptoms and pathways to assistance.

All too often individuals, and those around them, put down symptoms of worry or sadness to old age, rather than to treatable mental health conditions like depression and anxiety. Governments therefore need to ensure that existing community awareness campaigns to raise mental health literacy, tackle stigma and promote help-seeking that are funded by them, adequately target older people and those who support them, so that they do not slip under the radar.

38. Tsoi, KKF., Chan, JYC., Hirai, HW., Wong, SYS. 2017. Comparison of diagnostic performance of Two-Question Screen and 15 depression screening instruments for older adults: systematic review and meta-analysis. The British Journal of Psychiatry 1–6. doi: 10.1192/bjp.bp.116.186932.
39. Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2019. Psychiatry services for older people. Position Statement 54. https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/psychiatry-services-for-older-people.
40. Jeste, DV., Alexopoulos, GS., Bartels, SJ., et al. 1999. 'Consensus statement on the upcoming crisis in geriatric mental health: Research agenda for the next two decades'. Archives of General Psychiatry. 56(9): 848–53.
41. RANZCP 2019. op cit.
42. Piper, S. E., Bailey, P. E., Lam, L. T., & Kneebone, I. I. 2018. Predictors of mental health literacy in older people. Archives of Gerontology and Geriatrics, 79, 52–56. https://doi.org/10.1016/j.archger.2018.07.010.
43. Reavley, N. J., Morgan, A. J., & Jorm, A. F. 2014. Development of scales to assess mental health literacy relating to recognition of and interventions for depression, anxiety disorders and schizophrenia/psychosis. Australian & New Zealand Journal of Psychiatry, 48(1), 61–69. https://doi.org/10.1177/0004867413491157.

6. Support older persons' access to mental health services

Help older people better understand and navigate the mental health system

The mental health system is, complex and finding an appropriate service can be difficult for consumers, their families and carers, and even for health professionals. At present, people must negotiate their way around various federally funded and state-based services with little clarity as to who provides what. Dealing with a mental health condition, or supporting someone with one, can be stressful enough without the added stress of having to navigate a bewildering system to find appropriate support.

This process may be even more difficult for people from diverse groups. Culturally and linguistically diverse (CALD) communities may find it hard to access information in their preferred language, while people who identify as LGBTIQ+ may struggle to find suitable services.

Trouble navigating the system can prevent timely access to services and worsen mental ill-health or lead to crisis entries into the system. While some existing mental health websites designed to support service navigation, such as Head to Health, Beyond Blue and SANE provide some information about older persons mental health, most materials are directed to adult and youth cohorts. Both the Victorian and Federal Governments therefore need to improve the functioning of existing mental health system navigation websites are funded.

Improve screening and detection of mental health conditions

Older people, for example those living in RACFs, are often reliant on others to detect their conditions. Sadly, depression and anxiety among older people are frequently overlooked or dismissed as a normal part of ageing by those who work with the elderly.[44] Regular screening by those in contact with older persons can overcome this.

Proactive screening for depression and anxiety, using evidence-based assessment tools at key points of contact with the health or aged care system, or during transitions points such as retirement or entry into residential aged care, should be routine. Ongoing improvements in training and professional development of workers working with older people are required to achieve this. 'Gatekeeper' suicide training for workers in regular contact with older people is also crucial and has been shown to increase staff's ability to recognise and manage suicidal crises.[45]

Ensure that people over the age of 65 can access the same level of mental health support as younger Victorians.

Older Victorians have access to two main streams of mental healthcare – Aged Persons Mental Health Services provided through the Victorian Government (see Box 1) and Medicare-subsidised 'private practice' mental health services. In this current environment of scarcity, older Victorians with a mental health condition are often unable to access appropriate and timely mental health treatment and support.

Aged Persons Mental Health Services are targeted to people 65 years and older and include three components – aged persons mental health community teams, aged persons mental health residential services and acute inpatient services.[46] Some catchments also provide intensive community treatment programs as an alternative to inpatient treatment in appropriate cases.

While broadly available to any older person with a mental health condition, in reality state-funded specialist older persons mental health services are rationed and strictly targeted to people with severe mental health conditions, particularly those with long-standing conditions.

44. RANZCP 2019. op cit.
45. Chauliac, N., Brochard, N., Payet, C., Duclos, A., & Terra, J.-L. 2016. How does gatekeeper training improve suicide prevention for elderly people in nursing homes? A controlled study in 24 centres. European Psychiatry, 37, 56–62. https://doi.org/10.1016/j.eurpsy.2016.05.011
46. Victorian Government Department of Health and Human Services (DHHS) 2016. Victoria's mental health services annual report 2015–16. Melbourne: DHHS

As a result of this targeting, just 8,116 people received treatment through Victoria's older persons mental health services in 2018–19, with the proportion of the aged population receiving services falling from the year before. The vast majority are clients of these services have previously been in contact with the system with a minority (35.3%) being new clients. The proportion of new clients in aged persons mental health services is trending slightly downwards. In 2018–19, there were also 2,411 hospitalisations of Victorians aged 65 years or older in acute inpatient services.[47]

There are currently just over 1 million people aged 65 and over living in Victoria (1,018,598).[48] This means that around 0.8% of the population access state-funded services, despite the 12-month prevalence ranging from 8.6% among people aged 65–74 to 5.9% among people aged 75–85 across the population. Overall, the proportion of Victorians aged 65 and over accessing aged persons mental health services fell from 1.4% in 2007–08 to 1% in 2017–18. This was an average change of –3.6% per annum over 10 years highlighting that access is deteriorating not improving.[49]

The situation with respect to Medicare services is no better. In 2018–19, only 6.9% of people aged 65–74, 5.4% of people aged 75–84, and 3.6% of people aged 85 and over across the community accessed Medicare-subsidised mental health specific services.[50] Older persons' use of Medicare services is therefore also considerably below the prevalence of mental health conditions among this cohort. Furthermore, when older people do access mental health specific Medicare services, they receive fewer services per person on average than other age groups – 4 services per patient per year compared to the national average of 4.5 services per patient.[51]

There is clearly a shortfall between need, as estimated by population prevalence, and access as documented by Victorian and national service use statistics. The need for greater access is further highlighted by data showing that in 2016–17, there were 30,516 mental health-related presentations to hospital emergency departments among people aged 65 and older, which equated to 12.4 per 10,000 total population and 83.1 per 10,000 older people aged 65 and older. While this rate of crisis presentation is less than half that recorded among young people, it is nevertheless substantial, and it is increasing.[52]

Both levels of government therefore need to work harder and work together to ensure that older people do not fall through the 'gaps'. Key barriers to access must be addressed including:

- **Strict age restrictions** need to be reviewed and greater flexibility introduced. Age 65 is an arbitrary, bureaucratic cut off for service access that prevent older peoples' access to services which may still be appropriate for their developmental and functional abilities and needs. Many of the services available to people aged 18–64, including Crisis Assessment and Treatment Teams, would still be suitable for some older people, particularly the 'young old' (65–74).
- **Service availability** needs to be addressed as a priority. There are too few service providers that target this age group within the private sector and too few services in the public sector.
- **Location** is another major barrier, with limited service availability, fewer choices and longer travel distance a major problem in rural and remote locations.
- **Cost** particularly for 'private practice' services, as many older persons are on limited and often fixed incomes.

47. DHHS 2019. Victoria's mental health services annual report 2018–19. Melbourne: DHHS
48. ABS 2019. 31010DO002_201906 Australian Demographic Statistics, Jun 2019. Table 8 Estimated resident population, by age and sex–at 30 June 2019. Canberra: ABS.
49. AIHW 2019. Mental health services in Australia: Key Performance Indicators for Australian Public Mental Health Service. Table KPI.8.2: Proportion of population receiving clinical mental health care (per cent), patient demographics, states and territories, 2007–08 to 2017–18. Canberra: AIHW.
50. AIHW 2019. Mental Health Services in Australia. Table MBS.2: People receiving Medicare-subsidised mental health-specific services, by provider type, patient demographic characteristics, 2018–19. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-subsidised-mental-health-specific-services
51. ibid.
52. Tran, Q. N., Lambeth, L. G., Sanderson, K., Graaff, B., Breslin, M., Tran, V., Huckerby, E. J., & Neil, A. L. 2019. Trends of emergency department presentations with a mental health diagnosis by age, Australia, 2004–05 to 2016–17: A secondary data analysis. Emergency Medicine Australasia, 31(6), 1064–1072. https://doi.org/10.1111/1742-6723.13323.

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- **Physical accessibility** can also be an issue for older Victorians with mobility restrictions or who do not drive.[53] Improving physical access is important, and providing alternative ways to receive care, such as through telehealth or through expanded outreach home-based service delivery is also important. Despite the financial and logistical challenges, there are numerous home-based models which are effective, cost-efficient and reduce demand on residential and acute services by supporting older people to live independently for longer.[54]
- **Cultural accessibility** is also important. People from CALD backgrounds require culturally appropriate communications to facilitate their approach to relevant services. This may involve the provision of same-language information, including through face-to-face and telephone interpreters, as a significant proportion of people from CALD communities revert to their first language as they age and may have varying levels of schooling in English language proficiency.[55] Appropriate signage is also useful – for example, the display of rainbow flags on websites and infrastructure to demonstrate cultural safety for LGBTIQ+ people.

Collaborate to support people living in residential aged care to access mental health supports and services

Older people in residential aged care facilities experience higher rates of mental ill-health than other older people and the general Australian population. Australian Institute of Health and Welfare data from 30 June 2017 show that 85% of people in permanent residential aged care had at least one diagnosed mental health or behavioural condition, and 47% had a diagnosis of depression.[56]

Yet, older people in RACFs face significant barriers in accessing mental health services other than through GPs.[57] Residents are ineligible for MBS-subsidised mental health services from psychologists and allied mental health professionals and until recently struggled to access this form of therapy. Under the Federal Government's *Better Ageing – mental health support for older Australians* program announced in 2018, Primary Health Networks (PHNs) are now required to commission psychological treatment services targeting the mental health needs of people living in RACFs.[58] More recently, access to MBS mental health services from psychologists and allied mental health professionals was granted under the Federal Government's Bushfire Recovery Access Initiative. However significant problems remain.

This funding package provided $82.5 million over four years with funds spread across 31 PHNs but more funding will clearly be required to meet the demand over the long term. As an alternative, in their report to the MBS Review Taskforce, the Mental Health Reference Group recommended that older persons living in RACFs should be given equal access to MBS-subsidised mental health services under a referral from their GP. This would enable them to select the mental health clinician of their choice, or to continue seeing the treating mental health clinician from whom they were receiving therapeutic services prior to entering the RACF.[59]

53. Chihuri, S., Mielenz, T., DiMaggio, C., et al. 2016. 'Driving cessation and health outcomes in older adults'. Journal of the American Geriatrics Society 64(2): 332–41.
54. Reiffler B, Bruce, M. 2014. 'Home-Based Mental Health Services for Older Adults: A Review of Ten Model Programs'. American Journal of Geriatric Psychiatry 22(3): 241–7; Klug G, Hermann, G, Fuchs-Nieder B et al. 2010, 'Effectiveness of home treatment for elderly people with depression: randomised controlled trial.' British Journal of Psychiatry 197(6): 463–7.
55. Ethnic Communities Council of Victoria 2014. 'Consultation on access of older migrants to language services', Golden Years 119. https://eccv.org.au/wp-content/uploads/2019/05/Gab-ECCV-position-paper.pdf.
56. RANZCP 2019. op cit.
57. RANCP 2018. Medical Benefits Schedule (MBS) Review Taskforce – supplementary submission. https://www.ranzcp.org/files/resources/submissions/ranzcp-sub-to-supplementary-mbs-review-taskforce.aspx.
58. Australian Government Department of Health (DOH) 2018. Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities. Canberra: Australian Government Department of Health.
59. DOH 2020. Report from the Mental Health Reference Group 2018. https://www1.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/$File/Report%20from%20Mental%20Health%20Reference%20Group.pdf.

MHV and COTA believes that aged care residents should have unrestricted access to mental health services that can provide appropriate assessment, diagnosis, treatment and ongoing care. A person's residential status should not preclude them from access to essential services. While the Federal Government has a responsibility to provide MBS funds to aged care residents, the Victorian Government also has a responsibility to find ways to better support older Victorians living in RACFs. This could include, for example, a mechanism to provide joint funding for Primary Mental Health Teams to provide primary consultation and secondary consultation services for aged care residents in collaboration with their GP in areas under-serviced by private practice professionals, or simply to give residents more choice.[60]

The Victorian and Federal Governments should also consider ways to implement in-reach mental health models of care for people who cannot leave their RACF or access supports through other means. These models will need sufficient resourcing to enable assessment and co-ordination with other health professionals to ensure that a resident's mental health needs are viewed in context with their physical, social and emotional needs.

State-wide coordination of mental health supports for older people

Older people, their carers and families want a more consistent, holistic and well-coordinated approach to service delivery. Currently there are gaps in the provision of mental health support and many Victorians do not receive the care they need, considerably reducing their quality of life.

There is a lack of confidence in the community about how mental healthcare will be provided to older people due to:

- Limited or no visibility of available services or how to access them.
- Different services or programs across different regions, and more in some areas than others.
- Often short-term initiatives that are developed from limited grant-funding that only run in a localised area.
- Confusion around eligibility and access across different state, federal and local community services.

A more consistent, state-wide approach to service delivery with a model of care and service mix that is applied across the state is required.

60. Eastern Health 2020. Primary Mental Health Team. https://www.easternhealth.org.au/services/item/414-primary-mental-health-team.

7. Improve the quality of older persons mental health services

Our call to action

We call on the Victorian and Federal Governments to promote and protect the mental health and wellbeing of older Victorians by:

- Moving from a one-size-fits all approach to flexible and tailored services.
- Improving the way different service systems work together for older people.
- Improving mental health outcomes for older people using mental health services.
- Developing and implementing strategies to reduce excessive use of psychotropic medication among older Victorians.
- Promoting the importance of advance statements.
- Ensuring mental health service provision caters for the needs of diverse groups and priority populations.
- Promoting carer-inclusive practice in all state-funded mental health services.

The features of a high functioning mental health system are similar across all age groups. High-quality services should be:

- **Flexible** – and provide consumers with choice.
- **Consumer-focused** – within a human rights framework.
- **Evidence-based** – and follow clinical practice guidelines.
- **Recovery-oriented** – treatment focussed on hope and recovery is best practice.
- **Inclusive** – for consumers and unpaid family and friend carers.
- **Culturally appropriate** – to cater for Aboriginal and Torres Strait Islander, CALD and LGBTIQ+ groups.
- **Integrated** – bringing together mental health services with health, welfare and social services.
- **Safe** – ensuring that people's dignity and human rights are respected.
- **Outcomes focused**.

High-quality services increase the likelihood of positive outcomes, and promote greater consumer and carer satisfaction. From a treatment perspective, it is vital that older people receive treatments that align with best practice guidelines and research evidence, rather than just 'what's available' or easier to provide.

At present, many older Victorians do not receive the best possible care or evidence-based treatment. Outcomes for people accessing aged persons mental health services are sub-optimal; older people are less likely to receive helpful psychological and psychosocial services, and more likely to receive psychotropic medications compared to other age cohorts; advance statements are underutilised; carers do not always receive the support they need; and services do not always cater well to the diversity of the community. To maximise the effectiveness of services, people should be able to access services which are targeted to their level of need. A stepped care model is needed to ensure continuity of care across all care settings, including within the public and private sectors, and local, state and federal bodies. Integration and coordination with health services and aged care is crucial.

Move from a one-size-fits all approach to tailored services

In developing a mental healthcare system that is fit-for-purpose for this age group it is important to recognise that older people are a highly heterogeneous group. The experiences and needs of someone who has recently turned 65 are very different from those of someone in their 90s.

Moreover, the group of older persons experiencing mental health conditions is also heterogeneous and includes people who begin experiencing depression or anxiety conditions for the first time in old age, often in the transition from living independently in the community to living in residential aged care, while others may have been living with a mental health condition for years, or even decades.

Some will have mild depression, while others may have complex mental health conditions such as schizophrenia, and perhaps dementia, or a range of physical health comorbidities. Some older people will be the recipient of informal care from their partners, family members or friends (who may be ageing themselves), many of whom have felt excluded from the care of their family member or friend.

Our current service system takes little account of these extraordinary differences, and often provides supports and services using a one-size-fits-all model. Greater flexibility is required that takes account of these differences across this population as well as allowing for consumer choice, including respect for consumers' wishes to involve family and/or carers in care planning.

Improve the way different service systems work together for older people

Many older Victorians experience multiple health and mental health difficulties simultaneously. The needs of older people are therefore dispersed across a range of systems including health, mental health, and aged care, which are overseen by the Victorian and Federal Governments, and a variety of government and non-government agencies. This complex interplay between social, physical and mental health and wellbeing as we age means that service integration and coordination are crucial in this age group. The needs of older people are poorly met in the current siloed and fragmented system of health and human services.

To be effective, services delivered to older people experiencing mental health conditions must facilitate smooth transitions across state- and federally funded mental health services and between other Victorian and Federal service sectors like health and aged care. This needs to occur at a policy level, at a service system level, and at the individual consumer level, for example through coordination and case management services.

Coordination and case management services for older Australians with mental health conditions are in short supply. Such services should be provided through an individualised model with the capacity to provide person-centred support which is flexible and comprehensive and can include in-home/in-facility visits and peer support, as needed. A successful model must also accommodate the crucial input and support of family and friend carers who often end up performing the unpaid role of care coordinator for their loved one. This can put significant financial and emotional stress on carers and strain their relationship with the person receiving care, particularly if they are forced to step back from paid work or other family and caring responsibilities.

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Access to coordination and case management services is also a key consideration for older people from key population groups including Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, people from CALD, people in rural and remote areas, and people from low socioeconomic backgrounds, including population sub-group specific and mainstream services.

The Federal Government's recent commitment to fund a national trial of Adult Mental Health Centres shows forward thinking on improving access to integrated mental health and other services in the community. The Centres would provide additional intervention, treatment and support options for people with mental health issues through a range of tightly coordinated services delivered in-house, and through outreach to homes and other places in the community. The model has been proposed as a means to both scaling up services that are currently in short supply and ensuring that people get the integrated care that they need.

The needs of older people should be considered in the development, design and roll out of these centres, or similar models created for the older age group. MHV and COTA urge governments to work together to ensure that these issues are considered during the development of these centres.

Work to improve mental health outcomes for older people using mental health services

In Victoria, a quarter of completed episodes of mental health inpatient care for persons aged 65 and over resulted in either no improvement (19.1%) or a significant deterioration (5.4%), while a half of completed mental health ambulatory episodes of care for persons aged 65 and over resulted in no improvement (43.2%) or significant deterioration (6.7%). The outcomes were even worse for ongoing ambulatory episodes of care with three quarters of resulting in no improvement (60.7%) or significant deterioration (14.2%).[61]

While a range of factors influence outcomes, including the fact that many consumers of state-funded services have chronic and severe mental health conditions, it is nevertheless very concerning that such a large proportion of older service users do not experience clear benefits from their engagement with ambulatory or inpatient services. It is also concerning that there has been very little change in the proportions who experience improvements and those who do not, over several years. MHV and COTA call for an urgent review of outcomes in aged persons mental health services, with a view to identifying and correcting issues that contribute to poor outcomes.

Develop and implement strategies to increase the availability of evidence-based psychological and social treatments for older persons with a mental health condition.

The treatment of mental health conditions among older people is broadly similar to that among other adults, with some differences. As with other age groups, psychological therapies are typically the first line treatment for many conditions, in particular depression and anxiety disorders. Social therapies are also important.

Medical therapies, such as antidepressant medications, mood stabilisers and anti-psychotic medications may also be required, particularly for people with moderate–severe depression and anxiety conditions and for those with schizophrenia and bipolar disorder. Transcranial magnetic stimulation (TMS) has a role. Electroconvulsive therapy (ECT) may be required in exceptional circumstances. The choice of treatment depends on a range of considerations, including the diagnosis, the severity of the condition, the consumer's preference, and their state of physical health. Clinical guidelines are available to inform decisions and guide choices.[62] The problem at present is that in too many cases, the treatments offered are determined by what's available, rather than by what's recommended or preferred by the consumer, and medication is being relied on too heavily.

61. AIHW 2019. Mental Health Services in Australia. Key Performance Indicators for Australian Public Mental Health Services. Changes in clinical outcomes. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-indicators/key-performance-indicators-for-australian-public-mental-health-services.
62. Malhi, G., Bassett, D., Boyce, P., Bryant, R., Fitzgerald, P., Fritz, K., & Singh, A. 2015. RANZCP clinical practice guidelines for mood disorders. Australian and New Zealand Journal of Psychiatry, 49(12), 1-185.

Indeed, there are mounting concerns that older people are being simultaneously underserviced and overmedicated. People over 65 years receive much higher rates of prescriptions for antidepressants than the general population despite no evidence that depression or anxiety become more prevalent with age.[63] [64] Moreover, ABS data also shows that older Australians are significantly more likely to be prescribed a psychotropic medication for their mental health condition than to receive some form of psychological therapy, or psychosocial support.

As Figure 1 below shows, whereas most other age groups access MBS services and PBS medications for their mental health condition in roughly equal proportions (with non-PBS therapies dominating until age 44), people over the age of 65 are considerably more likely to receive a prescription, than an MBS subsidised mental health service like counselling.

Proportion of Australian population who accessed subsidised mental health-related MBS services and PBS medication 2011, by age

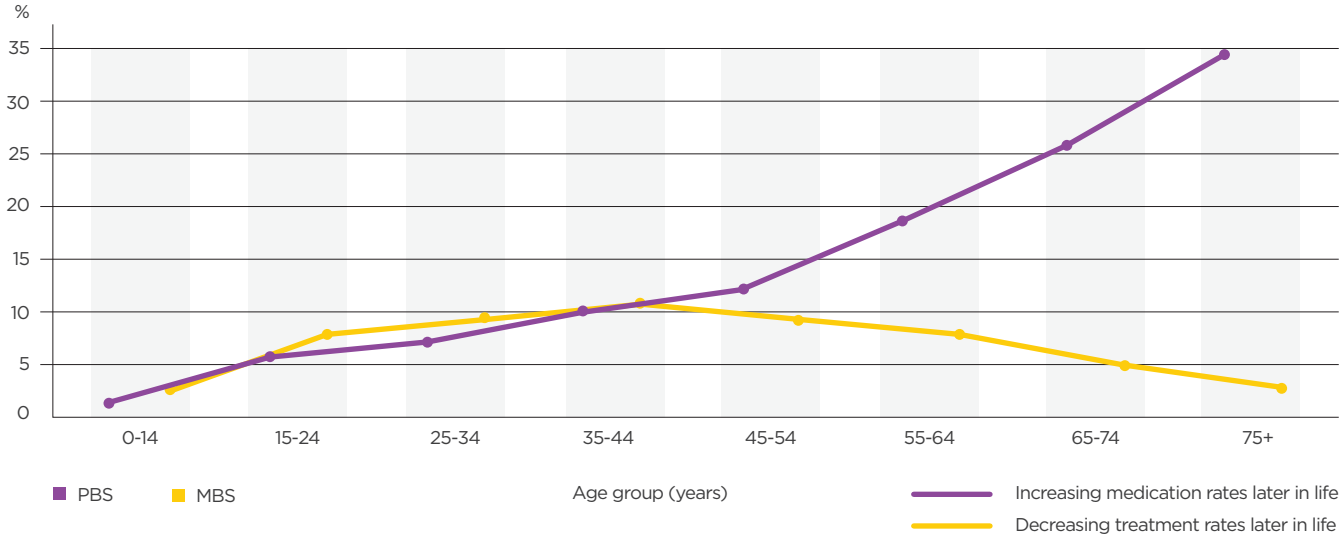

Figure 1. Proportion of Proportion of Australian population who accessed subsidised mental health-related MBS services and PBS medication – 2011, by Age.[65]

This disparity culminates in the cohort of Australians aged 75 or older, where more than 30% receive PBS subsidised mental health-related medications but less than 5% access mental health-related MBS services. This suggests that almost one third of older Australians are being prescribed psychotropic medications without appropriate consultations.[67]

Overall, PBS data show that the proportion of people receiving subsidised and co-payment mental health-related prescriptions in 2018–19 was lowest for the youngest age groups (0.1% of people aged 0–4 years, 3.9% of people aged 5–11 years and 7.6% of people aged 12–17 years) and increased by age group to 43.2% for people aged 85 years and over.[68] Almost a third (30.7%) of all mental health related medication prescriptions go to people aged 65 and over. This is almost 4 times the percentage of prescriptions dispensed in the age group 12–25 (7.8%) which conversely has 4 times higher prevalence of mental disorders than older people.[69]

63. Australian Commission for Safety and Quality in Health Care 2015. Australian Atlas of Healthcare Variation. https://www.safetyandquality.gov.au/our-work/healthcare-variation/atlas-2015.
64. RANZCP 2017. Submission to the 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. https://www.ranzcp.org/files/resources/submissions/0812-president-to-committee-secretary-re-aged-care.aspx.
65. ABS 2016. Characteristics of people using mental health services and prescription medication, 2011. https://www.abs.gov.au/ausstats/abs@.nsf/productsbytopic/39A5EDBC47806B28CA257D7E000F488B.
66. Ibid.
67. RANZCP 2017. Submission to the Senate Standing Committee on Community Affairs Inquiry on the 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. https://www.ranzcp.org/files/resources/submissions/13060-president-to-senate-aged-care-assessment-sen.aspx.
68. AIHW 2019. Mental Health Services in Australia. https://www.aihw.gov.au/getmedia/584d7a31-7c4a-46cb-97db-a46874265354/Mental-health-related-prescriptions-2018-19.pdf.aspx.
69. AIHW 2019. Mental health services in Australia: Mental health-related prescriptions. Table PBS.9: Number of mental health-related prescriptions, by patient demographic characteristics, 2018–19. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions.

7. Improve the quality of older persons mental health services

Older persons are much more prone to experiencing adverse effects from medications than other age groups, and psychotropic medicines can interact with other medications a person is using or complicate comorbid health conditions they may be experiencing. This mismatch between prescriptions and prevalence is therefore quite alarming.

Mental health related prescriptions by patient demographic

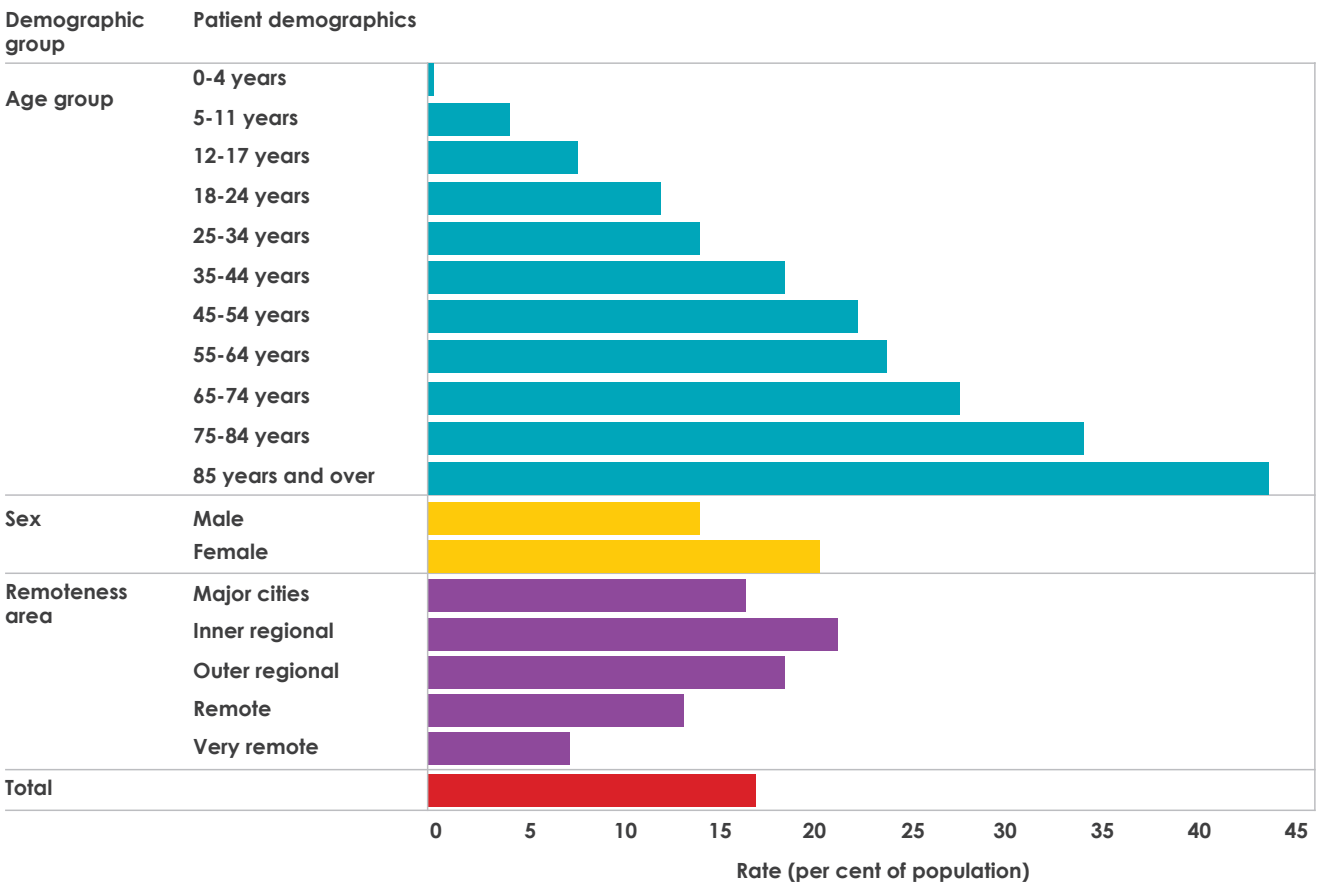

Figure 2: People (per cent of the population) dispensed with mental health-related prescriptions (subsidised and under co-payment), by patient demographics, 2018–19.[70]

Promote the importance of advance statements

In rare cases, older people may require involuntary admissions into mental health services. Their rights in these circumstances can be safeguarded when plans for such an event have been made, through the development of an Advance Care Plan (ACP) and/or Advance Statement.

ACPs and Advance Statements state a consumer's preference regarding health and mental healthcare respectively, ensuring that their wishes can be respected in the event of a significant deterioration in their communication ability or mental state, thus providing important safeguards for a person's dignity and human rights. Consumers who do not have an ACP or Statement, or whose wishes are not properly followed, may be (re)traumatised during an involuntary admissions process and/or have their dignity and human rights violated.

70. AIHW 2019. Mental health services in Australia: Mental health-related prescriptions. Table PBS.9: Number of mental health-related prescriptions, by patient demographic characteristics, 2018–19. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions.

ACPs and Statements also place less stress on family and friends. When ACPs and Statements are absent, families and carers can be put under immense stress when they are forced to make decisions about the care of their loved ones which may have a lasting impact on their relationship as well as their own wellbeing.

In 2014, Victoria was the first jurisdiction to introduce legislation that supported the right of mental health consumers to document their treatment preferences. However, the use of these tools in the community remains very low with most older people entering services without one. In 2018–19 only 2.83% of adults in Victorian public mental health services had a Statement on record, which is a marginal increase from 2.6% in the previous year.[71] Greater efforts are required to increase their uptake.

Address diverse needs

Some population groups have care needs which can diverge considerably from the mainstream population. An effective service system must be able to cater to these needs in order to protect communities from inequitable health outcomes. It is also important to recognise the impact of intersectionality whereby individuals can experience multiple and compounding forms of disadvantage or health inequities.

While some people within these groups may be able to source appropriate care from mainstream institutions with inclusive practices, others may require services which are specifically tailored to their needs. Groups requiring tailored interventions include but are not limited to:

- Aboriginal and Torres Strait Islander peoples
- people from CALD communities
- people living in rural and remote areas
- people who are lesbian, gay, bisexual, trans and/or gender diverse, intersex, queer and/or other related identities (LGBTIQ+)
- women and girls
- people from low socioeconomic backgrounds, including education
- people living with disabilities

Aboriginal and Torres Strait Islander peoples in particular require culturally appropriate services in line with the principle of self-determination. Aboriginal and Torres Strait Islander peoples have more holistic conceptualisations of mental health than non-Indigenous Australians, encompassing social, emotional, physical, cultural, environmental and spiritual wellbeing. Treatments and interventions that are most effective for Aboriginal and Torres Strait Islander peoples may differ from mainstream approaches. Increased support for community controlled aged care and health organisations, and ensuring that mainstream aged people mental health services are sensitive to the needs of Aboriginal and Torres Strait Islander peoples, including people from the Stolen Generations, is vital.

CALD-specific services are also needed for older people.[72] Many people from CALD backgrounds also have different conceptualisations of mental health, or experience language barriers and/or different life experiences which necessitate alternative approaches to treatment. Interpreter services and cultural competency programs do not always enable mainstream services to be able to provide culturally appropriate care.[73]

People from CALD backgrounds require culturally appropriate communications to facilitate their approach to relevant services, including the provision of same-language information through face-to-face and telephone interpreters. A significant proportion of people from CALD communities revert to their first language as they age and may have varying skills in English. Unpaid family and friend carers should not be relied upon to provide interpreting services and should themselves be able to access those services when required.

71. DHHS 2019. Victoria's mental health services annual report 2018–19. Melbourne: DHHS
72. Rosenberg, D., Ansari, Z. 2019. National Multicultural Mental Health Project, draft report. Synergia: Auckland, NZ.
73. ECCV 2011. A Better Way: Mental Health and Aged Care – a Multicultural Perspective, Discussion Paper. Ethnic Communities' Council of Victoria, Carlton; The Federation of Ethnic Communities' Councils of Australia 2011, Mental Health and Australia's Culturally and Linguistically Diverse Communities: A Submission to the Senate Standing Committee on Community Affairs. http://www.fecca.org.au/images/stories/documents/Submissions/2011/submissions_2011050.pdf.

7. Improve the quality of older persons mental health services

Promote carer-inclusive practice in all mental health services

Families and carers are a fundamental but often underappreciated pillar of the mental health system. There are at least 240,000 mental health carers in Australia, providing an estimated 208 million hours of informal care per year, valued at around $14.3 billion in 2015. This unpaid work comes at considerable cost to the economy in lower workforce participation rates.

Providing long-term unpaid mental healthcare can have a significant impact on a person's own health and wellbeing as well as their financial, vocational and educational security. As a result, unpaid family and friend carers may require a broad range of supports related to their caring including respite, peer support, counselling, education, system navigation services and financial supports.

Unfortunately, services and supports for unpaid family and friend carers are often inadequate, inaccessible, underfunded or simply unavailable, particularly in regional areas. Continuing deficits in supports available to carers is a serious risk for the mental health system and the broader economy. Unpaid family and friend carers with unmet needs may develop their own mental health issues, and when they are no longer able to provide care, the person receiving care may be at greater risk of relapse, hospitalisation, suicide and other negative outcomes, putting additional pressures on health, housing and other government support systems.

The Practical Guide for working with carers of people with a mental illness produced by Mental Health Australia in 2016 contains six partnership standards regarding carer-inclusive practices in the provision of mental health services. Australian services using this guide have strongly improved their engagement with carers, but this improvement has been limited by the voluntary nature of the standards. If we want to enhance the quality of care and services for people with mental illness, we must set ambitious targets for ensuring that organisations adopt these principles and are held accountable to them.

8. Strengthen the older persons mental health workforce and increase funding

Our call to action

We call on the Victorian and Federal Governments to promote and protect the mental health and wellbeing of older Victorians by:

- Growing and developing the older persons specialist mental health workforce.
- Increasing funding for older persons mental health services.

Access, equity and quality in aged persons mental health cannot be achieved without a sufficient and high-functioning workforce and adequate funding. The aged persons mental health workforce needs to be understood in its broadest possible and most holistic sense to include any worker that has frequent or consistent contact with older Victorians living in the community or in residential aged care. This includes primary care workers like GPs, local government community aged care service providers, personal care attendants, enrolled and registered nurses, private practice psychologists, allied mental health professionals and psychiatrists, as well as staff employed within aged persons mental health services. All have a role to play in promoting and supporting the mental health and wellbeing of older Victorians, including those with a mental health condition.

Workforce

A suitably skilled and well-supported older persons mental health workforce is essential to improve mental health service delivery to older Victorians. The aged care mental health workforce exists within aged persons mental health services, as well as in the health, community and aged care sector services who also support older people.

Mental healthcare is best provided by multidisciplinary teams to ensure that complex needs can be met in an individualised and holistic way.

Currently, a number of these workforces face challenges in providing timely, high-quality care, in light of long-term under-resourcing, which contributes to a lack of staff, a lack of available training and support to maintain staff, and work environments that are not conducive to best practice. Services need to be adequately funded to allow workers to deliver high-quality, relationship-based care.

Victoria's *Mental Health Workforce Strategy* sets out the broad directions the Government is taking to strengthen the mental health workforce. However, the document is general and does not outline more specific and nuanced approaches required for different elements of Victoria's system. In terms of numbers, it would appear that the overall aged persons mental health workforce in state-funded services is quite small in comparison to other age-based components of the system, but specific data is difficult to find. Better and published data availability would help to determine whether the supply and composition of this workforce is sufficient to address need.

Across the federally funded workforce, GPs provide a considerable level of aged persons mental health services and their reasonable availability across Victoria makes them a pivotal frontline workforce. Private practice psychologists, allied mental health workers and psychiatrists are in reasonable supply but are far more unevenly distributed, particularly in regional, rural and remote areas. Efforts are therefore needed to bring their services to the people who need them, including through telehealth mechanisms. Encouraging more private practitioners to work with older people is also important.

8. Strengthen the older persons mental health workforce and increase funding

The residential aged care workforce is another key part of the overall workforce that can support the mental health of older Victorians. Issues around numbers and distribution are therefore equally relevant to them. Basic mental health and suicide prevention training should a mandatory part of the training syllabus for residential aged care workers.

Targets should be set to attract and retain workers across all the relevant workforces, and to ensure they are appropriately distributed across regions, with particular attention paid to regional and rural areas. Strategies to improve workplace conditions and support the financial and emotional health and wellbeing of workers may be required to increase recruitment and retention in some service sectors. This should include appropriate remuneration for work and other financial supports, as well as self-care and mentoring/ apprenticeship programs. Particular attention should be paid to supporting workers with lived experience of mental health conditions, and those from key population groups, such as Aboriginal and Torres Strait Islander and CALD communities, to become part of the mental health workforce.

Training and professional development are also critical. Opportunities for workers to promote positive mental health are undermined by the absence of basic mental health capabilities in some sections of the workforce. Every worker working with older people requires appropriate training and development opportunities to assist them to develop the mental health knowledge and skills to play their role. Currently, there are gaps in the competencies of several aged persons workforces in relation to older people's mental health. This is partly attributable to the lack of adequate pre-vocational training and credentialing in National Training Packages and their failure to provide ongoing upskilling.

The Victorian and Federal Governments should work closely together to ensure that the Aged Services Mental Health Subcommittee of The Aged Care Workforce Strategy Taskforce pays specific attention to mental health competencies within their broader work and implements mandatory mental health skillsets for each profession.

Consideration should be given to various opportunities for training and development including vocational and tertiary qualifications and training placements and rotations.

Increase funding for aged persons mental health services

Like the rest of the mental health system, older persons mental health has a history of under-resourcing, resulting in rationing of services, ageing infrastructure and failure to meet growing demand. An adequately funded service system is a precondition for the effective functioning of a workforce, otherwise resource pressures will continue to impede the capacity of workers to provide the care that they are trained to provide, as well as the mental wellbeing of workers necessary to keep them in what can be a challenging work environment.

As the Commissioners have already acknowledged, Victoria's spending on mental health is insufficient. Per person expenditure on specialised mental health services ranged from $228 per person in Victoria to $315 per person in Western Australia.[74] Furthermore, the expenditure is uneven across the age range. While it is reasonable to base expenditure on prevalence, it also needs to be based on complexity.

Australia's investment in youth mental health has increased by 16.3% per annum between 2013–14 and 2017–18, while per capita expenditure on older persons services decreased by an average of 1.8% per year. Expenditure on older persons services has not increased in line with the growth in the older persons population. For example, while the adjusted expenditure on older person services increased 5.8% to $580 million between 2013–14 and 2017–18, the older persons population (65 years and over) increased by 13.8% to 4.0 million people over the same period.

The mental health needs of older persons are just as important as younger persons and this downward funding trajectory needs to be urgently arrested and reversed.

74. AIHW 2019. Mental Health Services in Australia. Expenditure. https://www.aihw.gov.au/getmedia/4bb30153-727b-40f3-aca7-e063424e68b2/Expenditure-on-mental-health-services-2017-18.pdf.aspx

9. Prevent suicide among older people

Our call to action

We call on the Victorian and Federal Governments to improve responses to suicide prevention among older Victorians by:

- Ensuring that all suicide prevention initiatives target older Victorians, particularly older people with significant physical health conditions, those who have lost a partner or have limited social support, those living in residential aged care and those over 80 years old.
- Strengthening the Victorian Suicide Framework to include a specific focus on older Victorians, and including initiatives that are relevant to this age group.

Each day, more than one person aged 65 or over will take their own life. In 2018, 460 older people were lost to suicide in Australia.[75] While the total number of suicide deaths may be lower than other age groups, the age-specific rates among older Australians are alarmingly high. In 2018 these ranged from 15.4 deaths per 100,000 population among 64–70 year old men to 32.9 deaths per 100,000 persons for men aged 85 and older. The latter was the *highest age-specific suicide rate of the entire Australian population that year*, and has been since 2011.[76 77] Suicide rates are also high among older women. In 2018, the age-specific suicide rate among women aged 80–84 years (9 deaths per 100,000 population) was only surpassed by the suicide rate among women aged 40–44 years (9.4 per 100,000).[78]

Suicidal behaviour may occur in the context of a complex array of risk factors. It most often occurs in the context of significant psychological distress brought on by either an underlying mental health condition and/or life events or changes that lead to loneliness, hopelessness, and a sense of burden. In older people, depression, chronic pain and poor physical health, or feeling alone, unwanted, or lacking purpose in life are powerful risk factors for suicide. Loss of protective factors such as a life partner or family support are also contributing factors.[79 80 81]

Suicide prevention activities must actively target older people as well

Sadly, suicide prevention in older people is not given the attention it deserves. As people grow older, they and those around them may start to believe they have had a 'good innings' and a level of acceptance creeps in about physical and psychological symptoms and deterioration in quality of life. This may lead to potentially treatable physical and mental health conditions such as depression being ignored or inadequately managed thereby increasing the risk of suicide.

Suicide is no less preventable in older age than among younger cohorts. Many of the suicide prevention strategies relevant to other groups apply equally to this cohort, although they need to be tailored to elderly populations. Ensuring older people have a reason to live is vital.[82] Ageing in place and healthy ageing programs that keep older people active and connected to others and their community, contribute to suicide prevention as well as the primary prevention of mental disorders.

75. ABS 2018. Intentional self-harm, key characteristics. ABS 3303.0 Causes of Death, Canberra: ABS.
76. ibid.
77. Everymind 2020. Life in mind. Suicide facts and stats. https://lifeinmindaustralia.com.au/about-suicide/suicide-data/suicide-facts-and-stats
78. ABS 2017. op cit.
79. Sakashita, T., & Oyama, H. 2019. Developing a hypothetical model for suicide progression in older adults with universal, selective, and indicated prevention strategies. Frontiers in Psychiatry, 10. https://doi.org/10.3389/fpsyt.2019.00161
80. Everymind 2020. Life in mind. Older adults. https://lifeinmindaustralia.com.au/about-suicide/suicide-across-the-lifespan/older-adults
81. Sorrell, J. M. 2020. Suicide in Older Adults. Journal of Psychosocial Nursing & Mental Health Services, 58(1), 17–20. https://doi.org/10.3928/02793695-20191218-04
82. Draper, B. 2011. Forget me not: preventing suicide among the elderly. https://theconversation.com/forget-me-not-preventing-suicide-among-the-elderly-303

9. Prevent suicide among older people

Training GPs and 'gatekeepers' such as aged care workers and carers who support older people in the recognition and management of suicidality is important. Educational materials should highlight the warning signs specific to old age. Universal screening for depression and other mental health conditions is also crucial, particularly in RACFs, where rates of depression are very high. It may be common, but it is certainly not normal to experience depression in old age, and early identification and effective treatment can improve outcomes and reduce suicide risks. Improving older persons' access to psychological therapies and other age appropriate interventions, such as reminiscence therapy, animal assisted therapy, music therapy and Tai Chi (among older Chinese people)[83] are also essential.[84 85 86]

Strengthen Victoria's Suicide Prevention Framework to include initiatives targeted to older Victorians

Victoria's *Suicide Prevention Framework* includes five objectives – build resilience, support vulnerable people, care for the suicidal person, learn what works best, help local communities prevent suicide.[87] The Framework is broad and aims to achieve suicide prevention across the life span. However, on closer inspection, the proposed measures are more likely to benefit young people and adults rather than older persons who require an approach that is tailored their unique circumstances.

Older LGBTIQ+ Victorians are appropriately acknowledged in the Framework, but older people more broadly are not highlighted as a vulnerable group despite their very high age-specific suicide rate. This needs to be corrected and driving down the suicide rate of people over the age of 80 should be listed as a specific target by the Victorian government.

Furthermore, the two key funded initiatives outlined in the Framework are not sufficiently nuanced to older people. Rates of intentional self-harm presentations to hospital emergency departments are low in comparison to most other age groups but this does not mean that older people are not at risk of suicide.[88] Rather older people who attempt suicide are more likely to use lethal means.[89] Assertive outreach aftercare programs, which are one of the cornerstones of Victoria's suicide prevention response, may therefore not prevent suicide in this age group. Placed-based responses, which are the other major element of suicide prevention in Victoria, could be a better mechanism to prevent suicide among older people, but only if these initiatives consider the needs of this age-group in their planning and implementation, but there is limited information to help determine whether this is occurring or not.

83. Morgan, A.J., Reavley, N.J., Jorm, A.F., Bassilios, B., Hopwood, M., Allen, N. & Purcell, R. 2019. A guide to what works for depression; 3rd Edition. Melbourne: Beyond Blue.
84. Sakashita, T., & Oyama, H. 2019. op cit.
85. Draper, B. 2011. Forget me not: preventing suicide among the elderly https://theconversation.com/forget-me-not-preventing-suicide-among-the-elderly-303
86. Lapierre, S., Erlangsen, A., Waern, M., De Leo, D., Oyama, H., Scocco, P., Gallo, J., Szanto, K., Conwell, Y., Draper, B., Quinnett, P., & International Research Group for Suicide among the Elderly 2011. A systematic review of elderly suicide prevention programs. Crisis, 32(2), 88–98. https://doi.org/10.1027/0227-5910/a000076.
87. DHHS 2016. Victorian suicide prevention framework 2016–25. Melbourne: DHHS.
88. AIHW: Harrison JE & Henley G 2014. Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: AIHW
89. Sakashita, T., & Oyama, H. 2019. op cit.

10. Summary

While most Victorians experience good mental health, they are not immune from poor mental health and wellbeing, serious mental health conditions and suicide.

Sadly however, the mental health of older people is often overlooked in discussions about mental health reform or given less attention to other age groups. The lack of emphasis given to suicide prevention among older people is also a cause for concern. Older people have the same rights as other Victorians to high-quality mental health programs, supports and services that promote and protect their mental health and wellbeing and support them if they experience difficulties. These initiatives need to take account of their unique needs and life circumstances. Moreover, older people with a mental health condition should be able to access services when and where they need them regardless of their age or living arrangements.

A lack of available services, the arbitrary cut off between adult and old age services, and the over-reliance on medication over other therapies are particular priorities that need to be addressed. In addition, the same efforts that are being made to improve the mental health of children, young people and adults now need to be made for older persons. Many of the systems design changes needed for adult cohorts, including governance, workforce and funding, are the same as those needed for older persons and must be considered in whole-of-system reform.

MentalHealth Victoria

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