

Definition

Mental health is much more than the absence of mental illnessⁱ. Mental health maximises each older person's quality of life, the quality of life of those around them, and their contribution to Australia.

Background:

Australia is unprepared to meet the mental health needs of an ageing population

By 2026 the number of Australians aged 65 years and over will more than double from around 2.1 to 5 million peopleⁱⁱ. An ageing Australia needs the wisdom and contribution of healthy older Australians. Yet for too long the mental health care of older people has been largely ignored in the mental reform agenda. As noted in 2009 by the National Health Hospitals Reform Commission: "As a matter of some urgency, governments must collaborate to develop a strategy for ensuring that older Australians, including those residing in aged care facilities, have adequate access to specialty mental health and dementia care services."ⁱⁱⁱ

The Faculty of Psychiatry of Old Age (FPOA) has serious concerns regarding the inadequacy of planning for the mental health needs of the older person. In particular:

- In 2006 reforms to increase access to mental health care included Medicare reimbursement for GP Mental Health Services and access to psychologists but excluded treatment for dementia, and with lack of clarity regarding access for people living in residential aged care
- In 2009 the Fourth National Mental Health Plan identified no priority actions targeting older people
- in 2010 The Psychogeriatric Expert Reference Group developed a Framework for Psychogeriatric Services which was endorsed by the Ministerial Conference on Ageing but nothing further has ensued
- In 2011 the Productivity Commission Report into Aged Care^{iv} recommended that Governments expand inreach mental health services to residential aged care; but without funding proposals or inclusion in the 10 page Summary of Recommendations. In 2011 the Independent Mental Health Reform Group's (IMHRG) 'Blueprint' for mental health services in Australia largely ignored older people
- That the mental health needs of older Australians have been repeatedly ignored may in part relate to the methodological failings of the 1997 and 2007 National Surveys of Mental Health and Wellbeing that used methods unsuitable for older people^v and excluded people with dementia or living in residential aged care.

With unacceptable results

There is ongoing considerable evidence that older people have inadequate access to mental health care and poor mental health outcomes

- Access of people 65 years and older to GP Mental health Services at 34% of the rate for those aged 33 to 44 years^{vi}
- Access to psychologists by people 65 years and older at 21% of the rate for those aged 33 to 44 years
- The highest age-specific suicide death rate for men being in the 85 years and over age group^{vii}
- the elderly having anxiolytic, hypnotic and sedative drug prescription rates approximately 500% that of the general population^{viii}

Australia cannot continue to ignore the needs of older Australian with mental illness

Untreated mental illness robs older Australians of their quality of life, physical health and independence at significant cost to individuals, family and community. While there are effective evidence based mental health treatments for older people in Australia, limited resources deny them equitable access. Action must start now to address this deficiency. Australia owes its older citizens and their families adequate support, respect, and dignity.

Priority actions to improve the mental health of older Australians

To improve the quality of mental health care for older people

1. Develop national benchmarks for the availability and quality of mental health services for older people across the spectrum of care with specific steps to achieve these benchmarks in all national and state mental health plans.
2. Develop and implement national principles for providing coordinated care across different services for older Australians with mental illness.
3. Mandate the inclusion of a national, person centred, curriculum for basic mental health literacy in the training for people working with older Australians,
4. Commit to the application of these principles within all health services to improve the identification, initial management and appropriate referral of older people with mental illness.

To remove discrimination against older people with mental disorders

1. Commitment to the development of community and residential aged care services that are inclusive of the needs of people with mental illness including removal of care exclusions in the Aged Care Act that are based on the presence of a mental health condition.
2. Removal of all barriers to older Australians in residential aged care accessing the same mental health services as the rest of the community
3. Removal of all exclusions from access to mental health services on the basis of having a diagnosis of dementia
4. Fund effective and accessible mental health care that meets the specific needs of Aboriginal and Torres Strait Islander older people, and those from culturally and linguistically diverse backgrounds.

To obtain a better understanding of the mental health needs of older Australians

1. Commission a Survey of Mental Health and Wellbeing of Older Australians using appropriate tools for *all* older people
2. Conduct of an audit of regional access to multidisciplinary mental health care specialised on the needs of older people, and prioritise funding to redress the largest gaps.
3. Fund research on effective mental health interventions in older people
4. Fund mental health promotion activities focussed upon the needs of older people.

To ensure that these actions are carried out

1. Explicit monitoring and advocacy for progress in the mental health care for older Australians by the national and state Mental Health Commissions

The Faculty of Psychiatry of Old Age will monitor and report on progress against these priorities.

ⁱ WHO Fact Sheet No 220. *Mental Health: Strengthening our response*. September 2010 Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community”

ⁱⁱ ABS, *Population Projections Australian 2006 to 2101*. 2008, Australian Bureau of Statistics: Canberra.

ⁱⁱⁱ A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009: Canberra

^{iv} Productivity Commission 2011, *Caring for Older Australians*, Report No. 53, Final Inquiry Report, Canberra

^v O'Connor, D.W. and R.A. Parslow, *Different responses to K-10 and CIDI suggest that complex structured psychiatric interviews underestimate rates of mental disorder in old people*. *Psychological Medicine*, 2009. **39**(09): p. 1527-1531.

^{vi} AIHW *Mental Health Services in Australia 2009-10*, Australian Institute of Health and Welfare: Canberra

^{vii} ABS, *Causes of Death, Australia, 2009*. 2011, Australian Bureau of Statistics: Canberra.

^{viii} Hollingworth, S.A., et al., *Psychiatric drug prescribing in elderly Australians: time for action*. *Australian and New Zealand Journal of Psychiatry*. **45**(9): p. 705-708.

Adopted: November 2011 (GC2011-4)

Currency: Review every 3 years (next review November 2014)

Owned by: Faculty of Psychiatry of Old Age