Older Australians Deserve a Better Deal in Mental Health

The Goal
To improve the lives of older Australians by ensuring access to quality, integrated and respectful mental health services.

The Facts
Today 13% of our population is over the age of 65 years: by 2051, 26% of the population will be over 65 years.

The problem: We will have more people living longer with mental health problems, more people developing mental health problems in old age and more people with chronic diseases and mental health concerns.

Older people with mental disorders are doubly disadvantaged. They are disadvantaged by being older and they are disadvantaged by having a mental disorder. Furthermore they have reduced accessibility to mental health services, which, by and large, are designed for younger people.

Older person’s mental health care is ‘managed’ by many: general practitioners, residential aged care facilities, community health services, public and private hospitals, respite care services, older persons’ mental health services, adult mental health services, specific government funded programs, private psychiatrists, geriatric medical services. Care and treatment can be fragmented, piecemeal, and sometimes it’s non-existent.

There is no nationally consistent system for the delivery of mental health services to older people. The quality and accessibility of existing services varies enormously from place to place. Rural and remote locations are particularly poorly served.

Mental health disorders: Around 10-15% of older Australians experience anxiety and depression; this rises to 34.7% for persons living in residential aged care facilities. Less common conditions, like schizophrenia and related disorders are more common in older people (2.3%) than in younger adults (1.3%).

Dementia is a specific and significant concern for Australia. Today 245,400 Australians have dementia; by 2050, 1.3 million Australians will have dementia. 5% of 65 year olds, 20% of 80 year olds and 30% of 90 year olds have dementia. The complex nature of behavioural and psychological symptoms often causes stress in carers and can lead to the breakdown of community care and institutionalisation. The rippling effect of dementia in the community is ever present.

Dementia and Indigenous Australians: Rates of dementia in Aboriginal and Torres Strait Islander populations is much higher than in other groups. It’s estimated that 26.8% of indigenous people over 65 years have dementia (Australian average 6.5%) and 12.4% of indigenous people older than 45 years have dementia (Australian average 2.4%).

The Solution
All older Australians require access to seamless services that meet their physical and mental health needs and their social and welfare needs. Mental health funding and services must be integral to planning and delivering aged care services.

Psychiatrists have a critical role in providing care and treatment, supporting and advising other health professionals and advocating for service improvement.
Call to Action

1. Integrate and coordinate our aged mental health services; older Australians deserve a better deal

2. Deliver tailored mental health services to older Australians with common mental health conditions; older Australians deserve effective mental health services

3. Meet the needs of vulnerable older Australians; our seniors deserve a better deal

4. Strengthen old age treatment and support services; all aged Australians deserve a better deal

5. Resource, extend and support mental health centres and staff better; our aged and mental health services deserve a better deal

Integrate and coordinate our aged mental health services; older Australians deserve a better deal

There is a rising tide of older people who will shortly need access to district based mental health services for their mental health and welfare needs. Mental disorders in older people frequently accompany general health problem, the two must be managed together. It does not make sense to have two separate health care systems for older people, one managing mental health problems and the other managing physical health problems. It is essential that there is a whole of sector approach and a whole of government approach to care for older Australians. We must have services that are tailored to the particular needs of older Australians. This would improve service availability, accessibility and navigability.

We recommend:

1. The Australian Government takes full responsibility for aged care services, including aged mental health services

2. All governments in Australia commit to equivalent access to care for people with mental health needs that is consistent with that of physical health needs by 2020. Mental health funding must reflect the burden of disease, with at least 12% of the health budget

3. Older persons care is tiered so that, as the severity of mental disorder increases, there is an equivalent increase in specific services. Prevention and early intervention can occur at any age and a tiered aged health care system will include prevention, early intervention, treatment, care and rehabilitation components. The tiered model should inform a redeveloped model

4. Establish an Australian Institute of Mental Health to promote and coordinate research, develop interventions and mental health service modelling using collaborative and integrated approaches

5. Ensure equitable and accessible mental health services across all parts of Australia. Consider the establishment of integrative commissioning authorities similar to those in New Zealand and the United Kingdom and the development of national benchmarks for regional health service provision

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Deliver tailored mental health services to older Australians with common mental health conditions; older Australians deserve effective mental health services

Our public mental health system is overwhelmed with crisis management of patients with mental health disorders. Older Australian deserve adequate, effective, accessible and age appropriate treatments in our public system for common conditions like depression and anxiety.

We recommend:

1. Resourcing aged care mental health services to provide accessible, efficient and evidence informed depression and anxiety disorder services
2. Support services for general practitioners to better recognise and care for older Australians with common mental health conditions

Meet the needs of vulnerable older Australians: our seniors deserve a better deal

Aboriginal and Torres Strait Islander people, those from culturally and linguistically diverse backgrounds, people who live in rural and remote Australia as well as those from low socioeconomic backgrounds, the homeless and those in the justice system are particularly vulnerable to mental disorders in later years. After adults in 40-44 year old group, men over 85 years have the second highest instance of suicide.

We recommend:

1. Prioritise funding support for the specific needs of Aboriginal and Torres Strait Islander older people for effective and accessible mental health care
2. Culturally and gender appropriate training for all aged care and older Australian mental health service staff. Aged care faculties should demonstrate cultural and gender sensitivity in facilities
3. Increased recognition and treatment services for older men at risk of suicide
4. Increased mental health support for carers of older persons

Strengthen old age treatment and support services; all aged Australians deserve a better deal

While important, dementia is only part of the mental health story for older Australians. Functional disorders like schizophrenia, anxiety disorders and clinical depression are more common. Older Australians will bring pre-existing and new mental illnesses into old age and dementia. It is essential that our service system reconfigures and expands to meet the known need.

We recommend:

1. Australian and State Governments must implement a stepped model of care for mental health care for older Australians
2. Develop integrated care packages that take a holistic approach to care for older Australians; effective packages take account of physical and mental health needs

Resource, extend and support mental health centres and staff better; our aged and mental health services deserve a better deal

A comprehensive system of care for older Australians can only be delivered by a comprehensively trained and adequately resourced workforce. Older Australians receive fewer specialist psychiatric consultations than any other population group. Fewer psychiatrist trainees are able to undertake specialist training in older persons care.

We recommend:

1. Enhanced education and training of health professionals in general medicine and aged care to ensure identification of mental illness early in disease progression
2. Bolster the training for current staff in residential aged care in common mental health conditions and dementia management
3. Review, improve and provide incentives for training for rural aged care staff
4. State and Territory governments must provide additional training posts in old age psychiatry
5. Increase the number of mental health workers with specific training in geriatric psychiatry
6. Enhanced training of all primary care and hospital staff in early signals of dementia or late onset mental illness
7. Investigation and implementation of innovative e-health options for specialised mental health care across rural and regional Australia

For Further Information
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