6 December 2019

The Honourable Tony Pagone QC and Ms Lynelle Briggs AO
Royal Commission into Aged Care Quality and Safety

By email to: ACRCWorkforceSubmissions@royalcommission.gov.au

Dear Commissioners

Re: Submission to the Royal Commission into Aged Care Quality and Safety on the aged care workforce

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide further input into the Royal Commission into Aged Care Quality and Safety on the aged care workforce. The aged care workforce faces several key challenges, including a lack of capacity and training to meet the mental health needs of older Australians. The RANZCP suggests there is a clear need for solutions to resolve ongoing issues with the ability of the current workforce to provide mental health care, treatment and support within the aged care system.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 5000 qualified psychiatrists in Australia and New Zealand, and is guided on policy matters by a range of expert committees, including the Faculty of Psychiatry of Old Age. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

Focus should be placed on the development of a well-trained, sufficiently staffed workforce which is able to provide evidence-based, person-centred support for older people, including those with mental health symptoms. The RANZCP suggests that a gap analysis is required to provide a clear picture of the numbers and types of staff needed, and where and when they are needed. Key opportunities to improve the delivery of mental health services to older people include improving mental health training, clarifying workforce competencies and enhancing the appeal of employment in the aged care sector.

The RANZCP believes emphasis should be placed on developing the capacity of the medical workforce, including general practitioners, psychiatrists and other medical specialists, to meet the complex health needs of the growing group of older people in Australia. As a key part of the aged care workforce, psychiatrists provide valuable expertise in the complex interaction between physical and mental illness which is crucial to the successful treatment of older people whose illnesses have both physical and psychological symptoms. The RANZCP urges the Royal Commission to recommend the development and implementation of appropriate workforce benchmarks for the aged care sector, including psychiatrist roles which encompass clinical work as well as governance, training, supervision, evaluation and research.
To discuss any of the issues raised in this letter and submission, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

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President

Ref: 1614
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region. The RANZCP represents over 6600 members, including more than 4900 qualified psychiatrists and over 1600 associate (trainee) members. Psychiatrists are clinical leaders in the provision of mental health care and use a range of evidence-based treatments to support a person in their journey to recovery. Many RANZCP members have specific interest and knowledge relevant to this inquiry.

The development of this submission has been led by the Faculty of Psychiatry of Old Age, which is a group of psychiatrists who promote the highest standards in clinical practice, training and research pertaining to old age psychiatry.

Executive summary

The RANZCP is pleased to provide this second submission to the Royal Commission into Aged Care Quality and Safety. This submission focuses on key issues relating to the aged care workforce, including solutions to resolve ongoing issues with the ability and capacity of the current workforce to provide mental health care, treatment and support within the aged care system.

Key points raised in this submission include:

- The aged care workforce faces several key challenges, including a lack of capacity and training to meet the mental health needs of older Australians.
- Focus should be placed on the development of a well-trained, sufficiently staffed workforce which is able to provide evidence-based, person-centred support for older people, including those with mental health symptoms.
- Key opportunities to improve the delivery of mental health services to older people include improving mental health training, clarifying workforce competencies and enhancing the appeal of employment in the aged care sector.
- As a key part of the aged care workforce, psychiatrists provide valuable expertise in the complex interaction between physical and mental illness which is crucial to the successful treatment of older people whose illnesses have both physical and psychological symptoms.

Please note, the content of this submission is focussed on the aged care workforce and the provision of mental health services for older people. As such, this submission draws key elements from the earlier RANZCP submission to the Royal Commission on the aged care system. For the broader RANZCP position on aged care reform please see the initial RANZCP submission to the Royal Commission.
The current aged care workforce

Capacity and distribution

The RANZCP recognises the valuable role that the current aged care workforce plays in providing treatment, care and support to older people. The contribution of this workforce to the health and wellbeing of older Australians is well acknowledged in the Interim Report released by the Royal Commission and by many users of aged care services (1). However, despite the many people working within aged care who provide evidence-based, person-centred for older people, there remain several key workforce issues that need to be addressed, including a significant shortfall of appropriately skilled aged care workers.

The Productivity Commission has previously estimated that by 2050 the aged care workforce will need to grow to 980,000 workers (2). Repeated reviews have also identified weaknesses in the aged care workforce, including high rates of staff turnover, low wages, high administrative loads, inadequate training and skills mix, all of which are exacerbated by workforce shortages in the aged care sector, particularly residential aged care (2). These issues are acknowledged by the Royal Commission in the Interim Report and have been the focus of several public hearings over the past year (1).

The RANZCP has consistently advocated that a comprehensive system of care for older people can only be delivered by an adequately trained and appropriately resourced workforce. There is a need for committed investment to increase and enhance the capacity of the mental health and aged care workforce and allow it to be distributed appropriately to meet community needs. Within this increase in capacity, there needs to be some flexibility in terms of skills mix according to the needs of older people, however, the priority should be on incentivising the development of a well-trained, balanced and dedicated aged care workforce.

As is acknowledged in the Royal Commission Interim Report, improving aged care workers’ engagement also requires an education and training framework that supports their career development and progression, and which enables them to deliver professional care at all stages of their careers (1). On this basis, the RANZCP supports the observation of the Royal Commission, that the aged care sector needs to promote itself as an employer of choice to meet its future workforce demand projections and compete with other human service industries for high quality people. As part of this, the RANZCP endorses and highlights many of the recommendations in the Australian Aged Care Workforce Strategy, Re-imagining the Aged Care Workforce (3, 4). These reports reframe the redevelopment of the aged care workforce around ‘enhancing life’ of older people, encompassing their clinical, functional, cognitive, emotional and spiritual needs (3, 4).

Optimal staffing ratios in residential aged care are one tool which could be used to improve the quality and safety of care delivered by the aged care workforce. However, RANZCP members have noted that any mandatory ratio would likely reflect minimum staffing levels in practice for aged care providers. Additionally, there is a need for the workforce to consistently reflect the appropriate skills mix required for quality care, which would not be reflected in a simple staff to resident ratio. On this basis, the RANZCP recommends that consideration be given to key issues and barriers to the implementation of staffing ratios, and further consultation be undertaken. In particular, the RANZCP suggests that a gap analysis is required to provide a clear picture of the numbers and types of staff needed, and where and when they are needed.

Aged care workforce training

The provision of mental health related training for the aged care workforce, including personal care workers, allied health professionals and medical professionals, is ad-hoc and fragmented, with significant cross-over between different education providers. These findings are supported by a number
of reports on the aged care workforce, and exacerbate issues around staff turnover and inadequate staffing numbers (2, 4). Feedback from RANZCP members further indicates that training programs are not well integrated and often do not consider the diverse educational and cultural backgrounds of staff in aged care. In the 2016 National Aged Care Workforce Census and Survey, respondents called for more hands-on training for aged care workers and suggested that the quality of some certificate-level qualifications in aged care were declining (5). RANZCP members have raised similar concerns, specifically around the adequacy of the Certificate III in Aged Care to equip the workforce to meet the needs of older people with complex mental illness.

To ensure safe and high-quality care is delivered to all individuals, there needs to be more education and training for staff working in aged care, particularly residential aged care. The aged care workforce requires appropriate training to manage mental health symptoms and presentations, including the behavioural and psychological symptoms of dementia. To this end, training for individuals who work in the aged care sector, including personal care workers, must incorporate specific, measurable competencies regarding mental health symptoms. In addition to incorporating mental health competencies into training programs, there must be continuing professional development measures to ensure people retain their competency in managing mental health symptoms in aged care.

Training and continuing professional development for the aged care workforce must include experiential and person-centred courses for staff in aged care facilities, including case-based discussions and modelling of appropriate behaviour. Valuable practical examples of training include:

- **Older Person Mental Health First Aid** (NSW) is a training course funded by the NSW Government and delivered by Mental Health First Aid Australia. This program helps improve knowledge of mental illness and decrease stigma (6).

- **Beyond the Teaching Nursing Home** (WA) is a project which involved refurbishing an unused wing of the former Bethanie Joondanna Nursing Home to create a hands-on clinical learning environment for registered and enrolled nursing students, medicine students and podiatric medicine students at the University of Western Australia. The on-site learning centre means students can directly engage with older people and develop an understanding of their specific health needs (7).

The overall goal of such training should be to ensure aged care workers meet the appropriate competencies to provide safe and high-quality care. Essential to systemic training reform is the involvement of senior management in aged care facilities.

### Aged care workforce and prescribing rates

The high rates of psychotropic prescribing in older people (aged 65 years and over), particularly in residential aged care facilities, has been recognised as a longstanding issue in the aged care sector (8-12). In the initial RANZCP submission to the Royal Commission, concerns around the high rates of psychotropic prescribing were highlighted as a key issue to focus on in the Interim and Final reports. In the initial RANZCP submission, the RANZCP strongly advised that, from the outset, behavioural interventions should always be used prior to considering the use of any class of psychotropic medications for management of behavioural and psychological symptoms of dementia (BPSD). For more information on the RANZCP position on reducing, and where possible eliminating, inappropriate prescribing, please see the initial RANZCP submission to the Royal Commission.

Key issues which appear to contribute to high prescription rates include the limited time available for general practitioners (GPs) to consult with individuals with complex needs, pressure from staff to prescribe to manage challenging behaviours, and a general overreliance on prescribing rather than behavioural interventions. Many of these challenges lie in workforce training and capacity, specifically improving the competency of the workforce in managing the behavioural and psychological symptoms of
dementia. However, encouraging broader improvements in the provision of primary care, including increasing the time available for consultation with older people with mental illness and improving the provision of care by multidisciplinary teams, is a key issue which must be resolved (13). One mechanism to enact this is to review remuneration for health professionals in residential aged care, particularly GPs, to incentivise better management of older people with complex needs, including spending more time with individuals as part of consultation.

While aged care workforce training is broadly addressed earlier in this submission, the RANZCP would like to emphasise the importance of workforce training to reducing inappropriate prescribing and restrictive chemical practices. As demonstrated in the preliminary observations of the Royal Commission, training in understanding dementia, the safe and appropriate management of behavioural and psychological symptoms, and restraints and their impacts, is currently insufficient. This is likely a key factor in the ongoing high rates of psychotropic prescribing and requires significant action and reform. The RANZCP strongly encourages greater aged care workforce training specifically in managing the behavioural and psychological symptoms of dementia and in providing non-pharmacological support to older people with mental illness.

The RANZCP has previously highlighted the role that psychiatrists, as specialist mental health professionals, have in advising on mental health treatment options, including de-prescribing, for older people. Regarding prescribing rates in particular, the RANZCP acknowledges that the Royal Commission Interim Report considered limiting the initiation of antipsychotic medications in residential aged care facilities to registered psychiatrists (1). While the RANZCP strongly supports measures to safeguard against the inappropriate prescription of antipsychotic medication, there may be some challenges to the implementation of such a measure. Notably, the implementation of this requirement may be beyond the capacity of the current psychiatry workforce, both in the public and private sector. Additionally, any restrictions on antipsychotics could shift prescribing to non-PBS scripts or to other psychotropic classes, which may have unintended negative consequences. These challenges will be addressed further in the RANZCP response to the Royal Commission Interim Report and require consideration by the Royal Commission in consultation with stakeholders in the aged care sector.

Recommendations:

1. Clarify the competencies required for different roles in the workforce through the introduction of a national, consistent regulatory framework of skills in aged care,
2. Rerame and modernise the qualifications and skills framework for aged care workers.
3. Define clear and rigorous assessment criteria for accreditation and career progression and implement programs which support ongoing career development and progression for all aged care workers.
4. Investigate key issues and barriers to the implementation of staffing ratios in residential aged care prior to recommending their introduction.
5. Coordinate and fund the provision of experiential and person-centred training for staff in aged care facilities which focusses specifically on managing the behavioural and psychological symptoms of dementia and providing non-pharmacological support to older people with mental illness

Psychiatry workforce and specialised mental health care for older people

Good mental health is essential to healthy ageing, and older people require the same full spectrum of mental health interventions as people of other ages. That is, from mental health promotion and early intervention; community mental health care (including both crisis services and within residential aged care facilities); and specialist services such as community mental health teams, outreach services, inpatient care, and clinical consultation Liaison in aged care facilities. The Royal Commission Interim Report highlights the need for psychiatrists, as well as other mental health professionals, to play a significant role in these areas. However, the RANZCP acknowledges that there may be challenges in achieving this, including the need for increased funding and workforce development. In particular, the role of psychiatrists in reducing inappropriate prescribing and restrictive chemical practices is highlighted as critical. The RANZCP strongly supports the Royal Commission’s recommendations for greater training in understanding dementia and the safe and appropriate management of behavioural and psychological symptoms, as well as restraints and their impacts.

In conclusion, the RANZCP urges the Royal Commission to consider the importance of mental health care for older people, including the need for increased training and workforce development. The RANZCP is committed to working with stakeholders to address these issues and ensure that older people receive the care they need to live healthy and fulfilling lives.
care); acute inpatient care; liaison services in non-mental health hospital settings; and subacute and/or extended care in settings most appropriate to the older person’s needs.

Under the current model of mental health care, general practitioners provide primary care for mental health to older adults, while psychiatrists and other specialist services provide advice, support and treatment as required. Within this model, a psychiatrist’s expertise in the complex interaction between physical and mental illness is crucial to the successful treatment of older people with complex mental illness. Psychiatrists have a detailed understanding of psychotropic medications and other treatments for mental illness. For older people with mental illness, specialised multidisciplinary mental health care, including psychiatrists, has the greatest evidence base (14).

The RANZCP believes emphasis should be placed specifically on developing a medical workforce, including general practitioners, psychiatrists and other medical specialists, to meet the complex health needs of the growing group of older people in Australia. The RANZCP recognises the need for old age psychiatry and geriatric medical services in particular to work closely together to ensure the best treatment and care of older people, many of whom suffer from complex combinations of mental and physical ill health. Further detail on best policy and practice for old age psychiatry and geriatric medical services to work closely together is available in RANZCP Position Statement 31: Relationships between old age psychiatry and geriatric medicine.

Currently across Australia and New Zealand there are almost 600 psychiatrists who are members of the Faculty of Psychiatry of Old Age. The Australian Commonwealth Department of Health conducted a psychiatry workforce review in 2016 which concluded that a shortfall of psychiatrists was expected nationally by 2030 (15). The 2019 National Medical Workforce Strategy Scoping Framework also highlights that a projected shortage in psychiatry specialists also persists, despite increases in the number of training positions. Australia has a low number of psychiatrists per million people than the OECD average. Further consideration is needed to ensure there are sufficient old age psychiatry positions for psychiatrists to train in this area (16). This must include consideration of the psychiatry training pipeline, including ensuring there are enough trainee and supervisor places in both metropolitan and regional locations.

The RANZCP urges the Royal Commission to recommend the development of appropriate workforce benchmarks for the aged care workforce, including psychiatry roles for clinical work and for roles that include governance, training, supervision, evaluation and research. This benchmarking exercise could be informed by existing frameworks and should encompass all key components of the aged care system.

It is widely acknowledged that providing integrated specialist services to a population with widely differing and complex needs is difficult and resource-intensive. However, the alternative to the ongoing development of a medical workforce is likely to be an aged care system that perpetuates service gaps, cost shifting pressures and ineffective commitment of resources. The medical workforce, including mental health professionals, are integral to planning and reforming the aged care system. Mental healthcare for older people should not be subsumed into a broader ‘adult mental health’ or ageless services, reflecting the fact that the needs of many older people are distinct from younger people and require care from clinicians with specialised skills and age-appropriate facilities. Importantly, all reforms should be guided and informed by a range of perspectives, including people with lived experience, carers, aged care workers, primary health care professionals, allied health professionals and specialist medical professionals.

**Recommendations:**

6. **Improve integration of mental health systems and services into the aged care system, including aged care facilities and community aged care support services, while maintaining the provision of specialist mental health services for older people.**
7. Consider and evaluate the capacity of the mental health workforce to provide services and meet the needs of older people within the aged care sector, including specific focus on the number of psychiatrists required for the optimal provision of specialist mental health services.

8. Collaborate across governments to develop a strategy that ensures adequate access to specialist mental health professionals for older Australians, including those persons living in residential aged care facilities.

References