8 April 2020

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

By email to: ACRCenquiries@royalcommission.gov.au

Dear Commissioners

Re: RANZCP submission to the Royal Commission into Aged Care Quality and Safety
Interim Report

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide a response to the Royal Commission into Aged Care Quality and Safety Interim Report (the Interim Report).

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.

The RANZCP appreciated the opportunity to provide feedback in our initial submission to the Royal Commission on several areas of key importance to the care, health and wellbeing of people in aged care. With the release of the Interim Report, we would like to provide further feedback on three key areas warranting further attention including the role of psychiatrists in reducing chemical restraint, the aged care workforce and the importance of regulatory requirements in the aged care system.

1. Role of psychiatrists in reducing chemical restraint

The RANZCP fully supports reducing the use of chemical restraint as outlined throughout the Interim Report. However, the RANZCP wishes to emphasise that not all psychotropic use within aged care equates to chemical restraint. Many older adults, for example, require certain psychotropics to treat depression. Eighty-five percent of residential aged care facility residents have been diagnosed with at least one mental health or behavioural condition. Depression was the most commonly diagnosed mental health condition, seen in 47% of residents, while dementia had been diagnosed in just over half of the residents (1, 2).

The Interim Report’s view to limit prescription of antipsychotic medications in residential aged care facilities to registered psychiatrists has many areas of merit. However, the RANZCP does have concerns about the practicalities of this recommendation due to limitations on the current psychiatric workforce which is predicted to undergo even further shortages in the next few years, placing extra demand on psychiatry services (3).
Once initiated, there seems very little incentive for GPs to trial de-prescribing for that patient (as another consult will be required in the event that an antipsychotic needs to be recommenced). RANZCP members report that some GP practices are considering opting out of providing care in aged care facilities due to difficulties associated with trying to manage agitation without appropriate support and acknowledgment.

Restricting Pharmaceutical Benefits Scheme (PBS) antipsychotic scripts within aged care to psychiatrists only is likely to have the perverse unintended outcome of shifting prescribing to non-PBS (private) scripts for the older, more toxic agents such as haloperidol and chlorpromazine, which have greater risks in terms of side effects. Restrictions on antipsychotics may just also shift prescribing from antipsychotics to other psychotropic classes, e.g. benzodiazepines. The RANZCP is hoping to work with relevant stakeholders as to how we might support the delivery of educational modules in relation to Behavioural and Psychological Symptoms of Dementia (BPSD), psychotropic prescribing, assisting in the delivery of specialist input into a modified training curriculum, or the delivery of CME-related events.

The RANZCP notes that people over 65 years of age have the highest number of mental health-related prescriptions but people in this age group also have the lowest rates of accessing mental health services (4). As such, we would strongly urge any reform of the aged care sector to include a significant expansion of specialist aged psychiatry services, including Dementia Support Australia, as part of any response to assist with the inappropriate use of chemical restraint.

2. The aged care workforce, including psychiatrists
The RANZCP notes that the Interim Report does not address the psychiatric workforce shortage as a concern around the ongoing mental health care for older people, particularly given its recommendation of limiting prescribing to people in residential aged care to psychiatrists only. With the current shortage of psychiatrists and further shortages anticipated (3), funding into programs and initiatives which support growth in this specialist medical profession is important in addressing the access gaps in rural and remote areas especially, as well as metropolitan areas.

While aged care workforce training is broadly addressed in our previous submissions, the RANZCP would like to emphasise the importance of workforce training to reducing inappropriate prescribing and restrictive chemical practices. Appropriate staffing levels with relevant mix of skills must also be applied to all staff in residential aged care to ensure any training is effectively implemented.

People with dementia often experience sudden disorientation and anxiety, a major cause of BPSD which may result in agitation and aggression in self-defence. 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. In achieving this, the RANZCP would urge for acknowledgement of the importance of the Specialist Dementia Care Program (SDCPs) in supporting people with BPSD by recommending an increase in numbers and further resourcing of SDCPs to better meet demand.
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.

3. **Regulatory arrangements around aged care**

The RANZCP strongly supports a more effective regulatory system which will deter, detect and respond appropriately to actions which may cause harm or fail to keep older people safe as mentioned in the Interim Report (5).

The Interim Report clearly highlights the need for a regulatory system of residential aged care that resides at a much higher standard rather than the regulatory system based upon minimal standards which is currently in place. The vulnerability of this population requires not only a regulatory system with high standards to protect residents but also accompanying transparency, monitoring and adequate reporting.

In addition to the above points, the RANZCP would also highlight a need for a national approach to managing delirium and falls to be recommended in the upcoming final report.

To discuss any of the RANZCP’s feedback, 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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Ref: 1741

References