

22 May 2003

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Dear Ms Jones

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to contribute to the NSW Industry Group on People Ageing with Disability, Cross-Sector Position Paper: People with Disability who are Ageing. MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of over 100 NGOs in the formation of policy and acts as a liaison between the government and non-government sectors. Our member organisations provide services and support people who have a disability due to mental illness.

MHCC strongly supports the promotion of equal rights and opportunities and the elimination of discrimination against people with disabilities and welcomes the focus on the development and implementation of improved policies concerning disability and ageing.

General Comments

The MHCC is highly supportive of the paper and largely agrees with the recommendations. However the issue of specificity of disability is crucial to ensure the varied needs of ageing clients and their particular disability are addressed. Certainly, consumers suffering a disability due to mental illness have a very different experience of ageing than others and consequently have different needs.

MHCC conducted exploratory research in 1999 into long standing mental illness (LSMI) within an aging population. LSMI refers to people who have had a history of ongoing mental illness and are now in the age group of 55 years and above. The overall aim of the research was to determine the issues relating to the individuals who comprise this group, and their relationship to both ageing services and mental health services within non-government organisations (NGOs).

Traditionally the focus in mental health and ageing has been on late-onset mental illnesses such as dementia and depression whilst emphasis on the specific issues relating to LSMI and ageing has been scarce. In ageing, people experience multiple losses, face increased physical problems associated with ageing which can exacerbate the symptoms of a mental illness. Of particular concern is the often overlooked, or hidden social consequences of LSMI, when coupled with ageing; such as isolation and loneliness. Due to family breakdowns and difficulties maintaining friendships, people suffering a mental illness, may well have over time withdrawn from society and lost the invaluable support of family and social networks.



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*MHCC is the peak
Body for mental health
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Clearly, further research needs to be conducted in relation to older persons with LSMI in order to address the specific gaps in service provision for those who are also isolated and often invisible to the community. However, the preliminary recommendations from the paper produced by MHCC included improved case management of clients, more comprehensive assessment tools, independent living skills training and increased community resources. This would incorporate increased training of staff in both sectors to deal with the combined consequences of ageing and mental illness.

Furthermore, the recent Inquiry into Mental Health Services in New South Wales, December 2002 addresses a range of issues relating to older people and specific recommendations have been made. The three main issues concerning ageing and mental health featured in evidence presented to the inquiry:

- The effectiveness of general practitioners in detecting and treating depression and dementia in older people
- Access to Commonwealth and State funded services and
- Lack of support and accommodation options for the confused and disturbed elderly

In order that mental health issues for an ageing population are properly represented in terms of service provision we would propose that the MHCC be involved in the further development of the currently tabled recommendations.

Specific Comments

- 1.1 An annual round table discussion would be valuable to assess the implementation of improved services for the disability and ageing sector with the opportunity to raise shortfalls in the system. As the state peak for mental health NGOs, MHCC recommends their ongoing involvement.
- 1.2
 - a) The round table discussion should also seek to build bridges between state, commonwealth and local government services in order to encourage a flow-through of funding and policies across services, including non-government services.
 - b) As suggested at the recent consultation, the sector may benefit from a neutral representative to drive joint projects for disability and ageing.
 - d) In terms of appropriate assessment tools, it is important to correctly assess mental health issues and make a clear distinction between long standing mental illness and late-onset illness such as dementia.
- 1.3 Flexibility and portability of funds across program boundaries is essential in order that individual needs be addressed as they arise and that programs be developed and funding made available. For these reasons, individual and appropriately managed funding may be a viable option in order that ageing people with a mental illness can be assessed with his/her own specific needs.
- 1.4 The provision of additional top up funding to existing service providers, including non government services would be highly beneficial and would encourage the development of innovative programs. One such program might be to create community awareness in order to alert service providers to ageing people with a mental illness who may be isolated and living in the community without support. To ensure equity for in-house programs, funding should be based on the number of clients per service and their specific and changing needs.
- 1.7 We support the development of appropriate assessment tools and would suggest the need for a disability needs assessment team that understands mental health issues. Furthermore, a workable model to effectively assess dual diagnosis is urgently required, as even basic research is lacking at this time. Whilst there is beginning to be a greater understanding of dual diagnosis related to substance abuse, still little research has been done for the older age group. Particularly, when referring to older people this can relate to prescription medicines that have been over-prescribed or confusion with dosages. Such misuse of drugs can also be misleading when a person initially presents for assessment, consequently dual diagnosis should always be taken into consideration.

2. Industry

- 2.1 We encourage regular interagency forums between aged care, disability service and community care providers for the purpose of creating opportunities for ongoing collaboration. It is important to develop integrated services that cater for aspects of ageing and mental illness.
- 2.2 It may be beneficial that the aged sector run these forums to encourage a change in culture that would develop an understanding between ageing and disability and build working relationships with the range of disability services.
- 2.5 Promoting the importance of appropriate care for ageing and disability is crucial to gain attention and a sympathetic understanding, not only from government and non-government organisations but also from the public. Involving disability art groups to develop positive images for the community may be valuable in gaining public attention and addressing issues of stigma.
- 2.6 Training and education is essential for both consumers and care providers. The development of a user-friendly information booklet / package would be beneficial for general referral and the education of service providers.

3. Policy and Research

- 3.1 Review of the age criteria is essential, as research has highlighted the long-term ageing effects of taking medication. Many older people with LSMI have shown premature aging and physical deterioration, requiring early access to aged care services.
- 3.2 Government and NGOs need to find a more effective way to treat ageing and disability issues together, particularly in relation to older persons with LSMI who may be isolated and consequently uncared for in the community. Research carried out by MHCC has had its limitations and to date has been restricted to NGOs and is consequently NGO focused. To uncover the wider scope of issues, government organisations would have to be included in future research of a more extensive nature.

In conclusion, the MHCC appreciates the opportunity to contribute to this paper and commends the initiatives already taken to address this pressing issue. We encourage collaborative efforts to work towards breaking the barriers between ageing and disability services, for the well being of an ageing population.

Thank you for considering this feedback and if you would like to clarify any points in this submission, please do not hesitate to contact Stephanie Maraz on (02) 9555 8388.

Yours sincerely

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