

30/7/04

The Secretary
Senate Community Affairs References Committee
Suite S1 59
Parliament House
Canberra ACT 2600



Dear Sir or Madam

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to contribute to the Senate Community Affairs Committee Inquiry into Aged Care. 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 140 NGOs in the formation of policy and acts as a liaison between the government and non-government sectors. Our member organisations specialise in the provision of services and support for people with a disability due to mental illness.

MHCC strongly supports the inquiry into Aged Care and welcomes efforts to develop and provide a sustainable and equitable system of services and supports for older people and people with a disability and their families and carers.

MHCC is concerned about the needs of older people with mental illness. This group can be broken up into two broad categories. Firstly, older people with late onset mental illness such as dementia and late onset depression, and secondly, older people with long standing mental illness (LSMI). This refers to people who have a history of ongoing mental illness and are now in the age group of 55 years and above.

Older people with late onset mental illness have traditionally received more focus than older people with LSMI, however there are still major concerns related to service provision for the former. The report of the Legislative Council Inquiry into Mental Health Services in NSW, (December, 2002) identified three main concerns related to people with late onset mental illness, based on evidence presented to the Inquiry:

- The effectiveness of general practitioners in detecting and treating dementia and depression in older people;
- The access of older people with mental illness to Commonwealth and State funded services;
- The inadequacy of accommodation and support options for elderly people with confusion and other mental disturbance.

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MHCC conducted research in 1999 into older people with LSMI. The aim of the research was to determine the relevant issues for people who have LSMI, and their relationship to both ageing services and mental health services. It was found that the ageing process tended to exacerbate the symptoms of mental illness. This was due to the experience of multiple losses and increased physical problems associated with ageing. A further concern for this group was isolation and loneliness. Many people with LSMI have become estranged from their families and friends and have withdrawn from society, losing the invaluable support of family and social networks. MHCC found that there were gaps in service provision for these isolated people who are often invisible to the community.

MHCC identified the need for the following improvements in 1999 for people with LSMI:

- Increased training for staff in both the mental health and aged care sectors in relation to the combined effects of mental illness and ageing;
- Improved case management of clients;
- The use of more comprehensive assessment tools that include mental health and substance abuse issues as part of the assessment process;
- Increased independent living skills training; and
- Increased community resources.

Unfortunately the above improvements are still needed. There is an urgent need for increased training for staff of residential aged care facilities in both the care of people with mental illness and those with dementia. The needs of these residents are not currently being met to an adequate degree. This can cause deterioration in mental state and cognitive functioning with consequential decline in safety and quality of life. Additionally, when residents with these conditions are not cared for in an optimum manner, the resulting disturbances impact negatively on staff and other residents. This increases distress for residents and staff and contributes to the ongoing staff shortage.

MHCC notes that some young people with disabilities, including disability from mental illness, are being accommodated in residential aged care facilities. MHCC views this as highly inappropriate for both the young people with disabilities and the aged care residents. Younger people need care that is specific to their needs (which are different from those of aged care residents). It is preferable for them to be in the community in an environment that encourages as much independence as possible and which prevents further institutionalisation. It is acknowledged that elderly people should also be supported to live in the community and retain as much independence as possible. MHCC contends that many aged care residents could continue to live in the community if adequate supports were available. These supports would need to be flexible enough to respond to the different needs and circumstances of individual people. MHCC also

contends that, if it becomes necessary for an elderly person to enter an aged care facility, every attempt should be made to facilitate that person in retaining as much independence and individuality as possible.

MHCC would also like to take this opportunity to highlight the urgent needs of boarding house residents, many of whom are elderly and have a mental health problem. The Report of the Legislative Council Inquiry into Mental Health Services in NSW (December 2002) found that boarding house residents had major unmet needs for health care and mental health care. The report also highlighted the unsatisfactory living conditions of most boarding house residents. It referred to the lack of privacy and the lack of protection afforded by lease agreements. MHCC is also concerned that the lack of security of tenure and consequent frequent, abrupt moves, make it very difficult for boarding house residents to form the stable treatment and support networks, which are essential for recovery from mental illness and maintenance of mental health.

The NSW Department of Health provides clinical services for people with a mental illness. Our understanding is that the NSW Department of Ageing, Disability and Home Care (DADHC) provides services for people with a disability due to mental illness. However, we are concerned that DADHC does not appear to fully accept their responsibilities for this group. The result is that many people with a disability due to mental illness “fall through the gap” and are not provided with the services that they desperately need. We understand that the situation has arisen out of the historical funding demarcation between NSW Health and the old Department of Ageing, Disability and Home Care, however, we recommend that DADHC develop a clear policy platform on service provision for people with a disability as a result of mental illness.

MHCC commends DADHC’s plan to establish expert advisory groups to help inform and guide DADHC’s future decision making, and to improve the focus and design of priority initiatives. However, we are concerned that Mental Health does not appear to be included. As people with a disability due to mental illness have many needs, including needs that are different to those experienced by people with other disabilities, MHCC would strongly urge that an expert advisory group be established for mental health. As the NSW Peak Body for non-government organisations working for mental health, we feel that it would be appropriate for MHCC to participate in such a group.

MHCC is supportive of DADHC’s plans to improve services. It appears however, from the recent report of the NSW Ombudsman and MHCC’s comments above, that DADHC is unable to implement its existing policies. MHCC is therefore concerned about DADHC’s capacity to implement the initiatives necessary to meet the needs of the elderly, particularly those with mental illness. It is essential to ensure that adequate funding and organisational structures are available for existing and proposed initiatives.

Additionally, current Home and Community Care programs are inadequate in meeting the needs of the elderly, particularly those with mental illness. There is a need for continuity of carers and routine and the carer needs extra training in meeting the needs of an elderly person with mental illness. Further as many of these people are socially isolated, social activities need to be included as part of their programs.

Thank you for the opportunity to contribute to this inquiry. If you would like to clarify any points in this submission, please do not hesitate to contact Ann MacLochlainn on (02) 9 555 8388.

Yours sincerely

Jenna Bateman
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Mental Health Co-ordinating Council

