MENTAL HEALTH OF OLDER PEOPLE:

Connecting Sectors

2 November 2012

FORUM SUMMARY REPORT
and
RECOMMENDATIONS

Mental Health Coordinating Council (MHCC)

in partnership with

Aged and Community Services Association of NSW & ACT (ACS)

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Background

Australia's demographic has been shifting for some years to reflect greater numbers of people requiring a diversity of age care needs. There is now growing recognition of the increasing numbers of older people with mental health and coexisting conditions having poor access to the support and care they need. Both the mental health and aged care sectors face challenges in appropriately addressing the complex needs associated with mental illness and ageing.

In November 2012 the Mental Health Coordinating Council (MHCC) together with the Aged and Community Services Association of NSW and ACT (ACS) held the *Mental Health of Older People: Connecting Sectors* Forum which is the first initiative of the developing relationship between the MHCC and the ACS.

Previous generations and other cultures characteristically valued and equated ageing with wisdom and respect. Western cultures today are far more youth focused and ageing is too often something people feel they have to deny or conceal and may be ashamed of. Many people have experienced stigma and discrimination that is age related. For people who have struggled with mental health issues across the lifespan, negative societal attitudes can exacerbate feelings of exclusion, poor self-esteem, helplessness and fear.

Poor mental health is not a normal part of ageing. However, older people can be vulnerable to mental health conditions. Some people develop mental health conditions as they age, while others grow older with the ongoing experience of a mental health condition that developed earlier in their lives.[1] Isolation and depression should not be associated with ageing or normalised as a natural part of the ageing process but unfortunately in our culture today they too often are - and equally they are too often managed and mismanaged with medication alone rather than investigating the potential for psychosocial approaches and holistic care, separately or complemented by appropriate pharmaceutical options.

Many people who have mental health problems have experienced trauma in their lives. Such trauma may have been experienced during childhood often in the form of physical and emotional abuse or neglect, violence or other mistreatment, and sometimes this trauma has continued into adulthood and may have occurred whilst in care in mental health facilities or other institutions.[2] Consequently, entering any institution such as an aged care facility can trigger past experiences and be re-victimising and retraumatising to an older person. In particular, for those people previously institutionalised and traumatised in residential mental health facilities, the fear, horror and resistance to being "placed" once more into residential care must be acknowledged and respected.

Importantly, recent research conducted by American psychiatrist Joe Parks indicates that people with mental health conditions die on average 25 years earlier than people in the general population. People with long-term mental health conditions also age earlier and may require age care and disability services earlier than the general population. Increased mortality and morbidity are largely due to preventable conditions. Further work is required to

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[1] The National Ageing Research Institute (NARI), Benevolent Society. (2012) *Supporting older people who are experiencing mental distress or living with a mental illness.* Research to Practice Briefing 7 • August 2012

[2] Kezelman C & Henderson C (2011) *Trauma Informed Care & Practice –Using a wide angle lens.* p.4

develop specific service responses to address the problems of early ageing through physical health problems associated with mental illness.[3]

The *Connecting Sectors* Forum aimed to raise awareness and build relationships between the Mental Health and Aged Care sectors. It intended to find those areas of commonality and difference and so start to address service and care coordination issues and improve the experience of older people with mental health conditions living in their own homes as well as better addressing the needs of those transitioning from home into aged care facilities.

Language and areas of commonality

While there are many differences in the way the mental health and aged care sectors operate and the terminology/ language we each use, there are key areas of commonality in the approaches we promote and work with in the delivery of services to people with mental health and ageing issues. These terms can be a starting point from which to collaborate and build upon the knowledge and shared purpose that can assist the two sectors in understanding how to best support people with mental health and ageing issues.

Recovery and enabling

The term 'enabling', used in the aged care sector, and the term 'recovery', used in the mental health sector refer to approaches to service delivery which empower consumers to live the life they want to lead. Both approaches refer to a 'doing with' and supporting the individual 'to do' rather than 'doing for', or 'doing to' the person being supported.

The Better Practice Project, run by *Human Services Ageing, Disability and Home Care (ADHC)* and launched in October 2010*,* focuses on 'empowering people, enhancing independence, enriching lives'. It aims to support the community aged care sector in adopting evidence-based practices that enhance the autonomy and quality of life of people requiring support to live at home in their community. *This* Project has at its foundation, an **enabling approach** which supports a person-centred, socially inclusive and culturally appropriate approach to providing community care services.
http://www.adhc.nsw.gov.au/sp/delivering_hacc_services/the_better_practice_project

Recovery-oriented approach

Recovery is a journey, a process - just as life is a process. As described in the MHCC and NSW Consumer Advisory Group (NSW CAG) *Recovery Oriented Service Self-Assessment Toolkit* (ROSSAT), "Recovery for people living with a mental illness is often described as a journey that is unique for each individual. It involves living a meaningful life, having hope for the future, managing the illness, fostering self-determination, being able to participate in the community and sustain meaningful relationships. Recovery in this sense is not necessarily about cure of symptoms; rather it is about people living meaningful lives in the presence or

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[3] Parks J, Svendsen D, Singer P and M E Foti eds. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: NASMHPD [Accessed 10/7/12]. p. 4

absence of symptoms." **4**

A recovery-oriented approach is compatible with an enabling approach, however it goes a step further in that the individual is the key driver of her/his own recovery journey. Even within the aged care residential setting a recovery-oriented approach empowers the individual to determine how they can best be supported.

Consumer Directed Care (CDC)

CDC allows people to have greater control over their lives by offering increased choice, flexibility and individual control over the types of care services they access, including who will deliver them and when. CDC commenced initially through pilots supported by the Australian Government in July 2010 and was delivered across all funded community aged care programs. This was seen as an innovative government approach to provide services and programs that better meet the needs, preferences and physical capabilities of care recipients. This initiative has now been expanded to all future provision of community aged care.

Consumer

There are a number of terms used to refer to people who access mental health services in Australia, including *client*, *service user*, *patient* and *consumer*. The term *consumer* is most commonly used in policy, service provision standards and guidelines, state and national plans, research and advocacy papers to describe a person with the lived experience of severe and persistent mental health problems. Nevertheless, under the *Mental Health Act 2007* (NSW) the terminology used is *patient*. This has long been a contentious issue between people with mental illness, the consumer advocacy movement, some clinicians and the mental health community sector.

Each of these terms has its own history and set of meanings for particular groups and individuals. Some terms are felt to be stigmatising and discriminatory, and some misrepresent the power dynamics between service providers and service users. None adequately portray an individual's experience or truly reflect the relationship between recipient and provider of services under the philosophy of recovery-oriented practice. The term *patient*, for example, tends to imply a passive recipient of medical 'expertise', whilst *client* has connotations of a professional, transactional relationship. Likewise, the term *consumer* implies a commercial transaction. The term *user* is characteristically rejected because of its meaning in relation to drug misuse.

Whilst the authors acknowledge the various preferences particularly for those accustomed to the term *client* because of its use in a therapeutic context, MHCC have chosen to use the term *consumer* because this is the term most frequently preferred by leading consumer advocacy organisations in NSW. We also chose the term since it conveys the objectives set out in mental health service delivery guidelines and mental health policy that the *consumer* holds rights and obligations and has the right to actively participate in their care and treatment.
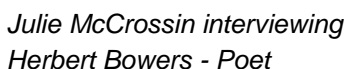
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[4] NSW Consumer Advisory Group – Mental Health Inc. and Mental Health Coordinating Council (2011). Recovery Oriented Service Self Assessment Toolkit (ROSSAT): A Recovery Oriented Service Provision Quality Improvement Resource for Mental Health Services. http://www.mhcc.org.au/rossat/default.aspx

Forum Overview

The *Mental Health of Older People: Connecting Sectors* Forum was held on 2 November 2012 at the Wesley Conference Centre Sydney. The objective of the event was to shed light on the mental health of older people and supported the theme of 'connecting the Mental Health and Aged Care sectors'.

Forum participants included people involved in initiatives working to address the issues. The objective was to learn from each other, build understanding of the work being undertaken and to identify the service gaps. To draw on existing expertise, MHCC and ACS collaborated with the Older People's Mental Health (OPMH) Working Group convened by the OPMH Policy Unit, Mental Health and Drug & Alcohol Office (MHDAO), Ministry of Health.

Collaborating partners participating on the Steering and Reference Group for the planning and organisation of the Forum included the OPMH Policy Unit at MHDAO, Salvation Army, Uniting Care Ageing, New Horizons, and Catholic Community Services NSW/ACT. Participation by the NSW Consumer Advisory Group (NSW CAG) ensured the key issues were captured from the perspective of consumers of mental health services needing aged care support, and carers' interests were represented by Mental Health Carers ARAFMI. Most of these partners also participated on panels at the event.

Minister Mark Butler, Federal Minister for Ageing, Mental Health and Social Inclusion, addressed the forum by video and strongly endorsed the collaboration between the two sectors to support working relationships between mental health and aged care service providers and improve outcomes for consumers.

The forum aimed to explore similarities and differences between the mental health and aged care sectors, and strategies for working together to provide better outcomes. In order to build understanding across sectors, consumers' and carers' shared their own experiences, challenges and achievements. Additionally, coordinated best practice approaches to care and support in both residential and community aged care settings were showcased.

Journalist and broadcaster, Julie McCrossin facilitated the proceedings and ensured energetic discussion around the identification of key policy and practice issues for both the mental health and aged care sectors.

Julie McCrossin interviewing Herbert Bowers - Poet

The Mental Health Council of Australia (MHCA) conference funding scheme provided financial support for the one-day forum.

Recommendations and the way forward

The Forum was an interactive event with facilitated discussion drawing on panellist and audience participation throughout the day. Views and comments are reflected in the key themes below. Specific consultative processes also provided a variety of opportunities for audience input and recommendations. Feedback boards were placed around the room inviting participants to share ideas and views and a questionnaire was completed by participants in the last session of the day.

Key themes

Four themes were identified in summarising 'Participant recommendations arising from the forum'.

    i.   Promotion and awareness
    ii.   Culture and attitudes
   iii.   Partnerships, communication and coordinated care
   iv.   Workforce development and training

Each themed area presented below includes recommendations for 'the way forward' for MHCC and ACS in partnership with stakeholders.

i.   Promotion and awareness

Participant recommendations arising from the forum

It is important to continue promoting awareness of the intersection between mental health and ageing issues through promotional initiatives, and improved awareness of and access to information, resources and services.

Strong support was given to the recommendation that a 'special needs' status be given to older people with mental health issues. In the Aged Care Sector the special needs status has been introduced by Commonwealth legislation to identify those groups of older people who need to be acknowledged and given specific attention in order to ensure that appropriate services, responding to their specific needs are being provided. Under the Aged Care Act this status is already in place for eight identified special needs groups such as people from Aboriginal and Torres Strait Islander communities, people who live in rural and remote areas and most recently for people from the LGBTI community. A 'special needs' status would help to increase awareness and appropriate care for older people with mental health issues. Aged care providers are expected to demonstrate that services are set up to respond to one or more special needs categories when they apply for aged care places.

Participant's suggestions that refer to the need for promotional strategies that raise awareness and understanding of the link between mental health and ageing issues included:
- the development of resources in formats appropriate to older people to increase consumer awareness and access to supportive information and available services
- research to: further understand the various issues relevant to people with mental health and ageing issues and how to respond appropriately; draw on and promote the

consumer experience; find commonalities across sectors such as highlighting the link between the terms 'recovery' and 'enablement'

- advocacy for the Positive Living in Aged Care (PLAC) awards to continue, become national, and include community aged care to acknowledge successes and promote innovation
- media engagement to encourage the community to 'own' the issue, and share personal / consumer stories in the media
- the promotion of considerations for mental health and older people in the state mental health plan being developed by the NSW Mental Health Commission
- awareness raising about mental health and ageing in the community and reduction of stigma through: mentors, real stories, more positive presentations by consumers and carers into Rotary type community forums
- the improvement of system wide access to information through the development of an ageing and mental health information page or website which provides fact sheets, links to relevant resources, and a platform for advertising current initiatives
- the development of locally based web pages by mental health and aged care community based organisations providing supportive information to improve knowledge of existing services and resources and awareness of what is available in local community services.

The way forward *on promotion and awareness*

MHCC and ACS in partnership with stakeholders to:

⇒ advocate for older people with mental health issues to be given a 'special needs' status under Aged Care Legislation

⇒ advocate for a Behaviour Funding Supplement (such as is available for people with dementia in both residential and community aged care)

N.B. The new proposed dementia supplement will be paid by the Commonwealth Department of Health and Ageing for all Home Care Package recipients where dementia care is a significant component of the care provided. A supplement will also be paid for veterans who have a demonstrated mental health condition.

⇒ assess the adequacy of existing online resources, carry out a needs analysis and address the gaps. A possible recommendation would be the development of a website to promote better engagement between the Mental Health and Aged Care sectors

⇒ organise another ageing and mental health forum and workshop for the community managed sector, mental health consumers and other interested stakeholders in 2013 to continue the conversation, identify priority objectives and identify strategies for addressing the issues

⇒ develop a working group to contribute to the state and sector mental health plan being developed by the NSW Mental Health Commission - in discussion with the NSW Mental Health Commissioner

⇒ advocate for the expansion of the Positive Living in Aged Care (PLAC) awards nationally and to include community aged care to acknowledge successes and promote innovation and best practice.

ii.   Culture and attitudes

Participant recommendations arising from the forum

Participants strongly advocated that all people, including those who experience mental health and ageing issues, must be respected as equals and experts in their own lives and needs identification. Mental health consumers advocate that they be included in all stages of their care – *'nothing about us without us'*. In this regard, Forum participants recommended that:

- consumers be supported to be involved in their own care and given the option to make decisions and take responsibility, and where appropriate, consumers must also be given advocacy support
- a recovery-oriented approach should always be taken to maximise consumer self-direction, and at the very least the approach to care should be person-centred
- workers should spend time with each individual to learn about their values, goals and needs
- strengths-based language should be used with consumers and other service providers.

Ageism and attitudinal issues towards older people with mental health issues was a re-occurring theme throughout the day and participants felt strongly these issues must be addressed across both sectors to decrease stigma and improve community awareness. A number of common misconceptions about mental illness and ageing were highlighted, including:

- depression and anxiety are a normal part of ageing
- mental illness is untreatable in older people
- all individuals affected by a mental illness are violent and/ or dangerous
- all mental illnesses are the same
- medication is the only treatment for mental illness
- all people with mental illnesses who are from CALD backgrounds have extensive family support.

Stigma or misconceptions about mental illness were seen to lead to lack of diagnosis or treatment, delayed diagnosis, shame and social isolation. It was agreed that if the mental health of older people is to be made a priority, organisations need to build a workplace culture which promotes and embeds best practice in specific policy and procedures.

Participant recommendations for addressing these issues include:

- the development of an appropriate workplace philosophy and staff culture through policies, support and training
- the introduction of a change-management approach to promoting awareness of the needs of older people with mental health issues within organisations
- the development of a government policy that acknowledges a duty of care from aged care services to provide appropriate care and access to services to people with long-term mental illness, including those who have been previously detained in institutions
- management support for mental health and aged care initiatives and programs
- the promotion of holistic and consumer centred assessment and service delivery.

The way forward *on culture & attitudes*

MHCC and ACS in partnership with stakeholders to:

⇒ support organisational change approaches to include an expectation for holistic and recovery-oriented approaches to empower and enable the consumer

⇒ provide information and informative articles in promotional material for the mental health and aged care sectors

⇒ work towards media engagement and present positive stories to the community about older people, and share personal / consumer stories

⇒ development and review MHCC Policy Resource, i.e.:
  - develop a policy to support organisations to build a workplace culture that is supportive and responds to the needs of older people
  - develop standards which can be accredited against - in partnership with an accreditation body
  - review existing MHCC policy on Palliative Care to ensure it is inclusive of the needs of people with mental health and ageing issues.

  NB: The purpose of the existing policy is to guide staff in community based organisations to support the development, implementation and review of a palliative care plan with a person with lived experience of mental illness residing in an accommodation support service who has been diagnosed with a progressive advanced disease or terminal illness.

⇒ advocate for the expansion of the PLAC awards and run other events to promote attitudinal change and support change *(listed under Theme 1)*

iii.   Partnerships, communication and coordinated care

Participant recommendations arising from the forum

Excellent examples of cross-sector coordination were presented throughout the forum which confirmed the importance of developing working relationships and building strong connections which support the effective and appropriate delivery of mental health and aged care services. Partnerships and effective referral pathways developed across sectors, systems and programs, were stressed as being crucial in breaking down the silos to overcome isolation and bridge the service delivery gaps.

Access and equity were highlighted as areas that can also be supported through coordination, as services must be accessible to ensure early intervention and/or timely responses for older people once they have been identified with a mental health issue. It was stressed that equity should not be compromised regardless of the person's age or where they are located, which was identified as an issue of concern particularly in rural and remote areas.

Participant recommendations for addressing these issues included:
- a unified framework for action across the mental health and aged care sectors to improve communication and the sharing of information

- the establishment of agreed systems of working together including better referral pathways between sectors to simplify service access and system navigation
- the formalisation of partnerships between local organisations across sectors
- better cooperation between community based organisations, mental health and aged care professionals, experts / specialised services and GPs, as program gatekeepers
- coordinated access to appropriate services, flexible programs and resources that are recovery and enablement oriented and better engage and support older people, including therapeutic counselling services and community based non-clinical mental health services
- better engagement with Primary Health Care
- improved access to aged care facilities for people with identified mental health issues
- bridging the service gaps for older people with mental health issues including the provision of care and support for people who are too young for aged care facilities yet are considered 'too old' by the mental health system (50-75 years old).

The way forward *on partnerships and coordinated care*

MHCC and ACS in partnership with stakeholders to:

⇒ continue to build cross sector relationships and work with collaborating partners and working groups supporting older people with mental health issues

⇒ promote *Meet Your Neighbour* networking events to bring sectors and services together

⇒ introduce innovative ways for communication between consumers, families and service providers

⇒ foster partnership development between mental health and aged care sectors by promoting that local working groups be established to: share information, develop improved processes particularly in challenging situations, and develop shared user friendly referral templates.

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iv.   Workforce training and development

Workforce development was seen as a crucial link to addressing all the themed areas raised within the Forum, as services and workers must be able to respond appropriately to support older people in residential facilities, and in the community.

Participants agreed that training and education is required to improve attitudes and increase awareness and understanding of how to support and enable older people with mental health issues. It was identified that workers need to have the capacity to: view a person as a whole and identify holistic needs; be able to support the ageing and mental health of individual consumers; conduct assessments across health, mental health and ageing issues; work with and support individuals who do not acknowledge they may be experiencing mental health issues; and promote positive ageing, and have awareness of HIV, Aboriginal and Torres

Strait Islander people Culturally and Linguistically Diverse (CALD) people, and Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) people.

The importance of sensitivity towards older people was also discussed, to those who are experiencing mental health issues for the first time, as well as those older people who have lived a life with mental health issues. Another significant issue raised by a keynote speaker, was the need for awareness of prior 'institutionalisation' and the efforts that may have gone into recovery and personal methods of dealing with mental illness. Such history raises issues of past trauma and the risk of re-traumatisation.

Funding issues were also raised throughout the forum with under-resourcing for community based services seen as a barrier to the delivery of appropriate services that respond to the mental health needs of older people. It was pointed out that funding boundaries also create capacity limitations, including complications between state and federal funding, arbitrary age cut-offs, and the exclusion of mental health needs in the older community (especially in Residential Aged Care Facilities, as funding ceases once a person enters care). It was believed that with improved funding and supports in place such as training and education, a range of programs and initiatives could be implemented that focus on improving organisational responsiveness to the mental health needs of older people, including cultural change management approaches.

Participant recommendations for addressing these issues included:
- Better wages, recognition and incentives for frontline workers and the sector must be promoted to the younger generations entering the workforce to build sector capacity.
- Training opportunities for staff in how to appropriately support people with mental health and ageing issues
- As part of instilling reform, mental health and aged care services should show that they are promoting joint planning and service delivery as part of funding agreements;
- Workers must be trained in trauma informed care and practice with awareness and understanding for past trauma (i.e. previous institutionalisation), and the risk of re-traumatisation
- Performance management for staff as well as increased mentoring (especially for new staff).

The way forward *on workforce development and training*

MHCC and ACS in partnership with stakeholders to:

⇒ Increase the uptake of MHCC's Mental Health Connect and Trauma Informed Care professional development training to increase health and aged care sector awareness of recovery-oriented approaches to service delivery

⇒ Consult across sectors to better understand the training needs, including a MHCC Mental Health Connect course tailored specifically for the Aged Care sector

⇒ Promote the use of best practice through sharing resources

⇒ Promote the establishment of a peer workforce in the Aged Care sector

⇒ Implement processes to build workforce capacity.

Forum program summary

Key presenters included:

- o John Feneley, NSW Mental Health Commissioner;
- o Janet Meagher AM, Consumer Activist, Divisional Manger, Richmond PRA and National Mental Health Commissioner;
- o Dr Rod McKay, Clinical Advisor, Older People's Mental Health Policy Unit, Mental Health Drug and Alcohol Office (MHDAO);
- o Professor Henry Brodaty, Scientia Professor Ageing and Mental Health, Montefiore Chair of Healthy Brain Ageing, UNSW.

Presentations and panel discussions were facilitated by Julie McCrossin, this included two sessions on Showcasing Success: Working with older people who have mental health problems in Community and in Residential Aged Care Services; and Supporting people with mental illness who are ageing (see Appendix 1 :Program).

Key forum messages

A number of strong messages were reinforced during the day including:

The key driver of change is people themselves and the best way to help someone who is ageing with mental health needs is to consider their physical health needs, psychosocial needs and behavioural problems.
(Dr Rod McKay, Clinical Advisor, Older People's Mental Health Policy Unit, MHDAO)

In order to improve the situation and outcomes for ex-patients of institutional care, assessors and service providers need to consider the trauma that may be behind behavioural issues.
(Janet Meagher AM - Consumer Activist, Divisional Manger, Richmond PRA and National Mental Health Commissioner)

Leadership exists at all levels and we can exert influence across, up and down. We need to work at developing understanding, trust and working relationships across organisations, sectors and programs. We all need to be proactive and provide leadership wherever we sit in the organisation and be prepared to start solid partnering and dialogue on state and federal levels.
(Ruth Wilson, Community Care Policy Advisor, ACS)

Partnerships were identified as essential to delivering appropriate, timely and accessible services for the individual. The focus on the Recovery Model in the mental health sector and Consumer Directed Care in the aged care sector highlights that concurrent changes are taking place in each sector to develop services that are person-centred, responsive and flexible and work towards 'helping people to live the life they want to live'.

Likewise, in order to ensure that the workforce is skilled and sensitive to the issues and complexities of delivering care and services for older people with mental health issues, workforce development and training must be addressed for both sectors which draws on reliable research and best practice.

Forum evaluation

The forum attracted 124 participants from across the mental health and aged care sectors including the public and community managed sectors, consumers, carers, academics, students and MHCC and ACS staff. The event provided an excellent opportunity for networking and discussion around the steps required to improve quality of life for older people experiencing mental health problems, and foster improved relationships between organisations to support ongoing action.

A very high level of overall satisfaction with the event was expressed through forum evaluations with respondents reporting that the key issues had been highlighted and there had been good opportunity for discussion which helped build understanding between sectors.

Comments included:

"It was all very informative; the forum had a great selection of people with great knowledge. Enough interaction, great info on medication and institutional impacts."

"This was a really valuable day and I am going away with many thoughts about what needs to be done."

(See Appendix 2 for Forum Evaluation Report)

Keynote presentations

o **Dr Rod McKay**, Clinical Advisor, Older People's Mental Health Policy Unit, Mental Health and Drug and Alcohol Office, NSW Health.

"Key drivers for partnership between Aged Care and Mental Health"
Dr McKay stressed the need for building cross-sector working relationships. He suggested that there is a large overlap in concepts across mental health and aged care and for the sectors to work well together we need to increase understanding. Likewise he stressed that we should not make assumptions and check in regularly to make sure we are 'on the same page' and using the same language/meaning. Since the aged care workforce is under stress and often do not know how to cope with the complex issues associated with mental illness and ageing, workforce development must be addressed to ensure they are provided with appropriate training.

Dr McKay emphasised the importance of recovery-oriented and person centred care. That is that the key driver of change is people themselves and the best way to help a person who is ageing with mental health needs is to consider their physical health needs, psychosocial needs and behavioural issues. Carers of older people will require additional assistance related to their age and frailty and this also must be recognised and addressed, as must transport issues.

o **Janet Meagher** AM, Consumer Activist, Divisional Manger, Richmond PRA and National Mental Health Commissioner

"Unspoken issues and challenges for ageing mental health consumers"
Janet brought to light the fear and distrust of re-institutionalisation by mental health consumers who have previously been incarcerated. She expressed her concerns around early onset of ageing and chronic health issues related to long term mental illness and associated medications, as well as a lack of awareness of the particular support needs and behavioural management requirements for older people. She highlighted the importance of research that supports appropriate services which consider the trauma that may lay behind behavioural issues.

Our Stories

The challenges and achievements of ageing and living with a mental health problem were identified through consumer stories. A carer also described her experience of caring for her mother as a child and the feelings of isolation, stigma and fear. As an older carer now she highlighted the lack of recognition of carer needs and including her own mental health. Strong involvement from consumers and carers throughout the day grounded conversations in reality and set the stage for participants as issues associated with the ageing of people with mental health problems were considered.

Interactive panel discussions

Panel 1: '*Showcasing success: Working with older people who have mental health problems in Community and Residential Aged Care Services'*.

Panel presenters:

o Bernice Moran - Team Leader, Specialist Mental Health Service for Older People, (SMHSOP), South West Sydney Local Health District (LHD)
o Maida Chand - Manager, Home Assist & Housing Linked Community Services, Sydney Region, UnitingCare Ageing
o Claire Vernon - CEO, Jewish Care
o Colin McDonnell - Acting Area Manager UnitingCare Residential and Community Care Services
o Ruth Ofner - Team Leader, Sydney Inner West Aged Care Assessment Team

Panellists highlighted the importance of good connections and working relationships with other providers and sectors in order to deliver the best care. Linking programs such as the Assistance with Care and Housing for the Aged (ACHA) Program and Community Aged Care Packages was suggested as effective for supporting homeless people and other clients still living in the community. Referral to Annesley House was discussed as an example

where appropriate care can be provided at a unique facility for low level care for residents over the age of 60 who have a diagnosed mental illness.

Colin McDonnell - UnitingCare Residential & Community Care Services and
Maida Chand - UnitingCare Ageing and
Ruth Ofner - Sydney Inner West Aged Care Assessment Team

Good relationships between UnitingCare Ageing and Aged Care Assessment Teams (ACAT) were also shown to be integral to effective service coordination to support complex individual needs. Similarly, it was highlighted that Specialist Mental Health Services for Older People (SMHSOP) are often co-located with ACAT teams. The point was made that when good communication exists, it enables the opportunity for enhanced understanding of the issues through exposure, e.g. shared attendance at case reviews, joint home visits and information sharing. Presenters highlighted other important links that should be developed including: Community Options (COPS), GPs and other health professionals as required.

The important point was made that people presenting with ageing and mental health issues and their carers often experience fear and poor communication with aged care providers. This is often due to stigma and a lack of understanding which needs to be addressed with appropriate education and training.   Perseverance and staying with the one client for as long as required was promoted as being the optimal way to provide support, despite such arrangements going against current funding models. Staying with the same client supports continuity of care and a recovery-oriented approach as it helps to build trust between the worker and client resulting in better outcomes suited to individual need and preference.

The issue of people 'falling through the gaps' because of complex presentations was discussed i.e. early dementia or behavioural and psychological symptoms of dementia (BPSD). It was suggested that the best way to care for people who are over 65 who do not want to be cared for in residential aged care, was by building rapport, accessing Community Options (case management services), using brokerage funds to achieve appropriate services and providing full support through community aged care services.

Jewish Care explained their approach to care which includes services across the lifespan with recognition that many people are survivors of Holocaust trauma which may re-emerge and impact upon them as they age. Key goals include social inclusion and keeping people well through individual person-centred care and carer support.

The value of applying for and gaining awards for new programs was promoted as a way of supporting evidence-based practice, evaluation and staff development, as well as promoting innovation and best practice. The Positive Living in Aged Care (PLAC) award was

highlighted as a good example as it recognises residential aged care providers in NSW who are implementing strategies to promote a positive approach to the prevention and management of mental health conditions.

Panel 2: '*Showcasing success: Supporting people with Mental Illness who are ageing*

Panel presenters:

- o Professor Henry Brodaty - Scientia Professor Ageing and Mental Health, Montefiore Chair of Healthy Brain Ageing, UNSW
- o Kevin Watene, Senior Manager, Community Services, New Horizons
- o Judi Weaver - Clinical Nurse Consultant, Dementia Behaviour Management Advisory Service (DBMAS) Specialist Mental Health Services for Older People (SMHSOP) Northern Sydney LHD
- o Yvonne Santalucia - Multicultural Aged Equity Officer, Community Health, South Western Sydney LHD
- o Deborah Koder - Senior Clinical Psychologist with the Behavioural Assessment and Intervention Service (BASIS) in Sydney LHD

Panellists presented current research and described a range of services designed to support the mental health of older people. Once again, the significance of partnerships between agencies and sectors was identified as crucial to continuous care and effective service delivery which is able to respond to the complex issues associated with mental health and ageing. The issue of responding appropriately to the needs of the individual rather than a perceived or given diagnosis was discussed, as was the need for psychosocial approaches to challenging behaviours.

Research that has shown how behavioural issues are often attributed to dementia and treated with dementia specific drugs was discussed. The point was made that dementia drugs are being used as an 'easy response' to behavioural issues and they really only provide a 'band-aid' to underlying issues, as well as being high-risk. Presenters asserted the need to reduce the risk of anti-psychotic drug use in residential care, and explained that Dementia Collaborative Research Centres (www.dementiaresearch.org.au) are currently working to improve the diagnosis, reduce the risk of dementia, as well as improve the lives of those people living with dementia, their families and carers.

Judi Weaver - DBMAS SMHSOP
Northern Sydney LHD and
Prof Henry Brodaty -UNSW

Information was provided on the NSW Dementia Behaviour Management Advisory Service (DBMAS) which accepts referrals for clients who have severe and persistent behavioural and psychological symptoms of dementia, such as severe agitation or aggression. It was explained that holistic assessments of the person are carried out within their living context, and then together with clinicians and/or carers, person-centred psycho-social interventions are developed and implemented to moderate the triggers for these symptoms and improve the person's quality of life.

Multiculturalism, age, access and equity were also stressed as key factors in community health which require community education and information, resource development and cross-cultural training. Current research and service development initiatives were described that will support people with dementia from CALD backgrounds. Ethno-specific aged care facilities address some of the issues for this group but partnerships between aged care providers and CALD communities were promoted as being essential.

Panel 3:   '*Key issues, barriers to change & what next?'*

Panel presenters:

- o   John Feneley - NSW Mental Health Commissioner
- o   Ruth Wilson - Community Care Policy Advisor, Aged and Community Services Association of NSW & ACT Inc (ACS)
- o   Karen Burns - CEO, Uniting Care Mental Health & MHCC Chairperson
- o   Jonathon Harms - CEO Mental Health Carers ARAFMI
- o   Sue Cripps - Director Homelessness, Mental Health & Disability - Catholic Community Services NSW/ACT
- o   Janet Meagher, Consumer Activist and General Manager Inclusion, Richmond PRA and Commissioner, National Mental Health Commission

Key representatives across the mental health and aged care sectors provided a forum for open discussion involving audience participation.

Janet Meagher AM - Richmond PRA & National Mental Health Commission and John Feneley - The NSW Mental Health Commissioner

The NSW Mental Health Commissioner described the role of the Mental Health Commission in relation to addressing the needs of people with mental health issues who are ageing and the focus that needs to be given to workforce development that provides appropriate training to workers across sectors. It was explained that the Advisory Committee to the Commission,

which includes consumer and carer members, will ensure the Commission is tapping into the lived experience of consumers and carers.

The audience were reminded that carers and consumers are best placed to know what they need and must be at the centre of assessment and care decisions which consider their holistic needs across the lifespan, with forward planning across sectors and systems. The importance of facilitating consumer and carer feedback to policy makers was also stressed.

There was agreement on the importance of a new focus on learning where workers are provided with the knowledge, support and confidence to support people with mental health and ageing issues. Discussion took place around the value of people with a mental illness being designated as a 'special needs' group under Commonwealth legislation in order to raise the level of understanding and awareness of their specific needs and to ensure aged care providers are equipped to provide appropriate services.

Acknowledgement was given to the need for both qualitative and quantitative research which supports appropriate service delivery. Panellists agreed that there must be full consideration of the ageing needs of people who have lived a life with mental illness and that we must establish cultural safety for those who have previously experienced institutional care with full understanding of the person's history and the efforts that have gone into recovery and personal ways of dealing with mental illness. The need for an increased understanding of past trauma was emphasised, which can often be an underlying factor to behavioural issues.

Karen Burns - UCMH, Ruth Wilson - ACS and Jonathon Harms - ARAFMI

There was discussion about the added complexity that people with mental illness often age prematurely resulting in the increased risk of them falling between service delivery gaps when different levels of government are responsible for different services and different age groups. The need for advocacy and lobbying that works across sectors and systems was promoted as a step towards better continuity of care and appropriate support.

The significance of collaborative partnerships and communications across sectors, organisations and programs was stressed as key to improved service coordination and referral pathways that appropriately address the needs of people with mental health and ageing issues.

Appendix 1: Forum program

THE MENTAL HEALTH OF OLDER PEOPLE:
Connecting Sectors

Friday 2nd November 2012
Wesley Conference Centre - Lyceum Room
8.30am - 4pm

Program

Panel Sessions	
8.30am	**Registration, tea & coffee**
9.00am	**Forum goals and outline of the day** • Julie McCrossin - Facilitator
9.05am	**Welcome and Introduction** • Jenna Bateman - CEO, Mental Health Coordinating Council (MHCC)
9.15am	**Our Stories: Challenges & achievements of ageing while living with a mental illness** • Herbert Bowers • Donald Withers • Judy Myers
9.30am	**Official Welcome – video presentation** • The Hon. Mark Butler, Minister for Mental Health and Ageing
9.35am	**Key drivers for partnership between Aged Care and Mental Health** • Dr Roderick McKay - Clinical Advisor, Older People's Mental Health (OPMH) Policy Unit, Mental Health and Drug & Alcohol Office, Ministry of Health
9.45am	**Panel 1: Showcasing Success: Working with older people who have mental health problems in Community and in Residential Aged Care Services** Panel discussion with audience participation. Presenters include: • Bernice Moran - Team Leader, Specialist Mental Health Service for Older People, (SMHSOP), SWS LHD • Maida Chand - Manager, Home Assist & Housing Linked Community Services, Sydney Region, UnitingCare Ageing • Claire Vernon - CEO, JewishCare • Colin McDonnell - Acting Area Manager UnitingCare Residential and Community Care Services • Ruth Ofner - Team Leader, Sydney Inner West Aged Care Assessment Team
10.45am	**Morning Tea**

Event Partners:

This event is generously funded by:

11.15am	*Managing Depression Growing Older* - **Black Dog Institute** • Kerrie Eyers - Author
11.25am	**Panel 2 – Showcasing Success: Supporting people with Mental Illness who are ageing** Panel discussion with audience participation. Presenters include: • Professor Henry Brodaty - Scientia Professor Ageing and Mental Health, Montefiore Chair of Healthy Brain Ageing, UNSW • Kerry Ballard - Operations Manager, New Horizons • Judi Weaver - Clinical Nurse Consultant, Dementia Behaviour Management Advisory Service (DBMAS) Specialist Mental Health Services for Older People (SMHSOP) Northern Sydney LHD • Yvonne Santalucia - Multicultural Aged Equity Officer, Community Health, South Western Sydney LHD • Deborah Koder - Senior Clinical Psychologist with the Behavioural Assessment and Intervention Service (BASIS) in Sydney LHD
12.20pm	**Starting the Conversation** Interactive small group activity that provides the opportunity to meet new people from different sectors and hear about their work.
1.00pm	**Lunch**
2.00pm	Unspoken issues and challenges for ageing mental health consumers • Janet Meagher, Consumer Activist and General Manager Inclusion, RichmondPRA and Commissioner, National Mental Health Commission
2.20pm	**Panel 3 : Key Issues, barriers to change & what next?** Panel discussion with audience participation. Presenters include: • John Feneley - NSW Mental Health Commissioner • Ruth Wilson - Community Care Policy Advisor, Aged and Community Services Assoc of NSW & ACT Inc (ACS) • Karen Burns - CEO, Uniting Care Mental Health & MHCC Chairperson • Jonathon Harms - CEO Mental Health Carers ARAFMI • Sue Cripps - Director Homelessness, Mental Health & Disability - Catholic Community Services NSW/ACT • Janet Meagher, Consumer Activist and General Manager Inclusion, RichmondPRA and Commissioner, National Mental Health Commission
3.20pm	**Thank You and Close** • Illana Halliday - Chief Executive Officer, ACS
3.30pm	**Lucky Door Prize & Farewell & Afternoon Tea**
4.00pm	**Close**

Key Speakers and Panelists

About the facilitator:
Julie McCrossin is a freelance journalist and facilitator. For 20 years she was broadcaster with ABC Radio National, ABC TV and Network Ten. For five years she presented Life Matters on ABC Radio National, covering countless health, welfare and educational topics, often with a rural focus.

Kerrie Ballard. During her 22year career in the Community Services Sector, Kerry has worked in a variety of roles in Aged Care, Disability and Mental Health Services. Kerry's current role is Head of Client and Community Services at New Horizons, where she is responsible for a range of mental health, disability, justice, aboriginal and homeless support services in New South Wales.

Jenna Bateman is the CEO of MHCC and has worked in the mental health sector for 20 years, initially as a clinician and manager in the clinical services sector. In 2000 she moved to the community sector recognising the value of psychosocial approaches to good mental health outcomes. She has co authored documents on social inclusion and recovery-oriented practice. Jenna was a founding member of Community Mental Health Australia (CMHA) – the alliance of Australian State and Territory mental health peak bodies in Australia, and she has also driven development of the sector through accredited training qualifications for the mental health community sector. Jenna is a Mental Health Nurse and has a Bachelor of Arts and a Masters Degree in Community Management.

Herbert Bowers fled to Australia from South Africa and Rhodesia in 1973 after warrants were issued for his arrest in both countries for agitating against apartheid with his revolutionary poetry. Herbert is known as an "eco-worrier" due to his continual campaigning to raise awareness of environmental issues through his poetry and artwork.

Professor Henry Brodaty is Scientia Professor of Ageing and Mental Health and Director of the Dementia Collaborative Research Centre at the University of New South Wales. He is also Director of Aged Care Psychiatry and Head of the Memory Disorders Clinic, Prince of Wales Hospital.

Karen Burns is currently employed as the Chief Executive Officer of Uniting Care Mental Health Services. Her qualifications include; Registered Nurse, Bachelor of Social Science (Psychology), Postgraduate Diploma in Psychology and Masters of Psychological Coaching. She has worked in the public, private and the non government community managed sector for 28 years. Her work has focused on professional counselling, particularly in relation to women's issues, psychosocial rehabilitation and community care issues for people living with and recovering from mental illness/psychiatric disability. She has a particular interest in organisational and professional development for staff within the community managed sector. Karen is the current chair of the Mental Health Coordinating Council Board.

Maida Chand has worked with Uniting Care Ageing for over 20 years and has a strong sense of social justice and fervour for working in the field of Mental Health and Homelessness. She has also managed Annesley House, a unique facility that provides low level care for residents over the age of 60 who have a diagnosed mental illness that is not age-related. In 2002 Maida moved to Community Care and managed the Assistance with Care and Housing for the Aged (ACHA) Program and Community Aged Care Packages for clients still living in the community. Over the past 20 years Maida has not only provided firsthand care for clients and residents, she has also educated the community on mental health, homelessness and squalor, and contributed passionately to many aged care conferences.

Sue Cripps is the Director Homelessness, Mental Health and Disability, Catholic Community Services. She has worked in a variety of government and non-government organisations with a focus on homeless policy development and service provision to homeless and marginalised people. She has extensive management experience across mental health and housing services and was the founding CEO of Homelessness NSW and a member of the NSW Premier's Council on Homelessness. Sue was awarded a Churchill Fellowship in 2011 where she travelled to Europe and the USA to review models of service integration that improve outcomes for homeless people and those at risk of homelessness. Sue is passionate about working to strengthen the service system response and the policy and planning framework to better meet the needs of vulnerable people.

Event Partners:

This event is generously funded by:

Kerrie Eyers is a psychologist, teacher and editor with many years' experience in mental health. She is based at the Black Dog Institute, Sydney, where she was the Coordinator until 2004. In addition to this book, 'Managing Depression Growing Older: A Guide for Professionals and Carers', Kerrie has co-authored other books about recognising and managing depression and bipolar disorder generally, and in particular groups such as teenagers and the workforce. The material is drawn from clinicians, and from people with mood disorders and their relatives and friends who contributed their experiences and strategies to the annual Black Dog Writing Competition.

John Feneley was appointed as the inaugural Commissioner of the NSW Mental Health Commission on 1 August 2012. He brings to the position extensive experience within the mental health sector as Deputy President of the Mental Health Review Tribunal (2007 to 2012) and prior to that through mental health policy and law reform work as Assistant Director General NSW Attorney Generals Department. He has served on the Board of the Schizophrenia Fellowship and government Boards and committees such as the Youth Justice Advisory Committee, the Child Death Review Team and the Legal Profession Admission Board. Mr Feneley is also a former Deputy Commissioner of the Independent Commission Against Corruption.

Illana Halliday has had over 20 years' experience in executive positions across a broad range of public sector agencies. She started her career in nursing, before moving into more generic management and system reform roles. Illana worked in the NSW Department of Ageing, Disability and Homecare leading a policy and planning area.

Jonathan Harms was originally trained as a lawyer in WA, however he has had a long career in policy and stakeholder management with emphasis on medico-legal and mental health issues. Jonathan has worked in a policy capacity for both for state and federal government Ministers, as well as Australia's largest workers compensation and CTP insurance provider, Insurance Australia Group; and the NSW Ministry of Health. Jonathan brings a wealth of experience in medico-legal policy development and stakeholder consultation to the role, as well as a strong knowledge of Mental Health Carers ARAFMI NSW Inc and the NSW and Australian health and mental health sectors.

Dr Deborah Koder has been working within the area of clinical psychology with older adults for over 20 years. She currently works for the Specialist Mental Health Service for Older People, Sydney Local Health District as the senior clinical psychologist. She is the NSW state convenor for the Australian Psychological Society's "Psychology and Ageing" interest group. Deborah's clinical and research interests are cognitive therapy for the treatment of late-life depression and anxiety, psychosocial approaches to challenging behaviours in dementia and influences on psychological service provision to older adults.

Dr Roderick McKay is a Clinical Advisor to the Mental Health, Drug and Alcohol Office and has been chair of most of the working parties associated with the 'Linking physical and mental health...it makes sense' initiative. He is an old age psychiatrist working in South Western Sydney LHD, senior conjoint lecturer at the University of NSW, and current bi-national Chair of the Faculty of Psychiatry of Old Age, RANZCP.

Janet Meagher is a consumer activist and Divisional Manager-Inclusion for PRA, former Honourary Secretary of World Federation for Mental Health (2002-2005), inaugural Consumer Chairperson of the National Consumer & Carer Forum and international mental health consumer advocate, speaker and lecturer. For close to three decades Janet has worked to improve and effect change in status and recognition of mental health consumers, their rights, legislation, policies and education.

Bernice Moran is a Social Worker with over ten years' experience in the area of Aged Care and Mental Health. Currently with the Bankstown Community Specialist Mental Health Service for Older People, Bernice has also worked in the Sydney LHD Community SMHSOP teams and the University of Western Sydney as a Tutor to undergraduate Social Work students. Bernice has both a personal and professional commitment to improving the lives of those living with mental health problems.

Colin McDonnell is a Registered Nurse and has completed his Masters degree in Health Science Aged Services. He has presented nationally and internationally at conferences on intergenerational programs for people living with dementia. Colin has been involved with programs which have won The Positive Living in Aged Care Award, Two Better Practice Awards by the Standards and Accreditation Agency plus The Mental Health Services International Mental Health Award for intergenerational programs for people living with dementia. Colin also was awarded the inaugural Carol Penning inspired Care leadership award by Unitingcare Ageing NSW & Act

Judy Myers is an energetic 68 year old lady who has had a lifetime of experience as a carer. Her first experience as a carer was for her mother (who lived with mental illness) over the course of her life, starting when Judy was very young but continuing until her mother entered aged care. In recent years she has also helped care for a nephew with similar issues. Thus she has had a wealth of experience and seen many changes in the mental health sector.

Ruth Ofner has worked with the Aged Care Assessment program for a considerable period of time. She initially was a member of the Liverpool Aged Care Assessment team when employed as a senior Social Worker with the Aged Care and Rehabilitation Service. She then worked for ten years as the team leader with the Canterbury ACAT and has recently relocated to Concord Hospital . Ruth is now managing the Sydney Inner West ACAT which now comprises of three teams - Canterbury, Concord and Camperdown.

Yvonne Santalucia has worked in the area of multiculturalism and access and equity for the last 28 years and has a Bachelor of Adult Education. In her role of Multicultural Aged Equity Officer she has initiated and coordinated a number of projects ranging from research, community development, community education and information, resource development and cross cultural training. Yvonne has been influential in initiating research and service development for people with Dementia from CALD backgrounds and the development of ethno-specific aged care facilities.

Claire Vernon has been Chief Executive Officer at JewishCare since 2007. She came to the not for profit sector after many years in senior executive roles in a range of NSW government departments. Claire started her career as a social worker in the 1970s and has worked as a caseworker, policy officer and manager.

Judi Weaver is a Clinical Nurse Consultant with the NSW Dementia Behaviour Management Advisory Service. Judi accepts referrals for clients who have severe and persistent behavioural and psychological symptoms of dementia, such as severe agitation or aggression. Judi conducts a holistic assessment of the person within their living context, then she works with clinicians and/or carers to develop and implement person centred psycho-social interventions to moderate the triggers for these symptoms and improve the person's quality of life. Judi is also involved in education and research within the Northern Sydney Local Health District.

Ruth Wilson currently holds the position of Community Care Policy Advisor for Aged and Community Services Association NSW/ACT (ACS). ACS is the peak for organizations providing services to older people in the community, retirement villages and residential age care. She has extensive career experience in aged care, previously working for many years as a social worker in an Aged Care Assessment Team. Ruth's passion is to bring service provision back to the point where the older person is the focus.

Donald Withers is a member of the Consumer Sub-Committee to the Mental Health Program Council. He represents older people over the age of 65. Donald has suffered from schizophrenia in the past and been admitted to hospital 3 times. He is now totally recovered. He is happy to share and talk about his experiences.

Appendix 2: Forum evaluation summary

Summary of feedback from MH of Older People Forum- Nov '12

Event snapshot

Feedback response rate	64%
Average overall rating (out of max 5)	4.7
Average rating for all event outcomes	4.5
Most useful session	Keynote – Janet Meagher (rated 4.7 out of 5)
Least useful session	Interview – Kerrie Eyers (4.1 out of 5)
Suggestions for improvement - most common theme	Involve funders/policy advisors
General comments - most common theme	Positive feedback about MC

Introduction and overall feedback

This report is a summary of feedback obtained from delegates attending the MHCC Mental Health of Older People Forum, held on 2 November 2012. This information will be incorporated and further analysed in an evaluation report.

70 people completed evaluation forms, resulting in a **response rate of 64%**, indicating that the data in this report is a good indication of general participant opinions. More respondents identified as being ACS member organisation staff (9 respondents) than those from an MHCC member organisation (4) (see Figure 1).

Average rating of the Forum overall was very high, at 4.7, with responses ranging from 3 to 5 (where 1= poor, and 5 = excellent) (Figure 2).

Attendee type

Only 4 people identified themselves as working for an MHCC member organisation, and half of the respondents (37) were from another CMO, (see figure 1).
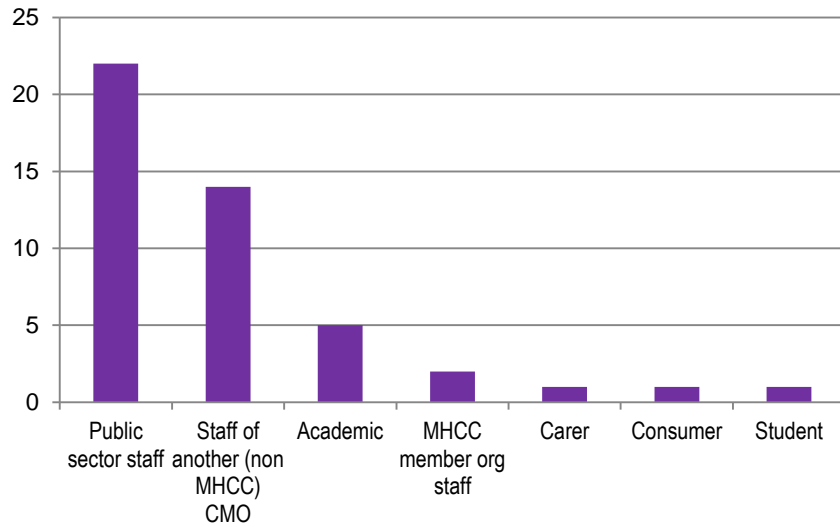
Figure 1 - Attendee type

Figure 2 - overall rating of Forum

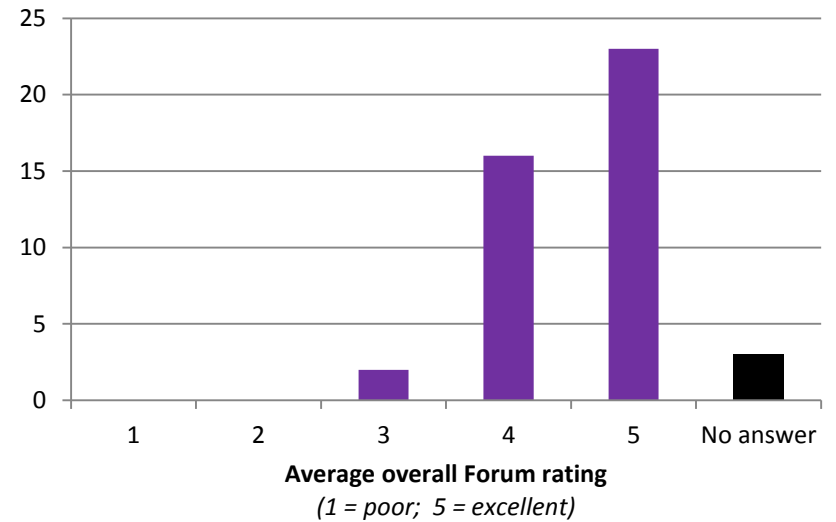Average overall Forum rating
(1 = poor; 5 = excellent)

Figure 3 – Participant level of agreement with Forum outcomes (1= strongly disagree, 5= strongly agree)
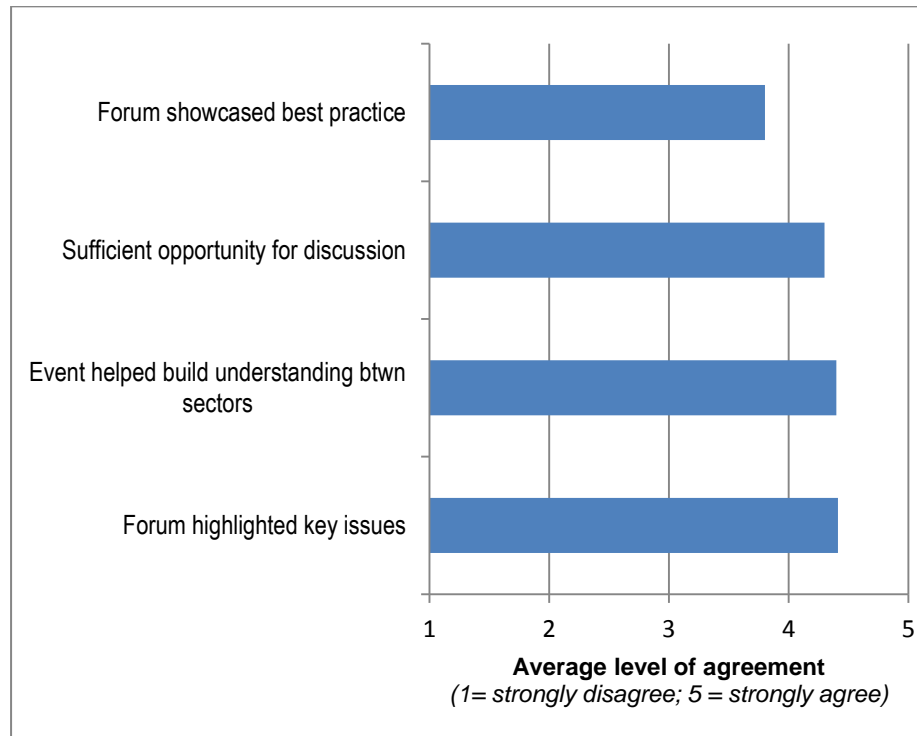
Figure 4 – How useful did you find the sessions (1 = strongly disagree; 5 = strongly agree
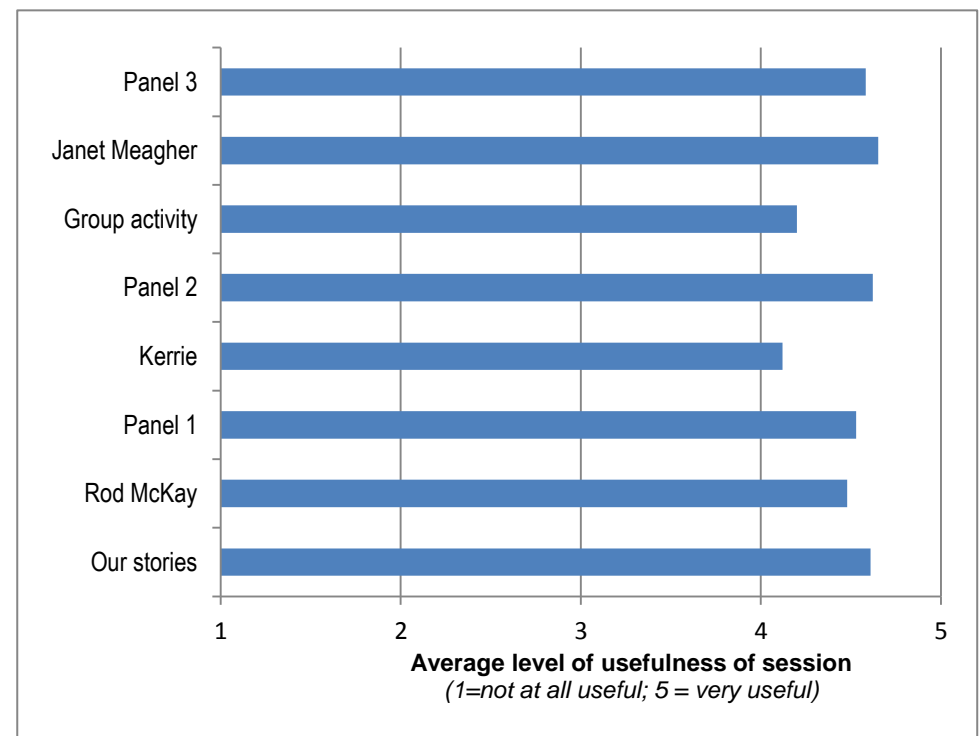
The forum was planned to have four outcomes, namely:

1. Highlighting the key issues associated with MH and ageing
2. Showcasing best practice in this area
3. Building understanding between MH and ageing sectors
4. Providing opportunities for discussion

As can be seen in Figure 3, the level of agreement with the attainment of these outcomes ranged from 3.8 out of 5 to 4.4. The levels of agreement with each of the four outcomes were quite similar; however fewer people felt strongly that the event helped to showcased best practice. Across all four event outcomes, the average rating was 4.2.

In relation to the usefulness of each of the sessions (Figure 4), respondents felt that the most useful session was the keynote presentation by Janet Meagher (rated 4.7), followed by 'Our stories' and the third panel session (both rated at 4.6). This could indicate a general appreciation amongst the attendees for personal stories, and opportunities for group discussion.

The session with least support was the interview with Kerrie Eyers; however this still rated a fairly high average rating of 4.1.

Qualitative feedback

Three questions invited qualitative feedback. These related to general comments about the sessions, issues that were not raised, and suggestions for improvement
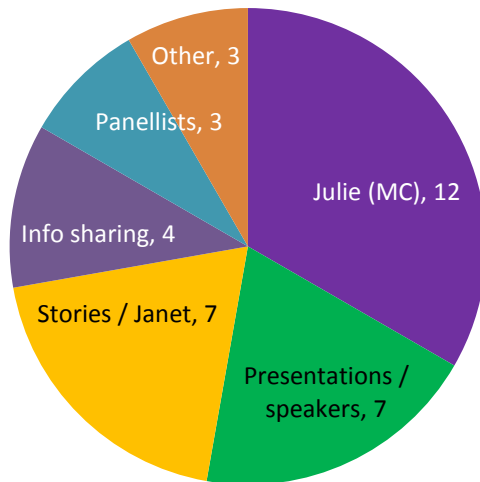
General comments

General comments were very complimentary. The most common theme of these compliments involved praise for Julie McCrossin as MC (12 people). Other themes that arose concerned the presentations/speakers, consumer stories (including Janet), information sharing and the panellists

Figure 5. themes arising from general feedback

General comments below:

- I enjoyed the day, especially the stories and also Janet Meagher's talk
- Great mix of topics, presenter and issues. Love the interaction, thank you
- Excellent MC and variety of speakers to showcase range and diversity of needs and services
- Inspirational. Worthy of wider media coverage
- Janet was inspiring, thought provoking and essential
- V good. Facilitator was excellent
- Fantastic day, great presentations, inspirational people. 'Speed dating' concept was fantastic, well done on putting together a great program/speakers/ day. Congratulations - great pace and facilitation.
- Julie was brilliant at keeping focus and moving forum towards goal. Repeat this yearly to maintain links and keep progress growing
- Excellent facilitation by Julie. A very difficult job done with great sensitivity and helpful use of humour
- Great start, with client presentations /interviews. Liked the range of panelists, liked the format and pace
- Great diversity of speakers/panel. Interesting, relevant topics. Challenges my thoughts on aged care and MH boundaries
- I absolutely love Julie, always have. She was a major drawcard to my attendance
- Well-paced - excellent facilitation
- Enjoyed the personal stories - bought concepts to life. Enjoyed the mixed panels, made the sessions interesting
- Excellent - loved the use of the panel
- Great day - good information share
- I would like to thank you for bringing so many issues to the table for discussion surrounding MH and the ageing community
- Very informative. Learnt of other service providers
- The real life situations and day great. Thank you
- Wonderful conference. Very interesting, informative. Julie was a brilliant facilitator, the most interesting area in aged care, and hoping this is the start of more dialogue, interaction & learning
- This was a wonderful forum. I hope that this is the start of real change and not just another great day of speakers. PS I love Julie McCrossin
- Excellent day - great engagement and discussion as well as presentations
- Very good presentations
- It was all very informative; the Forum had a great selection of people with great knowledge. Enough interaction , great info on medication and institutional impacts
- This was a really valuable day and I am going away with many thoughts about what needs to be done.
- The day was great to get me thinking a lot. A lot to reflect on and perhaps change
- Found the day most informative and all speakers had important points to make

- I enjoyed the talks by Janet and Rod in particular, so maybe a slightly more time efficient strategy would be to have short talks by consumers and experts and a bit less time on the panels
- Great opportunity to share

Suggestions for topics not raised at Forum

When asked whether there were any issues not raised at the Forum, respondents provided quite varied responses. The only topics arising more than once were obtaining grants / funding (3 respondents) and workforce issues/training (2). All of the responses are below.

- Awareness of people now ageing on these treatments
- Any possibility of shared emails of attendees
- Could have shared resources we know about that help support people with mental illness
- Interesting to hear consumer stories
- How to get appropriate funding for MH in residential aged care. Aged Care Funding Instrument addresses behaviours not necessarily MH - those with MH diagnoses will only attract low funding but can take up a lot of time
- Connecting to all services
- Retirement villages can be an issue to those who are concerned of living alone in the community. Retirement villages have progressed (?) has connecting hostel and nursing home, with dementia specific
- Homelessness, criminal justice system and mental health
- Advocacy for the dementia behaviour for the Home Care Packages to include MH for people who are not veterans
- The aged care sector brings so much of this together, we've so much to learn. We get a client who is CALD, MH, LGBTI, family issues and we have to handle it all. We can't and don't pass the buck (after 65) and we are struggling
- All individuals should be treated as special needs groups. Person centred care means better practitioners listen: 'Address the client's most urgent needs first then work with them to meed other areas of need'
- Funding!
- Helping older people be confident and engaged consumers
- Workforce issues play a bigger role in delivering quality of care than was reflected
- The lack of specific training in issues relating to aged MH and the expense of some of this training
- Creativity - as different from careers or part time work (?) Profitable hobbies and talents such as art, craft and poetry and others not mentioned. How to obtain grants
- People with disabilities with MH and ageing - or start the ageing process earlier (e.g. people with Down's Syndrome)
- (have) more visual presentations of cases followed by brainstorming of cross service solutions
- Hopefully there will be opportunity for many of us to be involved in ongoing discussion, planning and implementation
- Invisibility of LGBTI issues (was) disappointing
- The question of moving seniors and trauma of displacement not discussed

Suggestions for improvements

Suggestions generally fell into logistical suggestions (such as having more comfortable seats, more availability of cold drinks, more cold drinks, and having a longer event), and planning/strategic suggestions (e.g. ensuring greater media coverage, holding more joint forums, and ensuring greater attendance by funding decision makers). The latter suggestion was the only recurring one (with 3 comments relating to this).

All of the comments are listed below:

- More media coverage
- Less panels and more time for general large room discussion would be helpful
- An excellent forum! Thank you
- Provide more cold drinks. Loved the conference, thank you
- Hard to concentrate listening to the last forum as (it was) a long day
- Important for MH to be embedded into community care training
- Case studies. Bring clients and talk to them. Having funding agencies present across different sectors and get them thinking about solutions
- A longer conference would be great! More examples of good practice, successful service delivery would be good
- To have a program captured in a media vehicle for the aged population and service providers to be informed of the different organisations' roles and responsibilities providing for MH.
- Very worthwhile day. More joint ones would be good
- Keep up the great work. This is the best Forum I have attended in many years
- Bring more political people that can help with funding and be aware of lack of money
- More small group work, perhaps the opportunity to workshop an issue with a policy advisor or other significant influencer
- I think the panel sessions were a bit unequal in terms of each member's involvement. I would have preferred the panel sessions to be done with all the members introduced at the start, and maybe they discuss the issues together rather than a Q&A style. I think the stories were the key part and more focus should have been on this. I think the following sessions should have used this more and also involved feedback from these individuals.