



Royal Commission into Aged Care Quality and Safety

Feedback from members of the Canberra Mental Health Forum (U3A) group.

We received a number of responses to the questions from members of our group. There were responses from members living both in the ACT and on the south coast of NSW. Some comments were from members who are aged people themselves living in residential facilities, others have current and previous experience caring for elderly parents, others have worked in the mental health and aged care sectors, others are aged people who are having difficulty with emerging mental health issues and having trouble finding affordable and accessible care. Everyone has a strong background and interest in mental health.

Some people made dot points and others short comments about their own experiences and others have made suggestions. I have only very minimally edited these responses.

Ros Williams
Convenor
Canberra Mental Health Forum

1. What are the challenges for older people with mental ill health living at home or in a residential aged care facility?

. Challenges include:

- Maintaining continuity of care with key professionals as cost may become a factor
- Overcoming attitudes towards aging: staff / community
- Managing co-existing medical conditions
- Monitoring drug compliance / doses as the aging body has difficulty in metabolizing them and the potential exist for over sedation and subsequent falls and adverse drug interactions
- Loneliness, especially if living alone
- Eating healthy
- Social contact
- Mobility as one may not be able to drive a car re costs / physical impairment
- Exercising
- Being neglected and despondent living in a facility where one is made to house follow rules which has the potential for institutionalisation
- If alone, having a fall at home and no-one is present
- Maintaining one's dignity as we become frail and incontinent
- Attending to basic needs i.e. washing, cooking

One concern I have is that if there is continued publicity about how elderly relatives are prevented from adequate contact with their family when they are in a residential aged care facility then this will lead to an attitude of "oh no, I am not going into a care home. I want to stay at home for as long as I can where family can visit me without restrictions!!!" What are the implications of this? Will it place extra burdens on the adult children? Will it lead to more expenditure needed to help maintain parents in their homes? Will it lead to more institutionalized forms of visiting areas e.g. glass boxed rooms, intercoms, etc?

Glass-boxed visiting rooms and similar create a dreadful power imbalance between the resident and the institution.

2. How can providers of aged care services better deliver services to older people with mental ill health?

I believe providers got together and drafted the Code for visiting which was one-sided towards the providers. COTA has too much influence among nursing homes

I suggest:

- Appropriate skills mix of staff who have expertise in older person's mental health
- Case management / ongoing clinical care including medication reviews by psychogeriatrics in addition to GPs
- Regular medical assessments
- Involvement of carers / relatives at all points of care
- Stringent monitoring of individual care needs
- Enforcing residential care accreditation standards
- Developing a model of care that values older people

3. How can providers, or Australia generally, better ensure aged care services for people with mental ill health are person-centred? What are your primary concerns?

I suggest:

- Having a model of care that values older people
- Asking the person what are their needs rather than providing generic care
- Conducting a thorough clinical assessment of each individual and mapping out a care plan for them with regular reviews
- Skilled staff with expertise in older person's psychiatry
- Involvement of carers / relatives at all levels of care
- Allowing photos of loved ones if in care

4. What do you think are examples of good practice and innovative models in delivering aged care services for people with mental illness.

I am aware that NSW health has specialized care models for older people, both community care and in-patient care.

5. What changes would you like the Royal Commission to recommend?

My recommendations are:

- Better skills mix of staff
- Better monitoring of residential units
- Minimum staffing levels
- No accreditation no funds
- Attitudinal shift focusing on the value of older people
- Individual care plans
- Preference to caring for older people with active continuity of care in their own familiar home environments; where possible
- Regular review of medications

6. Other comments

I believe we need a two pronged approach:

- changing community attitudes toward older people with a mental illness &
- ensuring that an older person receives an appropriate level of care planned with input from carers and relatives and having a staff skills mix with expertise in older person's psychiatry.

I felt that unnecessary and heavy handed restrictions were introduced during COVID-19 eg was it necessary to mandate that all visitors had a flu shot before visiting?

One of the important questions I believe we have to ask is: How are we to deal aged people with developing mental health issues like depression, anxiety and PTSD arising from recent events (eg bushfires)? I think this emerging group is yet to be officially recognised especially as they reluctant to identify. Perhaps you could raise this issue with the Royal Commission.

I would like to point out that there is a need for greater resourcing/public investment in aged care, particularly residential care but also including community-based care.

I have no experience of aged care with mental health complications but my observations of problems getting ordinary aged care services would apply even more so for those with MH issues

I was assessed for My Aged Care and got into the CHSP. Apart from regular help with cleaning I have found it very hard to get other help -spring cleaning or home maintenance tasks - through CHSP. The service provider XXXXXXXXXXXX tells me they help 5000 clients but they do not have a proper monitoring system to check that a request is ever actually met. It seems a person rings with a request, it is sent to the Home Maintenance team, say, then some business has to bid for the job. If no-one bids for it, it languishes literally for months. No follow up system is in place.

It takes persistence and the ability to keep track of your requests, then to make endless phone calls to get action. What hope has someone with a mental illness doing this?

I have given up on getting help with most tasks, turn to Gumtree, AirTasker or friends. But then you don't get people who have the Working with Vulnerable People certificate. I was taken for a ride by one irrigation installer engaged privately. This would be a danger for someone with mental illness.

Other problems for people with mental illness is that they may not recognise their needs, or are not used to asking for help. Others, because of paranoia, do not want to have anyone entering their space. Still others do not even have a GP, and often the first step is to get a referral from a GP to an OT or physio for assessment.

I believe aged care service provision for people with mental illness needs to be integrated into their mental health treatment. I think there has been a pilot study in the ACT with integration of physical health and mental health treatment, but not with aged care clients.

The digital divide has become greater since the COVID crisis. Many people do not have access to good internet, or, if they do, their skills are limited. Communicating this way is not easy or natural for them. There are concerns about more 'telehealth' and video conferencing and this will further disadvantage those in our community who are aged and those with mental health issues. There is funding available for things like shopping and gardening, but no help with these sorts of basic issues.