

Body mind and spirit – Improving mental health care in the community aged care sector

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Mental Illness – Recovery the Norm – Inclusion the Reality

www.mindaustralia.org.au

What is the problem?

- Growing recognition of the scale and impact of depression and anxiety amongst older people receiving community care
- Growing recognition amongst many community care providers, doctors and specialist mental health services that the community and primary care sectors are not responding adequately to this issue
- Finding ways to improve the community care sector responsiveness to depression and anxiety amongst older people using community care services

Scale of the Problem

Depression

10% to 15% of people 65+ living in community settings experience depression

- @50% pre-existing and 50% old age experienced induced

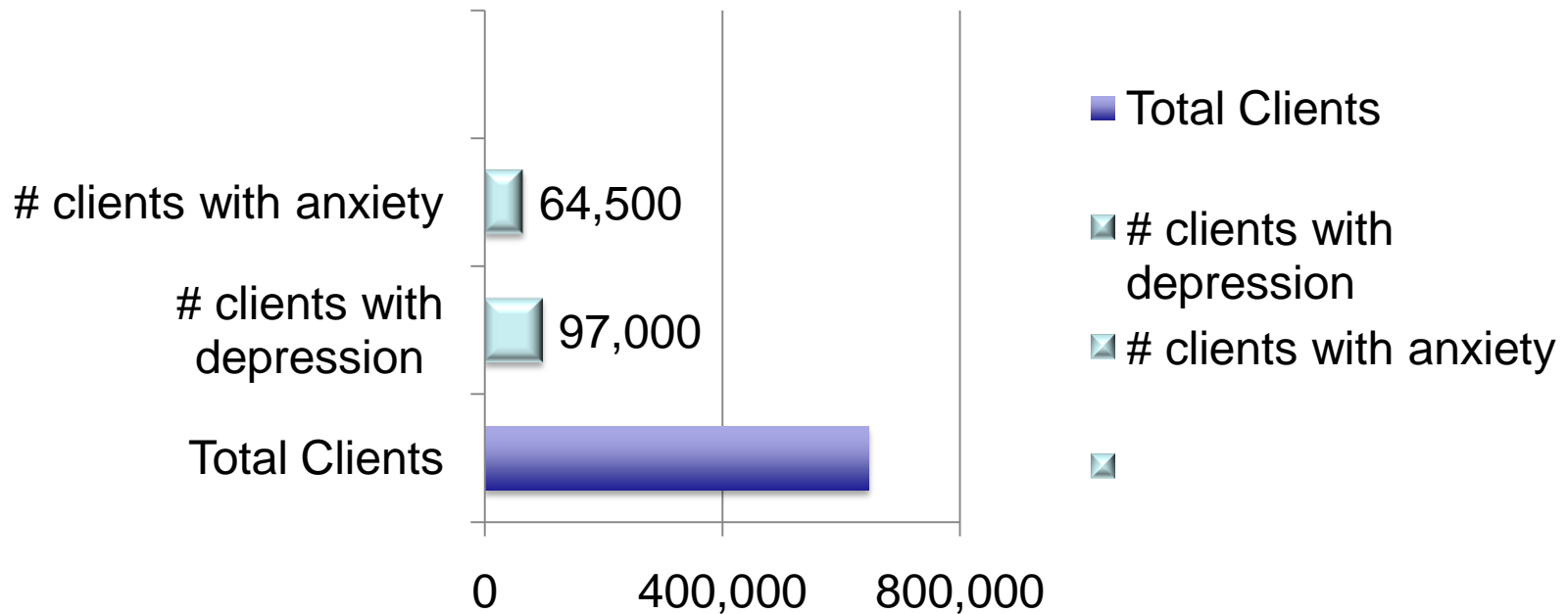
Anxiety

10% of older people experience

- @50% pre-existing and 50% old age experienced induced

Scale of Problem

Community Aged Care Clients 2008



Reasons for depression and anxiety

- Common misconception that depression is a normal part of ageing
- BUT older people have good reasons to be depressed and anxious in older age
- Significant correlation between level of disability and level of support and depression in older age
- (Baldwin, Chie, Katona & Graham,2002)

Risk factors in depression amongst older people

- Increase in physical health problems: heart disease, stroke, chronic pain
- Poor diet, lack of exercise and sedentary lifestyle
- Losses: relationships, independence, work and income, mobility
- Social isolation
- Bereavement
- Admission to hospital
- Significant change in living arrangements: move into care setting or loss of independence
- Special occasions (anniversaries) and the memories they evoke
- Pre-older age psychological condition (Vink et al, 2008)

Groups of older people most at risk of depression

- Older people in residential care (15% to 40%) (Snowdon, 2008)
- Older people with Multiple co-morbidities (Pfaff,2009)
- Older people with dementia (Baldwin, 2008)
- Older people who are carers (Cooper, 2007)
- Older people in hospital (Baldwin, 2008)
- Older women (Koenig & Blazer,2004)
- Older indigenous people (Thomson, 2005)
- Older people from CALD backgrounds(Kuo, 2008)

How are community aged care providers responding

- Growing recognition of the problem and need for more integrated responses
- New focus on health and well being and active ageing – physical and mental well-being
- Some organisations taking a stronger focus on positive mental health, health promotion and addressing social isolation and loneliness
- Emergence of some specialist mental health programs, particularly in relation to trauma e.g. World War II Veterans and Holocaust survivors
- Recognition that community rather than individual response is more important for some CALD and indigenous communities

Approaches

- Medication
 - Psychological approaches
 - Psychotherapy
 - Cognitive behavioural therapy
 - Complementary rather than distinct approaches
- Good mental health promotion

Responses being adopted in community aged care sector

- Multi-disciplinary approaches – closer links with GPs and psychologists
- Developing the awareness and clinical skills of staff
- Walk and talk programs
- Education, information and respite for family carers
- Psychosocial education with older people experiencing and/or at risk of depression
- Staying connected – maintaining and building friendships
- Reducing social isolation
- Recognising particular times of vulnerability - bereavement

Gaps

- Differential diagnosis and treatment of depression and anxiety amongst community care staff and GPs
- Need for recognition of the issue in CALD and indigenous communities
- Need for stronger focus on older people at risk of suicide

Good practice in mental health care in the community aged care sector

- Still emerging.
- More research needed in this area
- Some promising signs
 - Exercise programs
 - Psycho education programs
 - Risk profiling for depression
 - Increasing use of screening and assessment tools
 - Education of staff on signs symptoms and responses
 - Stronger focus on carer depression including assertive intervention

Strategies for improvement

- Collaborations and partnerships with GPs, MH practice nurses and specialist mental health agencies
- Use of Medicare Initiatives to employ psychologists to work (independently) with clients
- Reconfirming an integrated or whole of person approach
- Staff education and assessment tools

References

- Cattan, White, Bond, Learmouth, (2005), Preventing social isolation and loneliness amongst older people: a systematic review of health promotion interventions. *Ageing and Society* 25(1):27
- NARI, (2009), Depression in older age: A scoping study, www.nari.unimelb.edu.au
- DeVaus (2007), Divorce and personal well-being of older Australians: Australian Social Policy Conference (2007)