

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

### **Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD), Senate Inquiry, May 2013.**

The Mental Health Council of Australia (MHCA) is the peak, national organisation representing and promoting the interests of the Australian non-government mental health sector. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The Mental Health Council of Australia remains concerned about the availability and quality of mental health services for older people, particularly those living in aged care accommodation where there can be little or no access to appropriate mental health care.

Permanent aged care residents experience significant rates of dementia and mental illness:

- 26.8 % experience a mental illness
- 35.8% are living with dementia
- 23.4% experience both dementia and mental illness
- Only 14% of residents have neither dementia nor mental illness.<sup>i</sup>

The mental health needs of older people are not well understood across the health system.<sup>ii</sup> There is strong evidence that this limited knowledge results in under-diagnosis or misdiagnosis, age-related discrimination, misunderstanding of risk factors and symptoms, and limited guidelines on clinically appropriate treatment and management options.<sup>iii</sup>

Moreover, aged care workers often have no specific training in mental health issues for older people and how to provide appropriate support or referral to address these. Building the mental health capacity of the aged care workforce should be an ongoing priority for governments and service providers.

There is currently no nationally consistent system for the delivery of specialist mental health services to older people. The quality and accessibility of existing services varies enormously from place to place, and rural and remote locations are particularly poorly served.<sup>iv</sup> Further, there are particular concerns around access to effective mental health supports for people in aged care.<sup>v</sup>

Given the lack of service support for the mental health of older Australians the MHCA is also deeply concerned about consequent lack of service support for older people living with dementia. We draw the Committee's attention in particular to the inappropriate use of restraints and antipsychotic medications to manage perceived difficult behaviours.<sup>vi</sup>

In the mental health sector the use of seclusion and restraint to manage a person's behaviour rather than appropriately address their needs is considered to be a failure of practice.<sup>vii</sup> Changing such practices requires a person-centred approach, supported by appropriate knowledge skills and resources – features which are frequently lacking in aged care facilities. The elimination of restraint practices are an urgent priority in the mental health sector, supported by national initiatives.<sup>viii</sup> More work needs to be undertaken to ensure that the aged care and acute sectors are supported to eliminate any such practices.

The MHCA believes that all governments should better protect the rights of people with dementia by providing better access to appropriate mental health service support for older persons and those with dementia in the primary health, acute and aged care settings.

Yours Sincerely



Frank Quinlan  
CEO

9 May 2013.

---

<sup>i</sup> Australian Institute of Health and Welfare(2010) *Australia's Health 2010*. AIHW, Canberra.

<sup>ii</sup> Australian College of Mental Health Nurses. (2011). Working with the Confused Older Person (W2COP) Project: Environment Scan and Literature Review. Australian College of Mental Health Nurses, Canberra;

Agar M et al. (2011). *Making decisions about delirium: A qualitative comparison of decision making between nurses working in palliative care, aged care, aged care psychiatry and oncology*. Palliative Medicine, 26(7) 887-896.

<sup>iii</sup> Dow B, Haralambous B, Renehan E, Meyer C, Lewis C, Lin X, Tinney J. (2005) *Scoping study of health professional education and training in older age depression and anxiety*. beyondblue the national depression Initiative.

Mei hi Hsu, Moyle W, Creedy D, Venturato L. (2011). *An investigation of aged care mental health knowledge of Queensland aged care nurses*, IJHN, 2005, 15, 16-23.

<sup>iv</sup> Royal Australian and New Zealand College of Psychiatrists. (2010). *Older Australians Deserve a Better Deal in Mental Health – August 2010*. Accessed from <http://www.ranzcp.org/Policy-and-advocacy/Aged-Care.aspx> on 2 May 2013.

<sup>v</sup> Royal Australian and New Zealand College of Psychiatrists. (2012) *Relationships between geriatric and Aged Care Psychiatry services*, RACGP Position Statement 31.

<sup>vi</sup> [Wang W](#) and [Moyle W](#) (2005) *Physical restraint use on people with dementia: a review of the literature*. *Aust J Adv Nurs*, Jun-Aug;22(4):46-52.

<sup>vii</sup> National Association of State Mental Health Program Directors. (2006) *Training curriculum for the reduction of seclusion and restraint*. NASMHPD, Alexandria, Virginia.

<sup>viii</sup> National Mental Health Consumer and Carer Forum. (2010). *Ending seclusion and restraint in Australian mental health services*. NMHCCF Canberra.

Department of Health and Ageing. (2005) *National Safety Priorities in Mental Health a National Plan for Reducing Harm*. Department of Health and Ageing, Canberra.