



## **Mental Health Council of Australia Submission to: The Productivity Commission Inquiry into Aged Care July 2010**

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA includes national organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health.

The MHCA has grave concerns about the mental health needs of Australia's ageing population being met into the future when these needs are already being so poorly addressed. As well as major improvements to the provision of mental health services in Australia, better servicing of the mental health needs of the older population are required now. To enable these improvements, the Australian Government must acknowledge and act on the recommendations of the National Health and Hospitals Reform Commission's final report *A Healthier Future for all Australians*<sup>1</sup>, in the areas of mental health and aged care.

### **National Mental Health Reform**

The MHCA has recently presented its views on the National Health and Hospital's Network agreement (NHHN) to the Senate Standing Committee on Finance and Public Administration Inquiry into the Council of Australian Governments Reforms relating to health and hospitals. A submission outlining these is available on the MHCA website, [www.mhca.org.au/submissions](http://www.mhca.org.au/submissions).

In summary, the MHCA is very disappointed with the outcomes of the NHHN agreement that are outlined in its report.<sup>2</sup> The agreement has not addressed the significant areas in need of reform in dental services, mental health care, primary health care and preventive health that were highlighted as areas of need by the NHHRC in 2009.<sup>3</sup> Further it has not gone far enough to change the way Australia responds to community health needs and relieve the community's dependence on hospitals, particularly in mental health.

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<sup>1</sup> National Health and Hospitals Reform Commission 2009, *A Healthier Future for all Australians – NHHRC Final Report June 2009*, Commonwealth of Australia.

<sup>2</sup> National Health and Hospitals Network, 2010, *A National Health and Hospitals Network for Australia's Future: delivering better health and better hospitals*, Commonwealth of Australia, page 132.

<sup>3</sup> National Health and Hospitals Reform Commission 2009, Op cit.

Currently the bulk of funding spent on mental health is in the area of acute services.<sup>4</sup> The result of this is that many people with mental illness have little access to support in their local community and because of this regularly become increasingly unwell. The vicious cycle that leads them back to the need for acute hospital based care could be averted with adequate community supports.

On top of this, half of the large number of presentations of people with mental health problems to hospital emergency departments and specialist psychiatric units are turned away with little or no treatment.<sup>5</sup>

This is alarming given the crisis that many would be experiencing when attending a hospital emergency department. Another alarming statistic is that two thirds of people with mental illness report that they did not receive mental health care in 2006/07, and that they had unmet needs in counselling, social intervention, information, skills training and medication.<sup>6</sup> Other evidence shows that one in four people who made a suicide attempt did not access services for mental health problems in the previous twelve months.<sup>7</sup>

The negative impact that this lack of services can have on elderly people, who may already have a number of physical disabilities, is clear. The MHCA supports the NHHRC recommendation that:

“As a matter of urgency, governments must collaborate to develop a strategy for ensuring that older Australians, including those residing in aged care facilities, have adequate access to specialty mental health and dementia care services.”<sup>8</sup>

The evidence to support the benefits of early intervention for people with mental illness is overwhelming.<sup>9</sup> Not only does it relieve existing community need, it also has the potential to dramatically improve health outcomes for an ageing population.

Mental health consumers and carers continue to argue the need for better support for mental illness in the community, not least because it would give the acute hospital sector more time and resources to focus on the often appalling quality of its mental health services. These supports include specialist outreach services to support day to day living and physical health, housing and employment services as well as specialist services such as “step-up/step-down” facilities to assist people who are recovering from acute mental illness and transitioning from extended hospital care.

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<sup>4</sup> Department of Health and Ageing, 2007, *National Mental Health Report 2007: Summary of twelve years of reform in Australian's Mental Health Services under the National Mental Health Strategy 1993-2005*, Commonwealth of Australia, p2.

<sup>5</sup> Australian Institute of Health and Welfare (AIHW), 2009, *Mental health services in Australia 2006-07*, AIHW, page 28.

<sup>6</sup> Australian Bureau of Statistics, 2007 *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*, accessed from the ABS website on 20 May 2010.

<sup>7</sup> Slade T, et al, 2009, *The Mental Health of Australia 2. Report of the 2007 Survey of Mental Health and Wellbeing*, Department of Health and Ageing.

<sup>8</sup> National Health and Hospitals Reform Commission, 2009, *Op cit*, Recommendation 78.

<sup>9</sup> *Ibid*, page 5.

Until these issues are addressed, the serious and urgent unmet mental health needs of the Australian community, including those of our ageing population, will continue.

### **Ageing and Carers**

The experience of mental health carers is directly affected by the lack and inadequacy of services available to mental health consumers, and mental health carers are in dire need of specific supports for carers. These needs are exacerbated when carers are ageing and coping with their own health challenges, while at the same time maintaining their carer role.

The Productivity Commission's 2010 issues paper *Caring for Older Australians* acknowledges that unpaid carers provide significant assistance to older people.<sup>10</sup> In the case of many mental health carers, they are often older people providing ongoing and complex care to their adult child, spouse or sibling.

In 2009, the Mental Health Council of Australia undertook a national survey of mental health carers in Australia and documented their experience.<sup>11</sup> The full report of this survey, *Adversity to Advocacy: the lives and hopes of mental health carers*, and the *Adversity to Advocacy Report Card* of the key findings and recommendations are attached to this document and are available on the MHCA website at [www.mhca.org.au](http://www.mhca.org.au).

The report found that it is not uncommon for carers in their 70s to be providing day to day living support in their own home or in the home of their sons or daughters who are mental health consumers with complex needs and requiring on call care that is not otherwise available. As a result, these ageing carers are often in the situation of being a main care coordinator and housekeeper for that family member. The report documents examples of aged carers moving or regularly travelling interstate to provide these sorts of services.<sup>12</sup> At the same time these carers are often not entitled to Centrelink benefits or other financial support for their caring role.<sup>13</sup>

These carers carry a constant concern about what will happen to their family member once they have gone. Many carers would like to set their son or daughter up in their own accommodation, owned and managed by family, but find that the taxes to be prohibitive on what would essentially be a rental property.

While there is currently no data that identifies the total number of mental health carers in Australia, in 2007 for example, it was probable that with 20 percent of Australians having experienced a mental health or substance abuse disorder during that year, the number of carers was considerable.<sup>14</sup>

The report also found that the combination of ageing and caring is a significant health risk. In 2007, the *Australian Longitudinal Study on Women's Health* reported

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<sup>10</sup> Productivity Commission, 2010, *Caring for Older Australians*, Australian Government Productivity Commission, [www.pc.gov.au/projects/inquiry/aged-care/issues](http://www.pc.gov.au/projects/inquiry/aged-care/issues).

<sup>11</sup> Mental Health Council of Australia, 2009, *Adversity to Advocacy the lives and hopes of mental health carers*, Mental Health Council of Australia MHCA.

<sup>12</sup> *Ibid*, page 59.

<sup>13</sup> *Ibid*, page 9.

<sup>14</sup> *Ibid*, page 11.

that older women carers were more likely to report low levels of emotional wellbeing and feel more stressed and pressured than non-carers.<sup>15</sup> In 2008, the National Centre for Social and Economic Modelling also found that the impact of caring on carer health increases with age and women primary carers can expect to have fewer years of health life that women who are not carers.<sup>16</sup>

The carers surveyed by the MHCA consistently advised of the significant need for improved and appropriate levels of support for mental health consumers as well as outlining their own urgent health and support needs.

The *Adversity to Advocacy Report Card* outlines 15 urgent key actions proposed to assist carers. The needs of the most vulnerable carers, those who are ageing and unwell themselves, are perhaps the most urgent. These urgent key actions include recognition of the significant role that carers play and the urgent need for the provision of practical and financial support with this role, including respite. Carers from culturally and linguistically diverse backgrounds, particularly those who are ageing, have an acute need for supports in their own language and those from rural and remote areas have an acute need for services of any description.

Carers also expressed a need for a concerted focus on carer health and wellbeing. Examples include the provision of free annual health checks; the provision of a specific Medicare item number to GP consultations with carers; accessible knowledge information and support for carers and improved financial support.<sup>17</sup> The *House of Representatives Standing Committee Inquiry into Better Support for Carers*, echoes concerns for carer health and wellbeing and contains a recommendation that there should be a preventive health care program targeted at carers.<sup>18</sup>

## **Conclusion**

Given the range of issues that are outstanding in the mental health sector for both mental health consumers and carers it is imperative that any consideration of the needs of older Australians must include a consideration of how well their mental health needs are being met. Currently, the health of older Australian's is being compromised by the significant challenges they face in accessing appropriate mental health care and in caring for mental health consumers. This is already causing pressure on the mental health system and on the health and quality of life of our ageing carer population. Without a focus on improving these services now, this situation can only deteriorate as the health and support needs of these people continue to grow and as more people face the challenge of ageing without the necessary supports.

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<sup>15</sup> Luck J, 2007, *How can we help carers to care? An update from the Australian Longitudinal Study on Womens' Health*, a presentation to *Partnerships for Better Health Outcomes conference: Carers and professionals working together*, 8-19 March 2007, Sydney.

<sup>16</sup> National Centre for Economic Modelling 2008, *Commonwealth Financial Planning Women Carers in Financial Stress*, Carers Australia, page 7.

<sup>17</sup> MHCA, 2009, *Op cit*, page 63.

<sup>18</sup> House of Representative Standing Committee on Family, Community, Housing and Youth 2009 *Who cares? Report on the Inquiry into better support for carers*, Commonwealth of Australia.

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