COTA Victoria submission:

Royal Commission into Victoria's Mental Health System

July 2019

To:
Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
VICTORIA 8006
Submitted via: contact@rcvmhs.vic.gov.au

Prepared by:
Lauren Henley
Policy Officer
Council on the Ageing Victoria

Authorised by: Ronda Held (Chief Executive Officer)

Table of Contents

1. About COTA Victoria

Council on the Ageing (COTA) Victoria is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. For 70 years in Victoria, we have led government, corporate and community thinking about the positive aspects of ageing. Today our focus is on promoting opportunities for and protecting the rights of people 50+.

We see an ageing population as a time of opportunities for personal growth, contribution and self- expression. We believe there are obvious National, State, community, family and individual benefits from this approach. We are also focused on the protection of the rights of people aged 50+.

COTA Victoria is a not-for-profit member based organisation run by, for and with Victorians aged 50+. We fund our activities and services through the support of government, members, philanthropic trusts, businesses and the public.

We have an experienced Board, highly qualified, permanent staff located in a central Melbourne office location and a broad State membership. We also have over 130 community volunteers throughout Victoria with skills in training, group facilitation, policy development and advocacy, including volunteers bi-lingual in a number of languages. We work with local government, senior citizen centres, community houses and a broad range of community and service organisations.

COTA Victoria is supported by financial assistance from the Commonwealth and Victorian Governments.

2. Introduction

We thank the Victorian Royal Commission into Mental Health for providing COTA Victoria with an opportunity to submit evidence relating to the mental health of older Victorians.

Older Victorians continue to experience significant and increasing mental health issues that require special attention. The onset of mental health issues in later life is well known and documented, as is the continuation of chronic conditions which extend into later life.[1] According to research undertaken by Sane Australia, 72% of older Victorians report a change in their mental health as they age.[2] Older people also experience higher rates of suicide, particularly among men over the age of 85.[3]

The mental health outcomes of older people can be further impacted by the following factors:

- Older Australians have the lowest rate of contact with community-based mental health services and Allied Psychological Services of any age group in Australia.[4]
- Untreated mental illness in older adults can contribute to a deterioration in overall health and wellbeing. This leads to an increased risk of hospital admission and early transition to residential care.[5]
- Older people with mental illness are more likely to have fewer informal supports, multiple health conditions and are more likely to experience financial hardship.[6]

In light of the fact that Victoria's population is rapidly ageing, the effective prevention, early intervention and treatment of mental illness amongst the older population is a matter of increasing public concern.[7] The number of people aged over 65 is projected to have increased to 1.1 million by 2021, growing at more than twice the rate of the general Victorian population.[8]

Noting the importance of effectively addressing the mental health needs of Victoria's ageing population, this submission will respond to the following themes outlined in the Royal Commission's terms of reference:

- Mental illness prevention
- Access to Victoria's mental health services
- Navigation of Victoria's mental health services
- Best practice treatment and care models that are safe and person-centred
- Mental health workforce
- Pathways and interfaces between Victoria's mental health services and other services

In line with COTA Victoria's values as a consumer-based organisation, this submission has been informed through consultation with:

- COTA Victoria's Policy Development Committee
- COTA Victoria's Peer Educator Network, and
- A number of OMNI (Older Men New Ideas) groups operating throughout Victoria, and
- Older consumers with an existing diagnosis of mental illness

Note that the relationship between mental health and elder abuse has not been addressed in this submission. We refer instead to a separate submission that has been made by Seniors Rights Victoria (SRV) on this subject and endorse the recommendations included within. SRV is a significant program of COTA Victoria that holds an independent specialist role as the key state-wide community legal service dedicated to preventing and responding to elder abuse. As such, it is well-placed to provide expert information and advice on this topic.

3. Summary of recommendations

Recommendation 1: The Victorian Government increase investment in peer education programs aimed at:
- Reducing the stigma of mental illness across older population groups.
- Building older peoples' capacity to identify symptoms of depression and anxiety in themselves and others.
- Increasing the knowledge of existing mental health services across older population groups.

Recommendation 2: The Victorian Government ensure future awareness-raising initiatives include examples of older people seeking help that are relatable to an ageing population.

Recommendation 3: The Victorian Government provide additional funding to support the administration of community based program that address social isolation and loneliness across the ageing population. Targeted funding should be made available to support groups for at risk populations, including older men.

Recommendation 4: The Victorian Government work with Local Councils to ensure new sporting and recreational facilities are flexible enough to accommodate a range of exercise options that are popular amongst seniors.

Recommendation 5: The Victorian Government invest in best practice initiatives that aim to minimise the impact of age-related health conditions.

Recommendation 6: The Victorian Government invest in initiative's that provide older Victorians with tailored support to help them navigate the housing market and prevent them from falling into a cycle of homelessness.

Recommendation 7: The Victorian Government increase funding for crisis accommodation and affordable housing options for older women.

Recommendation 8: The Royal Commission into Mental Health critically explore the responsiveness of crisis and emergency mental health services to analyse approximate wait times, discharge policies and other matters that may impact on treatment outcomes.

Recommendation 9: The Royal Commission into Mental Health specifically investigate existing service barriers arising due to the age eligibility requirements for adult clinical mental health services (up to 64 years of age) and specialist older persons' services (over 65 years).

Recommendation 10: The Victorian Government reform the mental health sector to ensure that mental illness and substance abuse could be dealt with through an integrated service delivery model. This model would involve AOD clinicians being located within community-based mental health services.

Recommendation 11: The Victorian Government work collaboratively with the Commonwealth and other state and territory governments to implement the final

recommendations of the 2018 'Inquiry into the Accessibility and quality of mental health services in rural and remote Australia'. A core focus of this work should involve the development and implementation of a national rural and remote mental health strategy.

Recommendation 12: The Victorian Government ensure the digital delivery of mental health services is underpinned by a philosophy of universal access by:

- Building GPs' capacity to facilitate access to digitally delivered mental health services for older Australians, including raising awareness of appropriate programs and alleviating potential concerns.
- Providing practical support, where appropriate, to support older people with low digital inclusion, to use digitally delivered services. This may include spending time with older people to demonstrate how specific online programs work or providing transport to access digital services where these are based in health services.
- Ensuring adequate and appropriate services are available for older Australians who do not want to or are unable to engage in digitally delivered services.
- Funding research to examine the efficacy of Internet mental health treatments for older populations.

Recommendation 13: The Victorian Government implement measures to:

- Build GP and health professionals' capacity to better understand the mental health needs of older people, including comorbid conditions and how they can facilitate access to appropriate services. This includes building capacity to differentiate between mental illness and dementia.
- Take a leadership role in addressing ageist attitudes and systemic ageism across health services.

Recommendation 14: The Victorian Government ensure clinicians responsible for the prescription or dispensation of mental health related prescriptions take steps to minimise harm to the individual by:

- Exploring other treatment options in addition to, or before considering pharmaceutical intervention.
- Ensuring the prescription of medications is based on an assessment of medications with the best side effect profile and lowest risk of interaction with other medications.
- Ensuring older people are well-informed about any possible side effects or interactions with other drugs.

Recommendation 15: The Victorian Government implement measures to support mental health services to introduce a life stage approach to support people across the life span, particularly at key transition points, to ensure a nuanced approach to mental health. For the older cohort, such transition points might include retirement or loss of employment, loss of a partner, entry into the aged care system and loss of ability to live independently.

Recommendation 16: The Victorian Government work with the Commonwealth Department of Health to discuss options for integrating mental health assessments into all aged care assessment and review processes.

Recommendation 17: The Victorian Government support mental health services to provide an integrated and holistic approach to service delivery, to support older people with the range of comorbid mental and physical health needs that they may experience.

Recommendation 18: The Victorian Government work with Commonwealth and local governments to support mental health services to improve collaboration between health and allied services that support older Australians, including general health, mental health, residential and community aged care, local government organisations and carer support services. This includes implementing a person-centred approach to collaboration which places the best interests of the individual at the centre of service planning and delivery, including transitions between services.

4. Early intervention and prevention

4.1. Improving mental health literacy

Older people have been shown to exhibit poorer mental health literacy than their younger counterparts. This includes:

- Lower levels of accuracy in the identification of symptoms of mental illness, and
- More limited knowledge of treatment options[9]

During a consultation forum on the Mental Health of Older Victorians that was hosted by Commissioner for Senior Victorians, Gerard Mansour in July 2019, a number of older people with mental illness spoke about the sense of stigma and shame they felt when first seeking help. Participants also spoke about the relationship between stigma and self-medication; with some disclosing that people will often turn to drugs or alcohol as a coping mechanism so they can avoid the stigma associated with seeking support. Issues relating to the use of alcohol and other drugs will be discussed in greater detail in section 6.3 of this submission.

When designing community education tools that aim to reduce stigma, it is important to remember that older people come from a time where there was still significant shame associated with the label of mental illness. This is partially due to the fact that in years gone by, mental illness was not normalised through public discourse in the same way that it is today. Awareness-raising activities must therefore seek to understand and respond to the differing needs of older population groups.

Research undertaken by Sane Australia in 2013 identified the reduction in the stigma surrounding ageing and mental illness as a key area for future action. Based on this research, it was recommended that older adults be recruited as peer educators for support programs and training workshops. In response, COTA Victoria and Beyond Blue collaborated to run a project from October 2010-March 2013, presenting 1862 peer education sessions on the topic of mental illness. Sessions were delivered via seniors' groups and community organisations to 36,577 participants in various languages, including Greek, Italian, Chinese

and Vietnamese. The final report for this project reinforced the value and effectiveness of the peer education model.

The peer education model may also assist in increasing knowledge of treatment options across older population groups. During our consultations, many consumers reported feeling as though they didn't know enough about the services that were currently available to support them. They noted that information about emergency services in particular is poorly advertised, poorly presented and often inaccessible to those with low levels of digital literacy. Consumers also noted that specialist older person's mental health services are poorly labelled and poorly promoted, suggesting that it would be worth considering rebranding mental health services to promote them as being inclusive rather than siloed. Some of the challenges associated with specialist older person's mental health services will be discussed further in section 5.2 of this submission.

Recommendation 1:

The Victorian Government increase investment in peer education programs aimed at:
- Reducing the stigma of mental illness across older population groups.
- Building older peoples' capacity to identify symptoms of depression and anxiety in themselves and others.
- Increasing the knowledge of existing mental health services across older population groups.

Recommendation 2:

The Victorian Government ensure future awareness-raising initiatives include examples of older people seeking help that are relatable to an ageing population.

4.2.   Minimising the impact of social isolation and loneliness

Research shows that being socially isolated can negatively affect peoples' mental and physical health. Given 10 per cent of people over 60 in Victoria experience chronic loneliness, this is a matter of increasing concern.[10]

In order to better understand the risk of social isolation and loneliness amongst the older population, it is important to note that:

- The likelihood of someone living alone increases with age. More than one in three women and one in five men over 65 years in Australia live alone.[11]
- Life changes associated with ageing such as leaving the workforce may mean older people have fewer opportunities for social contact outside the home.
- Due to advancements in technology, many customer service interactions have now become automated and no longer include a human element. This trend has had the unintended consequence of reducing everyday opportunities for social contact.[12]

In 2013, Sane Australia conducted a survey of 111 older Victorians. As part of the survey, they asked respondents to list what would help to improve their quality of life. One of the most dominant themes that came out of this question related to a need for more social contact.[13] During a consultation forum on the Mental Health of Older Victorians that was hosted by Commissioner for Senior Victorians, Gerard Mansour in July 2019, a number of older people with mental illness stated that social and wellbeing activities were just as critical to their treatment as health and medical-based interventions.[14]

In 2018, the federal government announced a $20 million trial to improve mental health services for Australians over 75 years of age whose mental and physical health were at risk because of social isolation and loneliness.[15] While COTA Victoria supports this initiative, however, it fails to recognise that social isolation and loneliness can become a factor in peoples' lives long before they reach the age of 75. Its effectiveness in preventing social isolation and loneliness and subsequently, mental illness in older population groups will therefore be limited.

In 2014, COTA Victoria published a working paper entitled, 'Social isolation: Its impact on the mental health and wellbeing of older Victorians'. Research undertaken to inform this work revealed some unique insights into the efficacy of approaches to addressing social isolation and loneliness amongst older Victorians. For example:

- Interventions that involved indirect contact between the participant and others, and one-to-interventions conducted in people's homes were less effective in reducing social isolation and loneliness.
- The most effective approaches were group interventions with a focused educational component, and those that targeted specific population groups.
- The most effective interventions were also those that enabled participant input, and were embedded within existing neighbourhoods or communities.[16]

These findings reinforce the need for early intervention and prevention strategies to take a community approach and be designed in partnership with the older people who are intended to benefit from them. While greater investment is still needed in this area, this should build on initiatives that are already successfully working to proactively address social isolation and loneliness across the ageing population. The Royal Commission may therefore be interested in some of the initiatives outlined below.

University of the Third Age U3A

We frequently hear from older people who have received positive mental health benefits from their involvement in University of the Third Age (U3A). Victoria's U3A network consists of 109 groups across Metropolitan and Rural Victoria, and a total of around 38,000 members state-wide.

Each week U3As provide thousands of activities that provide social interaction, learning, and activity for seniors. Courses and activities can include, but are not limited to:

- Current affairs
- Computers
- Exercise
- Art

- Games
- Languages[17]

Older Men New Ideas (OMNI) groups

COTA Victoria acknowledges the role that Men's Sheds play in addressing social isolation and loneliness for a certain percentage of the older male population and would like to see the continuation of funding to support this program. While Sheds are an attractive activity for many older men, however, they are formed around activities that not all men will identify with or take an interest in. Not every man wants to work with equipment, and many older men have poor eyesight and/or physical limitations which may hinder their ability to do so.[18] Discussion-based groups such as OMNI can offer a suitable alternative.

OMNI men's discussion groups have been running in Victoria since 2004, and are now found across Melbourne and in some regional areas. These discussion groups are a place for men aged 50 and over to meet each other in an informal, social environment to share their knowledge and experiences. A survey of OMNI groups across Victoria which was undertaken in 2011 revealed that OMNI groups derived the following benefits from their participation:

- The opportunity to meet new men
- Companionship, fellowship, friendship and camaraderie
- The ability to learn from others
- The freedom to speak and to be heard[19]

One OMNI group facilitator provided the following comment on the impact of the OMNI model:
"OMNI encourages socialisation. It is not activity-based. Talking, laughing and discussion are the life and vitality of each meeting. If there is one key element that makes a difference to men in senior years, it is socialisation and that is what we do!"

Another wrote:
"Personally, I've had a lot of fun and made more and closer friends over the past thirteen years than I had in the previous 70 years. I've learned a lot too about the challenges older men face, particularly in developing new friends."

Men's Sheds

Through our conversations with older people, we have heard that some older men are unlikely to confide in other men about their feelings due to holding more stereotypical masculine attitudes. Men who fall into this category are more likely to participate in activity-based groups such as Men's Sheds.

The modern Men's Shed aims to emulate the backyard shed which has long been a normal part of everyday life for a number of men. If you looked inside one of these sheds you might see men making furniture, restoring bicycles for a local school, constructing Miner bird traps, repairing lawn mowers or building a cubby house for charity.[20]

According to a study that was undertaken by Beyond Blue in 2013, Men's Sheds:

- Increase social connection
- Enable men to foster new friendships
- Assist men to regain a sense of purpose after retirement, and
- Create a space to share health information amongst men who may otherwise not access or seek out this information themselves.[21]

Recommendation 3:

The Victorian Government provide additional funding to support the administration of community based programs that address social isolation and loneliness across the ageing population. Targeted funding should be made available to support groups for at risk populations, including older men.

4.3.   Promoting physical health and wellbeing

According to Beyond Blue, physical illness can contribute to or exacerbate symptoms of anxiety and depression. Older people are at increased risk of experiencing a decline in their physical health. This suggests a need for greater investment in initiatives that aim to minimise the impact of age-related health conditions.[22]

The Victorian and Commonwealth Governments have recently allocated substantial funding for the development of new sporting and recreational facilities. Unfortunately, however, the design of these facilities is not always flexible enough to support the types of exercise that are popular amongst seniors. Such activities include, but are not limited to chair based exercise, dancing and walking football. Local governments should be encouraged to design new sporting and recreational facilities to be flexible enough to accommodate a range of exercise options for seniors.

COTA Victoria's Living Longer Living Stronger™ partners across Victoria also help to improve the health and wellbeing of participants through strength-based exercise. Research shows that regular exercise can reduce stress and symptoms of mental illness and improve overall health and wellbeing,[23] so the benefits of this program are far-reaching.

As a group-based program that is specifically targeted towards the needs of older people, Living Longer Living Stronger™ creates a safe and welcoming space for all older people to participate. In addition to the sense of social connectedness the program brings about for participants, it also enhances mental health and wellbeing by:

- Maximising the extent to which people can remain active and independent with everyday activities like shopping, gardening, climbing stairs and playing with the grandchildren as they age.
- Helping participants to prevent or manage chronic conditions like arthritis, osteoporosis, type 2 diabetes and cardiovascular disease.
- Helping participants to manage their weight.
- Helping participants to improve their posture, balance, coordination and flexibility
- Helping participants to build confidence and self-esteem.[24]

A 2014 study of older adults participating in Living Longer Living Stronger™ found that the program was an effective, community-based intervention that successfully improved participants' functioning and quality of life.[25]

Recommendation 4:

The Victorian Government work with Local Councils to ensure new sporting and recreational facilities are flexible enough to accommodate a range of exercise options that are popular amongst seniors.

Recommendation 5:

The Victorian Government invest in best practice initiatives that aim to minimise the impact of age-related health conditions.

4.4.   Increasing housing security

Research shows that housing stress can reduce psychological wellbeing and exacerbate pre-existing mental illness.[26] It is therefore critical for the Victorian Government to facilitate access to affordable, accessible and secure accommodation options for at risk populations.

The issue of housing stress is particularly relevant to Victoria's ageing population, as one in seven people experiencing homelessness are over the age of 55.[27]

Older women struggling in the rental market are the fastest growing group of people experiencing homelessness in Australia. Couch surfing among this cohort has nearly doubled over the past four years, and there have been similar trends in the number of older women sleeping in cars.[28] The situation for older women at risk of homelessness is further compounded by a lack of appropriate emergency housing. The small number of female only rooming houses that currently exist rarely have vacancies, which means women are often placed in mixed gender rooming houses which are not always a safe option.

The Housing for the Aged Action Group (HAAG) identified the following key trends through an analysis of their Home at Last service, each of which are contributing to housing stress across Victoria's ageing population:

- There was a 44 per cent increase in older people in insecure private rental housing over five years.
- On average, older people are paying 65% of their pension in rent.
- There is a lack of 'age-friendly' rentals.
- Landlords do not always allow modifications to homes to meet the changing mobility needs of older people.[29]

With older people accessing the rental market at increasing rates, COTA Victoria believes that there needs to be more support available to help them to navigate what is currently a

scarce and complex housing system. We would therefore support additional investment in initiatives that seek to fill this gap. One approach might be to build on existing services such as Housing for the Aged Action Group's Home at Last and Retirement Housing Assistance and Advocacy Program. This program provides a triage response to a range of complex housing needs presented by older people including; retirement housing, Independent Living Units and other housing options.

Recommendation 6:

The Victorian Government invest in initiatives that provide older Victorians with tailored support to help them navigate the housing market and prevent them from falling into a cycle of homelessness.

Recommendation 7:

The Victorian Government increase funding for crisis accommodation and affordable housing options for older women.

5. Service access and navigation

5.1. Responsiveness of crisis and emergency services

Consumers have told us that many people with a long-term diagnosis of mental illness will make an informed decision not to engage with the mental health system due to past negative experiences. Many older people and their families can relay stories about sitting in an Emergency Department for hours before being seen by the Enhanced Crisis Assessment and Treatment Service, only to be sent home without any intervention. Similar stories are told about calls made to hospital-based Crisis Assessment and Treatment Teams. This indicates a need for the Royal Commission to undertake careful exploration of waiting times, intervention strategies and discharge policies that currently exist within crisis and emergency services as part of its investigations.

In some instances, peoples' distrust of existing services may not be reflective of the current landscape, but may have been influenced by the long-term impacts of a lifetime of involvement and poor experiences with the mental health system. Recommendations made in section 4.1 of this submission may go some way towards addressing this problem.

Recommendation 8:

The Royal Commission into Mental Health critically explore the responsiveness of crisis and emergency mental health services to analyse approximate wait times, discharge policies and other matters that may impact on treatment outcomes.

5.2. Separation of services based on chronology rather than need

Victoria's mental health system currently makes a distinction between adult clinical mental health services (up to 64 years of age) and specialist older persons' services (over 65 years).

The fact that eligibility for these services is based on chronology rather than need continues to prevent many older people from accessing age-appropriate support in a timely manner.

The existing age requirements for adult clinical mental health services and specialist older persons' services can have the following implications:

- People experiencing premature ageing (prior to age 65) who might benefit from a specialist service do not currently have the option of accessing one.[30]
- People who are over 65 who are more physically active and do not see themselves as an "older person" may receive more appropriate support from the adult mental health system. At present though, they do not have the option of accessing adult clinical mental health services.
- There are often limited treatment options available for people who do not meet the age requirement for services in their local area. For people in rural and remote areas, access can be further limited by lack of transport, difficulty obtaining appointments with GPs and services being at full capacity.[31] The challenges that are unique to older people living in rural and remote parts of Victoria will be discussed in greater detail in section 5.4 of this submission.
- People can experience problems when transitioning from an adult mental health service to a specialist aged mental health service depending on their individual needs and geographic location. This can make continuity of care difficult.[32]

A member of COTA Victoria's Policy Development Committee has witnessed the impact of some of these barriers first-hand through the eyes of a family member with ongoing, controlled mental illness living in a more remote rural area. The cost and logistics of travel to the city and the lack of ongoing professional support to maintain health levels meant that services were not accessed until there was an emergency. This meant that the recovery period was much more complex and prolonged, and hospitalisation was required. This outcome may have been avoided had the appropriate interventions been put in place.

Recommendation 9:

The Royal Commission into Mental Health specifically investigate existing service barriers arising due to the age eligibility requirements for adult clinical mental health services (up to 64 years of age) and specialist older persons' services (over 65 years).

5.3. Lack of coordination between mental health and alcohol and other drug (AOD) services

Every year, nearly 600 older Australians die from alcohol-related injury and disease.[33] Older people drink more alcohol on a daily basis than any other age group. They are also more likely to use alcohol in conjunction with other medications; making them more vulnerable to dangerous side effects caused by interactions between multiple substances.[34] As people age, their ability to metabolise drugs also decreases. Their effects can therefore be more pronounced and longer-lasting at lower thresholds which can increase susceptibility to AOD problems.[35]

Several older people we spoke with to inform this submission expressed frustration at the fact that mental illness and addiction are not currently dealt with under the same service

system and stated that this had unnecessarily complicated their treatment journey. A study of the experiences of clinicians of an aged mental health service in inner Melbourne also found that the service separated substance use and mental health, with had led to the rejection of certain referrals. It also found that mental health clinicians were not trained in screening and treatment options relating to substance abuse.[36]

Most consumers we spoke with felt that mental illness which is caused or exacerbated by addiction would be most effectively treated under Victoria's mental health system. While this approach may make it easier for people to access support, it might also reduce the administrative costs associated with sustaining two distinct service systems.

Recommendation 10:

The Victorian Government reform the mental health sector to ensure that mental illness and substance abuse could be dealt with through an integrated service delivery model. This model would involve AOD clinicians being located within community-based mental health services.

5.4. Barriers to access for older people outside metropolitan areas

Access to mental health services in rural and remote Victoria is a matter that is of increasing importance to COTA Victoria. Between 2010 and 2015, people aged over 65 years contributed 60 per cent of the population growth in areas outside capital cities. By 2031, 30.5 per cent of rural and regional Victorians will be aged over 60 years.[37]

People living in rural and remote areas are at higher risk of experiencing a decline in mental health. This can be attributed to increased exposure to known triggers such as:

- Social isolation and loneliness
- Underemployment
- Increased risk of natural disasters
- Higher prevalence of illness
- Higher levels of digital exclusion
- Limited access to housing, transport and other essential services[38]

While men over the age of 85 have the highest suicide rate of any population group in Australia,[39] those living in rural and remote parts of Victoria may be at greater risk. This is because suicide rates in rural and remote Australia are nearly double that of the general population.[40]

Despite the known challenges that exist for people in rural and remote areas, access to appropriate mental health services in these regions is limited. For example, we know that:
- The number of GP services provided per person in remote areas is around half that of major cities.[41]
- In 2015, nearly 90% of psychiatrists, 80% of psychologists and 75% of mental health nurses were employed in major cities.[42]

- As outlined in section 4.2 of this submission, this situation is further complicated by arbitrary age requirements for adult and specialist aged mental health services and the fact that existing locally based services are often at full capacity.

COTA Victoria is concerned that this lack of access might increase the likelihood of GPs recommending pharmaceutical interventions in favour of other suitable treatment options. The dangers associated with this approach will be discussed in greater detail in section 6.2 of this submission.

We are hopeful that advancements in digitally delivered services may provide new opportunities to increase access to services for people outside metropolitan areas. The implementation of such services must, however, be undertaken in close consultation with older community members who face lower levels of digital literacy. This matter is discussed in greater detail in section 5.5 of this submission.

We wish to draw the Royal Commission's attention to the Inquiry into the 'Accessibility and quality of mental health services in rural and remote Australia'. This inquiry was conducted by the Senate Community Affairs References Committee in 2018. We believe that many of the final recommendations from this inquiry are of relevance to the Royal Commission's investigations, as their successful implementation relies on a commitment from the Victorian Government.[43]

Recommendation 11:

The Victorian Government work collaboratively with the Commonwealth and other state and territory governments to implement the final recommendations of the 2018 Inquiry into the 'Accessibility and quality of mental health services in rural and remote Australia'. A core focus of this work should involve the development and implementation of a national rural and remote mental health strategy.

5.5. The digital divide

Australians who are over the age of 65 have the lowest levels of digital inclusion of any population group. Around half of older adults still do not use the internet.[44]

No matter the topic of discussion, the issue of digital access is always inevitably raised in our engagement with older people in the community. Many older Victorians are becoming increasingly frustrated at the fact that many services are moving online. One consumer stated:

"It's like you're always just expected to go and find the information you need online. For some of us it isn't that easy, and it makes us less likely to take that step of accessing support."

There is significant potential for digital technology to improve access to mental health services; particularly for people in rural and remote areas. It is critical, however, that older people are not inadvertently excluded from accessing support in the implementation of such services. Should the Victorian Government invest in the design and implementation of digital delivery of mental health services, these services must seek to accommodate the

needs of older people with lower levels of digital literacy to the greatest extent possible. It is also important for the Victorian Government to invest in the effective promotion of digitally delivered services. A recent study into understanding of and intentions to use internet-delivered mental health treatments among older rural adults revealed that 95% of participants were unfamiliar with them. This study included people with current psychiatric symptoms.[45]

Recommendation 12:

The Victorian Government ensure the digital delivery of mental health services is underpinned by a philosophy of universal access by:

- Building GPs' capacity to facilitate access to digitally delivered mental health services for older Australians, including raising awareness of appropriate programs and alleviating potential concerns.
- Providing practical support, where appropriate, to support older people with low digital inclusion, to use digitally delivered services. This may include spending time with older people to demonstrate how specific online programs work or providing transport to access digital services where these are based in health services.
- Ensuring adequate and appropriate services are available for older Australians who do not want to or are unable to engage in digitally delivered services.
- Funding research to examine the efficacy of Internet mental health treatments for older populations.[46]

6. Workforce capacity

6.1. Problems associated with accurate diagnosis

Depression and anxiety have been shown to be underdiagnosed and under-treated across the ageing population. Research suggests that this is because health professionals have a strong tendency to focus on an older person's physical health while dismissing concerns relating to their mental health.[47]

According to Beyond Blue, anxiety and depression often have physical symptoms such as sleep abnormality, loss of appetite and physical aches and pains.[48] These symptoms are commonly dismissed by healthcare professionals as being a normal part of the ageing process; resulting in older people not being referred to appropriate mental health services.[49]

Council on the Ageing Australia asserts that the matter of ageist attitudes is a systemic problem that exists across the broader health sector. This also appears to be reflected in government policy, with a recent analysis revealing that the needs of older people with mental illness are not reflected in existing policy solutions and priority actions.[50]

Confusion between dementia and mental illness is another common issue, as these diagnoses' can share similar symptoms.[51] They are, however, very different conditions

which each require a different treatment approach. Accurate diagnosis and referral is therefore of paramount importance.

Recommendation 13:

The Victorian Government implement measures to:

- Build GP and health professionals' capacity to better understand the mental health needs of older people, including comorbid conditions and how they can facilitate access to appropriate services. This includes building capacity to differentiate between mental illness and dementia.
- Take a leadership role in addressing ageist attitudes and systemic ageism across health services.[52]

6.2.   Overuse of pharmaceutical interventions

Despite the fact that older people access mental health-related services at a lower rate than other population groups, the use of mental health related prescriptions increases with age. This suggests that older people are more likely to receive pharmaceutical interventions than other forms of treatment.[53] Several of the consumers we spoke with to inform this submission anecdotally reinforced this observation. These people noted concern at the willingness of health professionals to prescribe pharmaceutical interventions without first exploring other treatment options.

The use of multiple medications has been identified as a significant concern for older people that can lead to adverse health outcomes.[54] Benzodiazepines in particular have also been associated with a number of negative side-effects for older adults.[55] With research suggesting that they can place people at increased risk of developing Alzheimer's disease.[56] Several participants at Mental Health of Older Victorians forum stated they had not been provided with any guidance about how their mental health prescriptions might interact with other medications.

Recommendation 14:

The Victorian Government ensure clinicians responsible for the prescription or dispensation of mental health related prescriptions take steps to minimise harm to the individual by:

- Exploring other treatment options in addition to, or before considering pharmaceutical intervention.
- Ensuring the prescription of medications is based on an assessment of medications with the best side effect profile and lowest risk of interaction with other medications.
- Ensuring older people are well-informed about any possible side effects or interactions with other drugs.

7. Best practice treatment and care models

7.1. Implementing a life stage approach

Older people experience the same risk factors for poor mental health as their younger counterparts. They can, however, also experience additional factors that are associated with their stage of life. As an example, older people can experience a decline in mental health as a result of:

- decline in physical health
- loss of independence
- loss of status
- loss of financial security
- loss of partner and friends
- social isolation and loneliness.

The above factors can either contribute to an older person experiencing mental illness for the first time, or exacerbate symptoms for an older person with an earlier diagnosis of mental illness.[57]

A possible approach to better accommodating the needs of this cohort would focus on common transition points people tend to move through as they age. Such an approach would recognise the way in which factors contributing to poor mental health change throughout the lifecycle, and would explore strategies aimed at proactively addressing the evolving needs of Victoria's ageing population.

Recommendation 15:

The Victorian Government implement measures to support mental health services to introduce a life stage approach to support people across the life span, particularly at key transition points, to ensure a nuanced approach to mental health. For the older cohort, such transition points might include retirement or loss of employment, loss of a partner, entry into the aged care system and loss of ability to live independently.

7.2. Incorporating mental health into assessment and review processes for aged care services

Loss of independence is a key factor associated with ageing which may contribute to a deterioration in mental health. Through contact with consumers, we know that an individual's mental health is not proactively explored as part of their assessment for services within the aged care system. COTA Victoria believes that addressing this gap would prevent many older people from going without the support they need and would minimise the risk of their mental health declining further over time. It would also provide a mechanism to address the information gap described in section 4.1 of this submission.

Recommendation 16:

The Victorian Government work with the Commonwealth Department of Health to discuss options for integrating mental health assessments into all aged care assessment and review processes.

7.3. Implementing a "no wrong door" approach

The effective provision of mental health services throughout the lifecycle relies on timely assessment, referral, transition and case management; focusing on a 'no wrong door' approach.

The separation of generalist mental health services as distinct from AOD services (as outlined in section 5.3 of this submission) is just one example of the current lack of integration between service systems. Health services are also generally not set up to holistically address a person's physical and mental health needs. Research shows that there is still a lack of collaboration between health care organisations, such as residential and community aged care, general health and specialist mental health services, local government organisations and carer support services.

It is important to remember that older people are more likely to experience several health conditions that require episodic or ongoing treatment.[58] An integrated, multi-disciplinary approach would therefore reduce access barriers for this cohort and maximize opportunities for timely and effective treatment and referral.

Recommendation 17:

The Victorian Government support mental health services to provide an integrated and holistic approach to service delivery, to support older people with the range of comorbid mental and physical health needs that they may experience.

Recommendation 18:

The Victorian Government work with Commonwealth and local governments to support mental health services to improve collaboration between health and allied services that support older Australians, including general health, mental health, residential and community aged care, local government organisations and carer support services. This includes implementing a person-centred approach to collaboration which places the best interests of the individual at the centre of service planning and delivery, including transitions between services.

8. Other matters of relevance to the Royal Commission's investigations - The mental health of older people living in residential care

Many of the interventions that are necessary to support the health and wellbeing of Victoria's ageing population will be based in community settings. However, COTA Victoria recognises that there may be some crossover between the needs of this cohort and services that are administered under Commonwealth service systems such as residential aged care. This is therefore a time of opportunity to influence with the simultaneous Commonwealth Royal Commission into Aged Care Quality and Safety.[59]

While we have not made any recommendations around the mental health needs of Victorians in residential aged care, we have included some information about the challenges faced by this cohort. We may submit further evidence relating to these matters at a later date.

Research undertaken in 2008-2012 revealed that more than half of all permanent aged care residents had mild, moderate or major symptoms of depression when they were last appraised.[60] In light of the evidence that continues to emerge out of the Royal Commission into Aged Care Quality and Safety, it is unlikely that this situation has since improved.

In 2018, the federal government announced $82.5 million in new mental health services for people with a diagnosed mental disorder living in residential aged care facilities. As of 2018, Primary Health Networks (PHNs) will be required to commission psychological treatment services targeting the mental health needs of people living in residential aged care facilities (RACFs). These services are intended to enable residents to access mental health services similar to those available in the community through the Better Access to Flexible Mental Health Funding Pool. While this is a positive step forward, there may still be issues arising as a result of low levels of self-identification of mental illness across the older population (refer to section 41 of this submission) and issues around workforce capacity within residential settings. As an example, research has shown that many aged care residents with mental illness feel that their paid carers do not have adequate knowledge of depression, and communication about their depression is lacking.[61]

Social isolation and loneliness is another key issue impacting upon the health and wellbeing of many people living in residential care, with up to 40% of residents not receiving any visitors.[62] Initiatives such as the Community Visitors Scheme, which connect volunteers with aged care residents who are at risk of loneliness, have had positive results in bridging some of these gaps. In 2016, The Commonwealth Department of Health conducted a Review of the Community Visitors Scheme. The final report from this review made the following findings:

- A general lack of awareness of the Community Visitors Scheme, including referral processes, was a key barrier to people accessing the scheme in both home and residential settings.

- Improved information sharing across health and ageing organisations and organisations representing specific demographic groups was seen as critical to increasing uptake of the scheme.[63]

9. Concluding comments

Thank you once again for providing COTA Victoria with an opportunity to submit evidence to inform the future of mental health services in Victoria. We look forward to providing additional feedback on the Royal Commission's interim report, which will be informed by further consultation with older people experiencing, and those at risk of experiencing mental illness.

On 24 July, COTA Victoria will be involved in an event that is being hosted by Mental Health Victoria on issues relating to mental health and ageing. This will be a unique opportunity to bring together experts and consumers from across the ageing and mental health sectors to brainstorm innovative solutions to many of the challenges that have been highlighted throughout this submission.

Should you require any additional information about any of the matters raised in this submission, please contact COTA Victoria's Policy Officer, Lauren Henley. ███████████
██

10.   References

[1] Australian Institute of Health and Welfare (2015) 'Australia's welfare: Chapter 6.4 Mental Health of Older Australians', accessed 13 June 2019

[2] Sane Australia (2013) 'Living Older, Staying Well: The Mental health care of older Australians', accessed 20 January 2019
https://trove.nla.gov.au/work/187177207?q&versionId=203737492

[3] Australian Bureau of Statistics (2017) '3303.0 – Causes of Death, Australia, 2016', accessed 27 June 2019
https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Main+Features100002016

[4] Elliot, R., & Booth, J. (2014) 'Problems with medicine use in older Australians: a review of recent literature', Journal of Pharmacy Practice and Research, accessed 25 June 2019
https://onlinelibrary.wiley.com/doi/pdf/10.1002/jppr.1041

[5] Australian Institute of Family Studies (2019) 'Normalising mental illness in older adults is a barrier to care' accessed 26 June 2019 https://aifs.gov.au/cfca/2019/02/13/normalising-mental-illness-older-adults-barrier-care

[6] Sane Australia, see endnote 2.

[7] Hutchens, G. (2015) 'ABS survey finds an ageing Australia and jumps in Victoria, Queensland populations', accessed 26 June 2019
https://www.smh.com.au/politics/federal/abs-survey-finds-an-ageing-australia-and-jumps-in-victoria-queensland-populations-20151217-glppkc.html

[8] Victorian Department of Health & Human Services (2015) 'Mental health and wellbeing of older people', 10-year mental health plan technical paper

[9] Piper, S.E., Bailey, P.T., Lam, L.E., Kneebone, I. (2018) 'Predictors of mental health literacy in older people', accessed 13 June 2019 https://www.ncbi.nlm.nih.gov/pubmed/30107312

[10] Victorian Department of Health and Human Services (2019) 'Ageing', accessed 13 June 2019 https://dhhs.vic.gov.au/ageing

[11] Australian Bureau of Statistics (2016) 'Ageing Population', accessed 27 June 2019
https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Ageing%20Population~14

[12] Allen, C. (2018) 'How the digitalisation of everything is making us more lonely', accessed 27 June 2019 http://theconversation.com/how-the-digitalisation-of-everything-is-making-us-more-lonely-90870

[13] Sane Australia, see endnote 2.

[14] Commissioner for Senior Victorians, Gerard Mansour at the Mercure Treasury Hotel in Spring Street Melbourne on 19 June 2019.

[15] Commonwealth Department of Health (2018) 'Better Ageing – mental health support for older Australians', accessed 25 June 2019 https://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet87.htm

[16] Council on the Ageing Victoria (2014) 'Working Paper   NO. 1: Social Isolation - Its impact on the mental health and wellbeing of older Victorians', accessed 27 June 2019 https://www.cotavic.org.au/wp-content/uploads/sites/2/2019/05/Working-Paper_Social-Isolation.pdf

[17] U3A Network of Victoria (2018) 'about U3A Network Victoria', accessed 27 June 2019 https://www.u3avictoria.com.au/about-u3a

[18] Young, K. (2011) 'Submission to Inquiry into the Opportunities for Participation of Victorian Seniors'.

[19] Young, K. (2011) 'The OMNI Thumbnail Project: A Summary Report'.

[20] Australian Men's Shed Association (2019) 'About Men's Sheds', accessed 27 June 2019 https://mensshed.org/what-is-a-mens-shed/

[21] Beyond Blue (2013) 'Men's Sheds in Australia: Effects ON Physical Health and Mental Well Being', accessed 27 June 2019 https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0208.pdf?sfvrsn=2

[22] Beyond Blue (2019) 'Older people', accessed 27 June 2019 https://www.beyondblue.org.au/who-does-it-affect/older-people

[23] Healthdirect (2019) 'Exercise and mental health', accessed 28 June 2019 https://www.healthdirect.gov.au/exercise-and-mental-health

[24] Council on the Ageing Victoria (2019) 'Strength training', accessed 27 June 2019 https://www.cotavic.org.au/our-programs/strength-training/

[25] Vrantsidis F1, Hill K, Haralambous B, Renehan E, Ledgerwood K, Pinikahana J, Harper S, Penberthy M. (2014) 'Living Longer Living Stronger™: a community-delivered strength training program improving function and quality of life'.

[26] Mental Health Australia (2016) 'Mental illness exacerbated by housing pressure', accessed 27 June 2019 https://mhaustralia.org/media-releases/mental-illness-exacerbated-housing-pressure

[27] Housing for the Aged Action Group (2013) 'Older Persons Housing Fact Sheet', accessed 27 June 2019 https://www.oldertenants.org.au/publications/older-persons-housing-fact-sheet

[28] McDonald, P. (2017) 'Homelessness: Older women couch surfing, sleeping in cars due to unaffordable housing', accessed 27 June 2019 https://www.abc.net.au/news/2017-08-07/older-women-become-hidden-face-of-homelessness/8782816

[29] Housing for the Aged Action Group (2016) 'At the crossroads in retirement: Older people at risk of homelessness', P1.

[30] Victorian Department of Health & Human Services, see endnote 8.

[31] Muir-Cochrane, E., O'Kane, D., Barkway, P., Oster, C., & Fuller, J. (2014) 'Service provision for older people with mental health problems in a rural area of Australia', Ageing and Mental Health, 18(6), 759-766.

[32] Council on the Ageing Australia (2018) 'Submission to the Senate Community Affairs References Committee Inquiry into the accessibility and quality of mental health services in rural and remote Australia', accessed 28 June 2019 https://www.cota.org.au/wp-content/uploads/2018/08/COTA_Submission_Senate_Inquiry_MentalHealth_Services_Rural_Remote_Areas_May2018.pdf

[33] Australian Bureau of Statistics (2018) '3303.0 - Causes of Death, Australia, 2017', accessed 28 June 2019 https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Deaths%20due%20to%20harmful%20alcohol%20consumption%20in%20Australia~4

[34] B. Hunter & D. Lubman (2010) 'Substance misuse: Management in the older population', Australian Family Physician, vol. 39 no.10, p 739.

[35] Alison A. Moore, MD, Elizabeth J. Whiteman, and Katherine T. Ward (2007) 'Risks of Combined Alcohol-Medication Use in Older Adults', accessed 28 June 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4063202/

[36] Searby, A. (2015) 'The Experiences of Clinicians Caring for Older Adults with Dual Diagnosis: An Exploratory Study', Issues in Mental Health Nursing, Vol. 38, P 806-809.

[37] Victorian Department of Environment, Land, Water and Planning (2016) 'Major Regions ERP five year age groups and sex 2011-2015'.

[38] National Rural Health Alliance (2017) 'mental health factsheet', accessed 28 June 2019 https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[39] Australian Bureau of Statistics (2017) '3303.0 – Causes of Death, Australia', accessed 27 June 2019
https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Australia%27s%20leading%20causes%20of%20death,%202016~3

[40] Australian Institute of Health and Welfare (2018) 'Rural and Remote Australians', accessed 27 January 2019 https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview

[41] Australian Institute of Health and Welfare, see endnote 39.

[42] Institute of Health and Welfare (2018) 'Mental health services in Australia', accessed 28 June 2019 https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies

[43] Parliament of Australia, Standing Committee on Community Affairs (2018) 'Accessibility and quality of mental health services in rural and remote Australia', accessed 27 June 2019 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices

[44] Hocking, B. (2018) 'Older Australians suffering from digital inclusion gap', accessed 27 June 2019 https://www.yourlifechoices.com.au/technology/computers/addressing-the-digital-inclusion-gap

45 Handley, T., Perkins, D., Kay-Lambin, F., Lewin, T., & Kelly, B. (2015) 'Familiarity with and intentions to use Internet-delivered mental health treatments among older rural adults', Ageing and Mental Health, 19(11): P 989-996.

[46] Council on the Ageing Australia, see endnote 31.

[47] Muir-Cochrane, E., O'Kane, D., Barkway, P., Oster, C., & Fuller, J. (2014) 'Service provision for older people with mental health problems in a rural area of Australia', Ageing and Mental Health, 18(6), 759-766.

[48] Beyond Blue (2013) 'One in three older people living at home is depressed – new training for community carers now available', accessed 25 June 2019 https://www.beyondblue.org.au/media/media-releases/media-releases/one-in-three-older-people-living-at-home-is-depressed-new-training-for-community-carers-now-available

[49] Australian Institute of Health and Welfare (2019) 'Normalising mental illness in older adults is a barrier to care', accessed 28 June 2019 https://aifs.gov.au/cfca/2019/02/13/normalising-mental-illness-older-adults-barrier-care

[50] Council on the Ageing Australia, see endnote 31.

[51] Sane Australia, see endnote 2.

[52] Council on the Ageing Australia, see endnote 31.

[53] Elliot, R., & Booth, J., see endnote 4.

[55] Leggett, A. and H. Zarit, S. (2014) 'Prevention of Mental Disorder in Older Adults: Recent Innovations and Future Directions', accessed 26 June 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539154/

[56] Merz, B. Harvard Health Blog (20134) 'Benzodiazepine use may raise risk of Alzheimer's disease', accessed 226 June 2019 https://www.health.harvard.edu/blog/benzodiazepine-use-may-raise-risk-alzheimers-disease-201409107397

[57] Australian Institute of Health and Welfare (2015) 'Australia's welfare: Chapter 6.4 Mental Health of Older Australians', accessed 13 June 2019.

[58] World Health Organization (2018) 'Ageing and Health', accessed 28 June 2019 https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[59] Royal Commission into Aged Care Quality and Safety (2019) 'Home', accessed 27 June 2019 https://agedcare.royalcommission.gov.au/Pages/default.aspx

[60] Australian Institute of Health and Welfare (2013) 'Depression in residential aged care', accessed 23 June 2019 https://www.aihw.gov.au/getmedia/7ad35fb2-bc14-4692-96b1-c15d73072319/16256.pdf.aspx?inline=true

[61] Australian Institute of Health and Welfare, see endnote 59.

[62] Yaxley, L. (2017) 'Up to 40 per cent of aged care residents get no visitors, minister Ken Wyatt says', accessed 26 June 2019 https://www.abc.net.au/news/2017-10-25/aged-care-residents-suffering-from-loneliness,-ken-wyatt-says/9085782

[63] Commonwealth Department of Health (2017) 'Review of the Community Visitors Scheme Final Report', accessed 27 June 2019 https://agedcare.health.gov.au/support-services/review-of-the-community-visitors-scheme-final-report