2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Dr Kylie King

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"As an academic researcher I am concerned about the high rate of suicide among men aged over 85 in in Australia. The rate of suicide among men aged 85 years or more is the highest of any age or gender group in Australia at 32.8 per 100,000 (Australian Bureau of Statistics 2018). This rate compares to 5.2 for women of the same age group and is about twice as high as for males aged 60 to 84 years. This differential between male and female suicide rates is echoed amongst all age groups in Australia but is of greatest magnitude amongst people aged over 85 (Australian Bureau of Statistics 2018). The number of older people is increasing in many countries and with that the numbers of suicides among older people is also likely to rise (Christensen, Doblhammer et al. 2009). However, our understanding about suicide among older people, and men in particular, is limited. Research regarding suicide among older people indicates several risk factors for suicide that have been identified largely through retrospective investigation of coronial data including: the presence of multiple illnesses that threatens independence, sense of usefulness, dignity and life pleasure; psychiatric disorders such as depression, anxiety and substance use; social isolation; stressful life events; and bereavement (Conwell, Rotenberg et al. 1990, Conwell, Duberstein et al. 2002, Snowdon and Baume 2002, Waern, Runeson et al. 2002, Suominen, Henriksson et al. 2003, Juurlink, Herrmann et al. 2004, O'Connell, Chin et al. 2004, Conwell, Van Orden et al. 2011, Fssberg, Orden et al. 2012, Erlangsen, Stenager et al. 2015, Murphy, Bugeja et al. 2015, Fssberg, Cheung et al. 2016, Conejero, Olie et al. 2018). These risk factors are common to suicide across the lifespan (Van Orden, Witte et al. 2010) and are arguably heightened for older people. Whilst men and women both experience these risk factors, it has been argued that they do so in different sociocultural contexts which places men at higher risk of suicide (Emslie, Ridge et al. 2006). Suicide deaths by older people are also impacted by the high lethality of attempts which may be due to higher levels of planning and determination, increased frailty, and social isolation that reduces the likelihood of intervention in an attempt (Stanley, Hom et al. 2016). Men of all ages generally also choose more lethal means of suicide compared to women (Mergl, Koburger et al. 2015). Our understanding of suicide by older people is limited by some constraints to the existing research. For instance, many studies that focus on suicide and older people include all people aged over 60 or 65 years and fail to report age-specific findings. Many studies are also limited by their retrospective nature, which means that causation cannot be concluded (Fssberg, Cheung et al. 2016). Despite the significant difference between the suicide rate between older men and women very few studies report sex-specific findings (Fssberg, Orden et al. 2012, Fssberg, Cheung et al. 2016, Stanley, Hom et al. 2016). Those that have, have found difference in the factors that predict suicide for men and women (Law, Klves et al. 2016). In sum, more research is needed to understand why suicide risk increases when men get older and what drives the large sex difference in suicide rates between older men and women. While research so far has sought to describe the state of suicide in this population group and associated risk factors, it has provided limited insight into the motivational factors that underpin the risk trajectory to suicide. More

research is critically needed, not only because of the high rate of suicide now among men aged over 85, but also because the number of older people is increasing in many countries and with that the numbers of suicides among older people is also likely to rise (Christensen, Doblhammer et al. 2009). This research is also timely given the recent enactment of the Voluntary Assisted Dying Legislation in Victoria. Older men's end of life has not perhaps been adequately considered given the high suicide rate among men aged over 85. This is concerning given the social, and probable gendered, influences on older men's quality of life and assessment of life worth. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
N/A

What is already working well and what can be done better to prevent suicide?
"There are some indications that targeted, gendered, suicide prevention efforts may be needed for men aged over 85. A recent literature review identified eleven suicide prevention interventions aimed at older people (defined as being 60 years and older) (Lapierre, Erlangsen et al. 2011). However, they were mostly effective for women and none exclusively focused on older people (aged 85 and above). There are some indications that interventions are less effective for oldest old people (Erlangsen, Bille-Brahe et al. 2003). Despite the clearly gendered aspect of suicide among older people, and indications that suicide prevention interventions for older men are less successful than for women, studies of older people have rarely included gender as a consideration. Masculinity, that is the socially constructed gender ideal for men comprising masculine norms that dictate men's behaviour (Thompson, Pleck et al. 1995), has been associated with negative health outcomes for men including poor mental health and suicidality (Wong, Ringo Ho et al. 2017). In particular, some dominant masculine norms, such as stoicism and a strong manifestation of self-reliance, have been found to increase the risk for suicidal thinking in men (Coleman 2015, Pirkis, Spittal et al. 2017). However, there is little understanding about how masculinity is enacted by different generations of men, how masculinity might change over a lifetime, and how this may differentially impact on mental health and suicidality (Gibbs, Vaughan et al. 2015). There has been little research exploring masculinity over the lifespan. A cohort study compared men aged over 51 to younger men and found that conformity to masculine norms lessened over the life span, but the impact of masculine norms on depression increased in later adulthood (Rice, Fallon et al. 2011). However, this study did not explore the masculinity of older men. There is a need to understand how masculinity interplays with suicidality as men age, and whether this is contributing to the increased risk of suicide for men aged over 85. Funding is needed to enable further research to understand the trajectory to suicide by older men, and to develop and trial suicide prevention interventions. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
"I recently led a qualitative study at the University of Melbourne with men living in Victoria who were aged 80 years or more. The aim of our study was to explore older men's views around living, dying and suicide and to determine the role of masculinity and other health and life factors in the suicidality of men as they approach and experience the highest risk age group of 85 years or more. Older men in our study were open and frank about their views on living, dying and suicide.. There was a strong influence of gender role expectations and masculinity on the ways that older

men approached living and dying. They spoke about masculine norms that had dictated a life as provider and decision maker, which were now having negative impacts on their relationships and ability to cope with ageing. Older men were articulate about their gender role but saw them as non-negotiable and unchangeable. Men spoke about the value of connections to other people in their lives, most predominantly family and some friends and clubs. However, many men lacked deeper relationship that offered the ability and capacity to talk about personal issues. Men struggled to talk about help-seeking and emotional challenges and this seemed to be due a limited vocabulary on the topic. Suicide was seen as a legitimate choice for older men, especially as a way to avoid nursing home care. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"As mentioned in response to question 1, research regarding suicide among older people indicates several risk factors for suicide that have been identified largely through retrospective investigation of coronial data including: the presence of multiple illnesses that threatens independence, sense of usefulness, dignity and life pleasure; psychiatric disorders such as depression, anxiety and substance use; social isolation; stressful life events; and bereavement (Conwell, Rotenberg et al. 1990, Conwell, Duberstein et al. 2002, Snowdon and Baume 2002, Waern, Runeson et al. 2002, Suominen, Henriksson et al. 2003, Juurlink, Herrmann et al. 2004, O'Connell, Chin et al. 2004, Conwell, Van Orden et al. 2011, Fssberg, Orden et al. 2012, Erlangsen, Stenager et al. 2015, Murphy, Bugeja et al. 2015, Fssberg, Cheung et al. 2016, Conejero, Olie et al. 2018). These risk factors are common to suicide across the lifespan (Van Orden, Witte et al. 2010) and are arguably heightened for older people. Whilst men and women both experience these risk factors, it has been argued that they do so in different sociocultural contexts which places men at higher risk of suicide (Emslie, Ridge et al. 2006). Masculinity, that is the socially constructed gender ideal for men comprising masculine norms that dictate men's behaviour (Thompson, Pleck et al. 1995), has been associated with negative health outcomes for men including poor mental health and suicidality (Wong, Ringo Ho et al. 2017). In particular, some dominant masculine norms, such as stoicism and a strong manifestation of self-reliance, have been found to increase the risk for suicidal thinking in men (Coleman 2015, Pirkis, Spittal et al. 2017). However, there is little understanding about how masculinity is enacted by different generations of men, how masculinity might change over a lifetime, and how this may differentially impact on mental health and suicidality (Gibbs, Vaughan et al. 2015). There has been little research exploring masculinity over the lifespan. A cohort study compared men aged over 51 to younger men and found that conformity to masculine norms lessened over the life span, but the impact of masculine norms on depression increased in later adulthood (Rice, Fallon et al. 2011). However, this study did not explore the masculinity of older men. There is a need to understand how masculinity interplays with suicidality as men age, and whether this is contributing to the increased risk of suicide for men aged over 85. The findings of our recent study point to some suggestions for suicide prevention efforts. Given older men's difficulties talking about emotional problems, it seems that they would be unlikely to seek talking therapies' and may not benefit from these interventions. Further to this, their strong adherence to traditional masculine norms would also likely predict that psychological therapies would not be attractive to this generation of men. Masculine norms of self-reliance and reduced emotional expression generally actively discourage men from seeking help (Emslie, Ridge et al. 2006, Jordan, McKenna et al. 2012, Vogel and Heath 2016). Whilst the men in our study spoke freely and openly, they did so under the guise of contributing to research and preventing suicides among older men. Perhaps then, if psychologically based interventions are to be provided to older men they would be most effective if

they appealed to their desire to be useful. Previous research has similarly demonstrated that Australian men generally are much more comfortable providing help to others rather than seeking help for themselves (beyondblue 2014). Consideration should also be given to the language used with older men. Consistent with the advice from our Expert Advisory Group, the older men in our study responded well to direct language, however our findings indicate that older men may have trouble connecting with language around emotional wellbeing. Assistance with meaningful social connections both within families and through structured social activities could be critical to suicide prevention among men. The men in our study spoke about increasing social alienation related to their historical position within families and the community, and their ability to initiate friendships and maintain meaningful connections. Men's Sheds provide one opportunity for older men's socialisation which was effective for the older men we spoke to. However, this option may not be appealing to all older men and further research could seek to talk to men who are not engaged with Men's Sheds. The intersection between suicide and voluntary assisted dying was raised by men in our study. The older men in our study would only be able to access to assisted dying through the current local legislation if they had a terminal disease, illness or medical condition and were within six months of anticipated death (Parliamentart Library & Information Service 2017). This legislation was enacted in June 2019 in the state of Victoria in Australia after years of campaigning by advocates, and after this research was conducted. However, it was clear that the impending availability of assisted dying was influencing these older men's thoughts about the end of their life. These older men did not see the voluntary death of an older person as suicide', rather they saw it as a rational response to a life that was no longer deemed to be worthwhile akin to the intentions of the voluntary assisted dying legislation that provides rights to an individual to make informed end of life decisions in order to minimise suffering and maximise quality of life (Parliamentart Library & Information Service 2017). Consistent with this, men clearly tied their choice to end their life to the availability of quality end of life care, and their determination of the value of their life. Suicide prevention efforts should therefore work to improve end of life care and maintain value of life for older people. In addition, the value of older men's lives in this study were clearly impacted by the influence of gender roles and masculinity. Thus, suicide prevention efforts should adopt a gendered approach and be cognisant of the influence of these constructs in older people's lives. Funding is needed to enable further research to understand the trajectory to suicide by older men, and to develop and trial suicide prevention interventions. "

What are the needs of family members and carers and what can be done better to support them?

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Research so far, including our recent study, provide some insights into older men's experiences of living and attitudes towards suicide. However, our understanding of suicide by older men is still very limited. There is a need for more research to further increase our understanding of older men's suicide and they ways in which we can improve their wellbeing, and counteract feelings of worthlessness, as they age."

Is there anything else you would like to share with the Royal Commission?
N/A