



Australian Government

National Mental Health Commission

Introduction

The National Mental Health Commission (NMHC), established in 2012, has a national remit to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems, and act as a catalyst for change to achieve these improvements. The NMHC takes a broad approach to assess the impact of mental health on individuals by looking at the social determinants of mental health which include education, housing, employment, justice, human services and social support. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

Summary

The Commission has welcomed the establishment of the Royal Commission into Aged Care Quality and Safety (Royal Commission). The Commission considers that the Royal Commission presents a critically important opportunity to reform the aged care sector and thereby prioritise improved care and support for older Australians. We welcome the opportunity to make a submission to assist the Royal Commission particularly in relation to the aged care system being inclusive of safe, appropriate and high quality mental health services.

The types of mental illness experienced disproportionately by older people are many and varied, including depression, anxiety and behavioural and psychological symptoms associated with dementia. Yet often the mental health needs of those who receive aged care services are not recognised or addressed as the aged care system, with different funding streams, tends to deem mental health as not its business. There is no nationally consistent system for the delivery of mental health services to older people, especially those living in Residential Aged Care Facilities (RACFs), the quality and accessibility of services vary from place to place, and rural and remote locations tend to be less well served. Consequently, the NMHC believes that the Royal Commission should call on the Australian Government to make a clear policy commitment to a coordinated national approach by the aged care and mental health systems addressing what is the role for the aged care system in the mental health care of older people.

The NMHC considers that better integration and effective transition between aged care and mental health services could assist in addressing current barriers faced by older people in accessing mental health support. Establishing more formal connections and referral pathways between the aged care and mental health sectors would help to ensure that people receiving aged care services have clear access points for mental health services, and encourage a more holistic approach to addressing the care needs of older Australians.

The NMHC believes that mental health care is an integral part of aged care business including residential aged care. However, people living with mental health issues in residential aged care facilities are discriminated against as they are not getting equitable access across the full range of services that can support them to lead a contributing life. The NMHC's *Contributing Life Framework* acknowledges that a fulfilling life requires more than just access to health care services. It means that people with experience of mental illness can expect the same rights, opportunities, and physical and mental health outcomes as the wider community.



This submission particularly considers the needs of those living in RACFs as their mental health needs are currently not being met.

The NMHC believes that greater monitoring and transparency is required in the aged care system to ensure that access to quality mental health care is provided regardless of the setting consistent with the Australian Government's commitment to support ageing well. The NMHC supports the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) position that aged care providers should be required to provide the evidence that they have the systems and workforce in place to provide access to quality mental health care¹. The evidence could include number of referrals to mental health services, the waiting time for residents to access to mental health services, the training levels and accreditation of care staff in the facility and the type of mental health services received by residents.²

The Royal Commission should consider the issues discussed in this submission, and make targeted recommendations for improving both systemic and process issues to help improve access to high quality and safe mental health services and support within the aged care system that are focussed on consumer outcomes.

Recommendations:

The NMHC makes the following recommendations to the Royal Commission.

1. The NMHC recommends that the Australian Government commits to a feasibility study to investigate options for expanding the scope of high risk community groups, such as people in residential aged care, included in the mental illness prevalence data collections.
2. The NMHC considers that the Royal Commission should address how people with dementia and co-occurring mental illness often are not accessing the appropriate mental health care. For people with dementia, and co-existing depression and behavioural and psychological symptoms of dementia, there would be benefit in improving access to appropriate mental health care, and for people with more severe symptoms better access to specialist mental health care.
3. The impact of the *Improved Access to Psychological Services* measure should be evaluated by the Australia Government as it is rolled out by Primary Health Networks (PHNs) from 1 January 2019 to determine whether it is meeting the mental health needs of residents in the PHN regions it has been implemented in. The Australian Government should publicly report on the results of the evaluation.
4. Governments should support the introduction of mechanisms, such as public reporting to ensure greater visibility of prescribing practices for aged care residents, to manage the over-prescription of psychotropic drugs to people in RACFs. In addition, that other measures are introduced to drive improvement in the use of psychotropic medications.
5. The *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services* and the National Principles for Communicating about Restrictive Practices with Consumers and Carers be considered as a potential model aimed at reducing (and ultimately eliminating) the use of physical and chemical restraint in aged care settings.
6. Training in mental health literacy, such as Mental Health First Aid should be a core competency for all residential aged care staff within the first year of employment.

¹ RANZCP submission Commonwealth Treasury 2019-2020 Budget

² RANZCP submission Commonwealth Treasury 2019-2020 Budget

7. The NMHC's *Consumer and carer engagement: a practical guide* (2019) on consumer and carer engagement and participation could inform the Royal Commission in addressing these recommendations. While the Guide is targeted at mental health consumers and carers, and mental health services, it also contains general guidance and principles for engagement and participation that are likely to have broad applicability across different sectors.
8. The Royal Commission should hold a public hearing focused on ways that the aged care system may be better inclusive of safe, appropriate and high quality mental health services.

Overview

Prevalence of mental illness among older Australians

Mental illness refers to a wide spectrum of diagnosable conditions that affect how a person feels, thinks, behaves and interacts with other people.³ Mental illness can vary in both severity and duration.

A significant number of older people in Australia experience mental illness and/or suicidality, and certain groups of older Australians face a heightened risk of mental illness. Unsurprisingly, many aged care residents have poor mental health with a high prevalence of psychological distress, sleep disturbance, anxiety, depression, and behavioural and psychological symptoms of dementia being reported.⁴ The majority (86%) of all aged care residents on 30 June 2018 had at least one diagnosed mental health or behavioural disorder, about half (49%) had depression and half (52%) had dementia.⁵

Given the prevalence of mental illness among the general population, it is to be expected that a proportion of older people entering RACFs would have a pre-existing mental illness. However, available evidence suggests that entering residential care can itself contribute to mental illness and suicide risk. For example, a study of suicide deaths among people in residential aged care identified that maladjustments to life in RACFs was a factor in almost 30% of these deaths.

In addition, older men have been identified as a group that faces a high risk of suicide. The most recent figures from the Australian Bureau of Statistics on Causes of Death in Australia show that men aged 85 years and over have the highest age-specific suicide rate of any group, at 32.9 deaths per 100,000 people.⁶ It is significant that depression is a reversible risk factor for suicide that often goes unnoticed in older people.

Identifying needs by improving the data

The NMHC welcomes the Australian Government's commitment to fund an updated National Survey of Mental Health and Wellbeing adult survey. However, the methodology used in the National Survey of Mental Health and Wellbeing limits the information available on some high risk groups, such as people in residential aged care. As outlined in the National Report 2019, the NMHC recommends that the Australian Government commits to a feasibility study to investigate options for expanding the scope of high risk community groups included in the mental illness prevalence data collections.

³ In this submission, 'mental illness' is used in place of 'mental health problem', 'mental health disorder', 'mental ill-health', 'mental health issue' and 'mental health disease'.

⁴ Creighton AS, Davison TE, Kissane DW. The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review. *International Journal of Geriatric Psychiatry* 2016; **31**: 555-66.

⁵ Australian Institute of Health and Welfare. GEN fact sheet 2017–18: People's care needs in aged care. Canberra: AIHW, 2019.

⁶ ABS *Causes of Death Data 2019*

Recommendation 1:

The NMHC recommends that the Australian Government commits to a feasibility study to investigate options for expanding the scope of high risk community groups, such as people in residential aged care, included in the mental illness prevalence data collections.

Principles

A key to ensuring people enjoy a good quality of life as they age is their ability to access mental health services at the right time. The mental health needs of older people are often poorly diagnosed, treated and supported as their frailty and comorbidity often masks their mental health conditions. In addition, there are poor incentives for many mental health providers to visit and practice in aged care homes.

Mental health care for older people needs to be underpinned by a person-centred approach based on the following principles⁷:

- Promote an optimal quality of life for people with mental illness
- Respect for the rights of older people, their carers and families
- Respect the needs, culture and traditions of different community groups and ensure their needs are met appropriately
- Recognise the burden of loss and grief in later life
- Increase access to non-pharmacological treatments in all aged care settings
- Promote the quality use of medicines in all aged care settings
- Increase focus on modifiable risk factors for improving physical and mental health in older age
- Respond to the needs of older carers as they may also be at risk of developing mental health needs and require additional supports.
- Evaluate access and effectiveness of these services to ensure that older people's needs are being met.

Barriers to accessing services

Attitudes and perceptions

Attitudes and perceptions about mental health and ageing may also act as barriers to accessing mental health support. For example:

- due to the perception that certain mental illnesses (such as depression) are a 'normal' part of ageing, some older people may not seek support for treatable illnesses, and carers or service providers may not recognise that mental health support is required
- mental health stigma, which can similarly discourage help-seeking, may be more significant for members of older generations, who came of age in an era where mental illness was more heavily stigmatised, and the use of restrictive practices in mental health treatment was more common
- age-related health conditions such as frailty and dementia can mask the symptoms of mental illness, with the result that mental illness may go undiagnosed and untreated.

⁷ These principles were informed by NSW Mental Health Commission (2017) *Living Well in Later Life: A Statement of principles* and RANZCP (2015) *Psychiatry services for older people. Position Statement 22*

It is essential that clinicians providing mental health care for older people recognise and respect the roles of older Aboriginal and Torres Strait Islander people and are aware that concepts of mental health are integrated into broader concepts of wellbeing within Indigenous cultures. Aboriginal people experience poorer mental health compared to non-Aboriginal people as a result of issues that include discrimination and racism, grief and loss, economic and social disadvantage, substance use, physical health problems, geographic isolation and poorer access to health care.

Lack of awareness of services

Older people, including those receiving aged care services, may face significant barriers to accessing timely and effective mental health services and psychosocial support in both the community and RACFs. In some cases, these barriers may stem from lack of awareness or capacity due to the complexity of calling My Aged Care, completing an in-home assessment and a service provider assessment. Older people receiving aged care services in the community may not be aware of the community-based mental health services that are available to them; and providers of these services may not have capacity to address the specific needs of older people. Similarly, staff delivering aged care services both within the community and in RACFs are well-placed to support positive mental health outcomes for older people, but may lack the necessary skills, training and resources to identify mental health needs and provide appropriate referrals and support.

Affordability of services

A key issue impacting accessibility is the affordability of services, this is evident for people with a mental illness seeking to access aged care. Many people ageing with a long-term mental illness will likely age earlier with significant, entrenched, social and economic disadvantage. Poverty significantly impacts on older people living with mental illness – given the limited options for quality mental health support within RACFs, many older Australians do not have access to the best possible care because they simply can't afford it. People with mental illness appear to then have an increased risk of entry to residential care facilities that have poorer standards of care provision.⁸ Consideration must be given by the Royal Commission to the implications for older people living with mental illness and their need for quality mental health and aged care, regardless of their level of income.

Australian Government funded services

The Australian Government funds a range of mental health services for older people including, services commissioned by the PHNs, and private providers, such as psychiatrists, through Medicare and medication under the Pharmaceutical Benefits Scheme.

These services include:

The *GP Mental Health Care Plan* is part of the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative. This initiative aims to improve outcomes for people with a clinically-diagnosed mental illness living in the community. Mental health services under this initiative include psychological assessment and therapy services provided by clinical psychologists, and focussed psychological strategies services provided by appropriately qualified GPs and eligible psychologists, social workers and occupational therapists.

This 2018-19 Budget measure, *Improved Access to Psychological Services* is investing \$82.5 million over four years to fund services commissioned by PHNs in new mental health services for people living in residential aged care. This has been designated to deliver a range of preventive, educative and other interventions to reduce the prevalence, severity and duration of mental illness in residents in RACFs.

⁸ RANZCP (2015) *Psychiatry services for older people* Position Statement 22

Transition to residential aged care

A life course approach to mental health is not just about early intervention for young people, but also relates to an early intervention ethos for mental health needs at all stages of life. Entry to residential aged care is a significant transition when required, with significant economic and personal cost. Some people may experience loss associated with moving out of a family home and into residential aged care – the loss of what is familiar, but also loss of control and independence and not being able to do the things they once enjoyed. There is generally a lack of early interventions to assist with adjustment into residential care – resulting in mental health decline and residents presenting with ‘adjustment disorder’ which when untreated can lead to anxiety and/or depression.⁹

The residential aged care system needs to be sufficiently flexible to meet the needs of shorter stay residents who generally have higher health needs, and those who stay for longer period of time. Twenty-five per cent of residents live in RACFs for more than three and a half years.¹⁰

Inadequate in-reach mental health services to RACFs for people with a severe and persistent mental illness, will impact on whether RACFs will accept people as residents as their needs are considered too costly.¹¹ This may led to some people having extended stays in inappropriate accommodation whether mental health in-patient units or inadequate housing in the community.

Access to services within RACFs

State-funded specialist mental health services include:

Each jurisdiction provides *Older People Mental Health Services* (OPMHS) both in hospitals and community care to older people with a mental illness. Some states also have specialist residential mental health services. OPMH services are multidisciplinary with nursing and medical staff, and many also have allied health staff including social workers, occupational therapists and psychologists. OPMHS staff are trained to help with mental illnesses and other health concerns associated with ageing.

It will vary across, and even within jurisdiction, the extent to which OPMH specialist services are provided in-reach to residential aged care facilities, working in partnership with the aged care providers to deliver specialist mental health clinical care and support. This includes older people with mental illness and age-related issues and older people with severe and persistently challenging behaviours associated with dementia or mental illness, or both.

Access to non-pharmacological treatments in residential aged care

There is significant unmet need for psychological and counselling support in RACFs as indicated by Australian research that estimates less than 1% of aged care residents received psychosocial treatment for mental ill health,¹² despite a strong evidence-base for the effectiveness of these interventions.¹³

⁹ Older Persons Advocacy Network (2019) *Special Needs in Aged Care and Advocacy, Submission to the Royal Commission into Aged Care Quality and Safety*

¹⁰ Royal Commission’s 2nd Background Paper

¹¹ Leading Age Services Australia (LASA 2018) *Improved access to psychological services in residential care. LASA members’ observations*

¹² Davison TE, Koder D, Helmes E, et al. Brief on the Role of Psychologists in Residential and Home Care Services for Older Adults. *Australian Psychologist* 2017; **52**: 397-405

¹³ Stargatt J, Bhar SS, Davison TE, et al. The Availability of Psychological Services for Aged Care Residents in Australia: A Survey of Facility Staff. *Australian Psychologist* 2017; **52**: 406-13.

There is a significant gap in funding for people in RACFs to access psychologists as residents are not eligible for a GP mental health care plan or the *Medicare Better Access Initiative*. RACFs are not required to provide clinical mental health treatment services or to assist with out of pocket costs for residents associated with them as they are not within scope of the personal care or accommodation services RACFs provide.

The NMHC recommended in its 2014 Review that RACF residents are entitled to equivalent access to mental health treatment plans from their GP and psychological therapies as the rest of the population as this exclusion constitutes systemic neglect and a denial of human rights involving discrimination on the basis of age and infirmity¹⁴. As discussed below in [Recommendation 2](#), the NMHC believes that new funding initiatives need to be monitored to ensure equitable access by residents in RACFs to mental health care needs.

Areas for improvement

Dementia

The relationship between dementia and mental illness is complex. The NMHC is not well-placed to address this issue in detail in its submission.

The NMHC recognises the importance of the Royal Commission addressing the needs of people living with dementia. Eighty per cent of people over 80 years of age do not have dementia, but 40-50 per cent of people with dementia have been reported to experience symptoms of depression. A dementia diagnosis frequently results in the failure to recognise co-occurring mental illness, especially depression. The symptoms of dementia and depression, including withdrawal from social activities and general apathy, can be similar to mental illness, which can lead to misdiagnosis and lack of appropriate treatment.

Recommendation 2:

The NMHC considers that the Royal Commission should address how people with dementia and co-occurring mental illness often are not accessing the appropriate mental health care.

For people with dementia, and co-existing depression and behavioural and psychological symptoms of dementia, there would be benefit in improving access to appropriate mental health care, and for people with more severe symptoms better access to specialist mental health care.

Improving access to psychological treatments

The NMHC welcomes the new initiative to address service gaps in RACFs by PHNs commissioning new services that have the potential to develop innovative models for mental health services in partnership with RAC providers. This new measure should help to improve the quality and consistency of mental health services in RACFs, and address barriers faced by RACF residents in accessing community-based mental health services.

The NMHC notes that services commissioned by PHNs will be implemented incrementally over a four-year period, and will primarily target residents with mild to moderate symptoms of common mental illness. The guidance provided by the Australian Government Department of Health states that the focus for PHNs should be on addressing the gap in service associated with the lack of availability of

¹⁴ Australian Institute of Health and Welfare 2015. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW.

Better Access services by providing services targeting residents with a diagnosis of mild to moderate mental illness, and not necessarily cover the full spectrum of services for older people.¹⁵

As such, the new measure may not fully address current gaps in access to mental health services faced by RACF residents, particularly those with severe and complex mental illness. Services are expected to be implemented incrementally, reflecting the four year ramp up of funding for the initiative. These new services may be the only source of psychological services for some RACF residents. According to the guidance to PHNs from the Australian Government Department of Health by the end of the ramp up period, services must be fairly distributed, well-targeted and provided through sustainable, cost-effective models.¹⁶

In general, the aged care sector has welcomed the initiative as it addresses a “hidden and neglected issue”, however, some aged care providers have expressed concern that the funding of \$82 million over four years will not meet the significant unmet mental health care need.¹⁷ In addition, some aged care providers propose re-structuring government financing of allied health services to greater incentivise care in RACFs, by providing access to MBS items such as *GP Mental Health Care Plan* and also a trial of greater access to telehealth MBS items for mental health nurses to aid the delivery of ongoing care to residents with high fragility and complex care needs.¹⁸

It is timely for the Royal Commission to note that the MBS is currently undergoing an extensive review of more than 5,700 MBS items and how the items align with contemporary clinical evidence and practice and improve health outcomes for patients. Of particular relevance to the Royal Commission is the *Mental Health Reference Group (MHRG) Report* with a recommendation addressing - *support access to mental health services in residential aged care*. The MHRG recommends that *Improved Access to Psychological Services* measure is monitored to see progress towards achieving: improved assessments of mental health conditions at RACFs; a reduction in prescribed medications; and improved equity of access to the MBS for consumers.¹⁹

Recommendation 3:

The impact of the Improved Access to Psychological Services measure should be evaluated by the Australia Government as it is rolled out by Primary Health Networks (PHNs) from 1 January 2019 to determine whether it is meeting the mental health needs of residents in the PHN regions it has been implemented in. The Australian Government should publicly report on the results of the evaluation.

Promote quality use of medicine in RACFs

There is growing concern amongst some in the sector that psychotropic medication is over-prescribed for older people²⁰, and used not just to treat mental illness, but sometimes as a means of managing challenging behaviour. The NMHC believes it is not acceptable that admission to a residential aged care facility is reason enough to use medication to manage older people’s behaviour. Although it varies between RACFs, about half of people in RACFs and up to 80 per cent of those with dementia are receiving psychotropic medications, with evidence to suggest that in some cases these

¹⁵ Australian Government Department of Health (2018) *PHN Guidance - Improved Access to Psychological Services*

¹⁶ Australian Government Department of Health (2018) *PHN Guidance - Improved Access to Psychological Services*

¹⁷ Leading Age Services Australia (LASA 2018) *Improved access to psychological services in residential care. LASA members’ observations*

¹⁸ BUPA submission (2019) Productivity Commission inquiry into mental health

https://www.pc.gov.au/data/assets/pdf_file/0017/241343/sub485-mental-health.pdf

¹⁹ See [Attachment A](#) extract from *Mental Health Reference Group (MHRG) Report*

²⁰ RANZCP (2015) *Psychiatry services for older people Position Statement 22*

medications are being prescribed inappropriately. Australian research has found that 61% of aged care residents were taking a psychotropic agent: 41% antidepressants, 22% antipsychotics and/or 22% hypnotics (predominantly benzodiazepines) in 2015.²¹ It is important that staff in RACFs are educated in the safe and appropriate use of medication, along with non-pharmacological management of behaviours including simple analysis of causes of behaviours and ways to address those causes.

Recommendation 4:

Governments should support the introduction of mechanisms, such as public reporting to ensure greater visibility of prescribing practices for aged care residents, to manage the over-prescription of psychotropic drugs to people in RACFs. In addition, that other measures are introduced to drive improvement in the use of psychotropic medications.

Restrictive practices

As the Royal Commission has highlighted, people living in RACFs are more open to potential abuse or substandard care which results in harm from those they rely on for care as their vulnerability tends to mean there is a power imbalance. The NMHC notes the significant focus of the Royal Commission to date on the use of restrictive practices in RACFs, in particular the use of physical and chemical restraint.

The NMHC has been closely involved in efforts to reduce the use of restrictive practices, and work towards the elimination of seclusion and restraint, in mental health services in Australia. While acknowledging the significant differences between the aged care and mental health sectors, the NMHC considers that this work may offer some useful lessons for the aged care sector.

In December 2016, Australian Health Ministers endorsed two sets of principles relating to the use of restrictive practices in mental health services:

- the *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services*, which aim to establish a consistent best practice approach to support the goal of eliminating the use of mechanical and physical restraint by mental health services
- the *National Principles for Communicating about Restrictive Practices with Consumers and Carers*, which aim to provide a consistent approach when health service providers communicate with consumers, carers and family members about restrictive practices.

Recommendation 5:

The National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services and the National Principles for Communicating about Restrictive Practices with Consumers and Carers be considered as a potential model aimed at reducing (and ultimately eliminating) the use of physical and chemical restraint in aged care settings.

Capacity-building in mental health skills in aged care

At the Royal Commission public hearing in Adelaide earlier this year, the Royal Commission heard directly on the need for training and the lack of appropriately trained staff to understand and respond to older people with a mental illness.²² The majority of staff in RACFs are personal care workers without training to identify mental illness, and are not qualified to put in place interventions to support their mental health and wellbeing. Nursing staff in RACFs are usually not trained to address

²¹ Westbury J, Gee P, Ling T, Kitsos A, Peterson G. More action needed: Psychotropic prescribing in Australian residential aged care. *Australian and New Zealand Journal of Psychiatry* 2018.

²² Adelaide Public Hearing of the Royal Commission into Aged Care February 2019 (add details)

the complex care needs of older people with mental illness as they predominantly general Registered Nurses without specific mental health qualifications and skills.

Building the capacity of aged care, allied health professionals and mental health workforces is required to ensure that staff are equipped to understand and recognise the mental illnesses affecting older people and deliver effective mental health services within aged care settings.²³

Some PHN pilots under the *Improved Access to Psychological Services* measure are providing Mental Health First Aid training opportunities for residential aged care staff.

Recommendation 6:

Training in mental health literacy, such as Mental Health First Aid should be a core competency for all residential aged care staff within the first year of employment.

Consumer and carer engagement and participation

A core principle underlying the NMHC's work is that people with lived experience of mental illness, their families and supporters should be central to the way programmes are designed, managed and funded. Full and meaningful participation by consumers and carers is a fundamental component of a quality, high performing system, and is critical to ensuring a person-centred approach to care.

The NMHC therefore welcomes the Royal Commission's direct engagement with aged care consumers, their carers and families through the public hearings process. Many of the witnesses invited to give evidence at the hearings have had direct experience of receiving aged care services, or caring for a person who has received these services. Their testimonies have provided crucial evidence to inform the Royal Commission's recommendations.

As well as engaging with consumers and carers directly, the NMHC encourages the Royal Commission to consider making specific recommendations about the importance of consumer and carer engagement and participation in the planning, design and delivery of aged care services. Engagement and participation should include not only consulting with consumers and carers, but also facilitating their participation in the governance and leadership structures which make decisions that affect their lives.

Recommendation 7:

The NMHC's *Consumer and carer engagement: a practical guide* (2019) on consumer and carer engagement and participation could inform the Royal Commission in addressing these recommendations. While the Guide is targeted at mental health consumers and carers, and mental health services, it also contains general guidance and principles for engagement and participation that are likely to have broad applicability across different sectors.

Focus on mental health

The NMHC further suggests that the Royal Commission consider holding a public hearing focused on ways that the aged care system may be better inclusive of safe, appropriate and high quality mental health services. This hearing would provide an opportunity to hear directly from aged care consumers and carers about their experiences in accessing mental health care, and to canvass options for establishing better connections between the aged care and mental health sectors. The NMHC would be happy to provide further evidence at such a hearing as needed.

²³ Mental Health Australia (2019) Submission to Royal Commission into Quality Aged Care

Recommendation 8:

The Royal Commission should hold a public hearing focused on ways that the aged care system may be better inclusive of safe, appropriate and high quality mental health services.

Attachment A

Extract from MBS Review - *Report from the Mental Health Reference Group 2018*

6.1.13 Recommendation 13 – Support access to mental health services in residential aged care

The Reference Group recommends continued monitoring of new funding recently announced for residents in residential aged care facilities (RACFs) and it hopes that this funding decision results in:

- i. Greater awareness of the overlap between and management approach to terminal illness and mental health
- ii. Improved assessments of mental health conditions at RACFs
- iii. A reduction in prescribed medications, and
- iv. Improved equity of access to the MBS for consumers.

6.1.14 Rationale 13

This recommendation focuses on access to mental health services in aged care. It is based on the following:

- The Reference Group noted that care and treatment in RACFs can sometimes be fragmented or erratic. There is no nationally consistent system for the delivery of mental health services to older people, the quality and accessibility of services vary from place to place, and rural and remote locations tend to be less well served.
- The Reference Group welcomes the budget announcement regarding funding for residents in RACFs. This has been designated to fund services commissioned by PHNs to deliver a range of preventive, educative and other interventions to reduce the prevalence, severity and duration of mental health issues in residents in RACF's.
- However, it was the view of some members of the Reference Group that previous experience with PHN funding suggests that there is often a lack of consistency or transferability across the programs implemented. Concerns related to this include uncertainty about the continuity of mental health programs under the PHN commissioning model, and about the provision of evidence-based mental health services for older people with severe and enduring mental health issues, or with co-morbid mental health and advanced chronic illness, terminal care issues, pre-existing mental health issues or substance use issues.
- The Reference Group noted that the MBS could follow the example of the Department for Veteran's Affairs in enabling access to MBS rebates. This would enable access to rebates for mental health services for residents in RACFs, if their treating GP determines that they have a diagnosable mental disorder or are at risk of a developing a mental health disorder (as assessed by ICD-10, or ICD-11 once in force).
- Notwithstanding the new budget measures, allowing residents in RACFs to access the mental health clinician of their choice, or to continue seeing the treating mental health clinician from whom they were receiving therapeutic services prior to entering the RACF, provides these

individuals with consistency and continuity of care. It also respects the therapeutic relationship that may have been established between the treating mental health clinician and resident prior to entering the RACF.