Mental Health and Oral Health Propositions: response

Department of Health and Human Services

Contents

VICTORIA State Government | Health and Human Services

Introduction

The Department of Health and Human Services (the department) welcomes the opportunity to respond to further draft propositions to assist the Commissioners in their consideration of issues related to improving access to mental and oral health for Australians accessing aged care services.

To support Royal Commission timeframes, the department will provide an addendum to this submission to respond to the allied health and primary care propositions.

The department's responses supplement information provided to the Royal Commission in the Victorian Government submission, and the response to *Propositions under consideration by Counsel Assisting* submitted in February 2020. The responses are provided on the same basis as the department's earlier responses.

The department welcomes the inclusion of mental and oral health propositions, noting the integral nature of these components of health when ensuring holistic person-centred care. To support these propositions, there must be an appropriately skilled and supported workforce in the aged care setting.

Responses to propositions

Proposition M1: Fund mental health treatment plans prepared by a general practitioner for Australians living in residential aged care

The Australian Government should immediately remove the barriers to use of existing Medicare Benefits Schedule (MBS) items by people living in residential aged care facilities, by allowing general practitioners to prepare mental health treatment plans for residents on the same basis as people living in the community

The department supports this proposition, noting that it would remove a current barrier that adversely impacts the mental health and wellbeing of older people in residential aged care.

The department notes that there may be challenges related to the availability of GP services to prepare a mental health treatment plan for older people and to visit residential aged care facilities (RACFs), which are likely to be more pronounced in rural and regional areas. The department supports incentives to improve and sustain GP engagement with aged care.

Workforce availability, capacity and capability to service residential aged care locations would need to be considered when deciding to implement the Medicare Benefits Scheme (MBS) changes of Proposition M1 or M2.

In relation to this and other propositions about the MBS, the department notes that potential new MBS items could be considered as part of the review of MBS, to better align with clinical evidence and practice and improve health outcomes for patients.

Proposition M2: Fund mental health assessments and mental health treatment plans by a psychiatrist for Australians living in residential aged care

By 1 January 2022 the Australian Government should create new MBS items for:

- a comprehensive mental health assessment, including preparation of a residential aged care mental health treatment plan, by a psychiatrist within a month of a person entering residential care

- a review by a psychiatrist (at three monthly intervals, or more frequently in exigent circumstances) of a comprehensive mental health assessment and residential aged care mental health treatment plan.

The department supports this proposition, noting that it would remove a current barrier that adversely impacts the mental health and wellbeing of older people in residential aged care and would bring the mental health supports available to older people in residential aged care in line with those available to the broader community.

Timeframes for comprehensive mental health assessment and review should be determined according to resident need, as part of comprehensive and coordinated care planning.

Workforce availability, capacity and capability to service residential aged care locations would need to be considered when deciding to implement the MBS changes of Proposition M1 or M2.

Proposition M3: Increase funding for psychologists providing psychological services to people living in residential aged care

By 1 January 2022 the Australian Government should create a new MBS item for psychologists providing services pursuant to a mental health treatment plan to Australians living in residential aged care, with up to fifteen services in a six month period, and benefits commensurate with the Australian Psychological Society National Schedule of Recommended Fees.

The department supports this proposition, noting that it would remove a current barrier that adversely impacts the mental health and wellbeing of older people in residential aged care.

The department supports this proposition, noting the high level of need in RACFs for primary healthcare access.

The department notes that there may be challenges related to accessing psychological services, particularly in rural and regional areas, which may be addressed by Proposition M4.

Proposition M4: Incentivise psychiatrists and psychologists to attend residential aged care facilities

By 1 January 2022 the Australian Government should establish an access incentive payment scheme with stepped payments for:

- psychiatrists carrying out more than 50/100/150/200 weighted comprehensive mental health assessments or reviews in residential aged care facilities annually

- psychologists carrying out more than 500/1000/1500 weighted services in residential aged care facilities annually.

Services provided (other than through telehealth) in residential aged care facilities located in outer regional or remote areas should have a weighting to reflect the higher costs of service provision in these areas.

The department supports this proposition, noting the high level of need in RACFs for psychologists, and challenges associated with availability of psychological services especially in rural and regional areas.

The department supports incentives for provision of services which incorporate alternatives to face to face (including telehealth), particularly to ensure access for rural and remote locations.

Incentives for specialists-in-training to receive exposure to aged care services could complement this proposition. Early and ongoing exposure has been effective in other disciplines.

Consideration could also be given to additional training for psychologists and psychiatrists providing services to older people.

Proposition M5: Increase outreach services by state and territory government older person's mental health services at the residences of Australians accessing aged care services

By 1 January 2022 the Australian, state and territory governments should create a funding stream under the National Health Reform Agreement to fund outreach services by state and territory government older person's mental health services at the residence of Australians accessing aged care services.

The department supports this proposition, noting the funding stream under the National Health Reform Agreement should reflect the additional costs associated with supporting access to care for communities in rural and regional areas with thin markets.

The department notes the need for sufficient flexibility in funding arrangements to enable local variation in models of care, with services able to develop approaches that best meet the needs of the local population. This could include service delivery alternatives such as telehealth.

The department supports provision of specialist services for people accessing aged care services. Incorporating older person's mental health services in multi-disciplinary outreach services could improve access for all residents requiring assessment, intervention and management strategies.

Proposition M6: Increase mental health training for personal care workers

Training for personal care workers should include training on addressing loneliness and disengagement, and on recognising the symptoms of mental illness that require referral for further evaluation and treatment.

The department supports this proposition, noting the importance of aged care staff being trained in recognising the symptoms of mental illness that require escalation for further evaluation, treatment and monitoring.

To support this, there must be appropriate systems and clinical staff within the aged care setting to follow up on referrals and ongoing monitoring, care and support. All staff that play a role in the resident's life and care should be trained to identify and engage with residents regarding mental illness, disengagement and loneliness.

It is important that the education and training incorporate engaging and flexible delivery modes for a diverse workforce; and promotes person centred, culturally sensitive, human rights based best practice. For example, human rights based strategies for managing behaviours and symptoms of mental illness and cognitive impairment.

The department recognises the importance of all residential care staff receiving education to identify mental health comorbidities and effectively manage the behaviours and psychological symptoms of mental illness and dementia.

Proposition M7: Greater clarity on the role and responsibilities of residential aged care providers to maintain the mental health of residents

The Quality of Care Principles 2014 (Cth) and any subsequent instrument should include an explicit and measurable requirement to maintain the mental health of residents.

The department supports this proposition noting that developing and implementing explicit appropriate measurable requirements in the Aged Care Quality Standards are integral to this proposition. Meeting these revised requirements requires an appropriately skilled and supported workforce in the aged care setting.

The department supports a holistic approach to care and service delivery for the overall wellbeing of residents. The department supports clearly articulated provider roles, responsibility and expectations across all services to access appropriate and timely mental health specialists, and emotional wellbeing support to improve resident mental health outcomes.

Proposition M8: The Australian Government should inquire into the potential contribution of the mental health peer workforce in addressing access to mental health services in aged care

1. The Productivity Commission has noted that gaps in mental health services for older people are partly caused by a shortfall in the workforce providing State and Territory community mobile services to older people.1 2. Consideration should be given to using the mental health peer workforce as a potential resource for providing companionship and trained support to people receiving aged care. 3. The Productivity Commission has recently proposed a draft recommendation to strengthen the peer workforce by professionalising it.2 Further, the National Mental Health Commission has indicated it will develop guidelines for peer workers by 2021. 3 Consideration should be given to whether this move towards professionalising the peer workforce might allow for one means of increasing mental health support in aged care.

The department supports this proposition.

The department notes that while not addressing aged care specifically, the Royal Commission into Victoria's Mental Health System made a recommendation in its interim report to expand and support lived experience workforces. This is primarily through learning and development pathways, optional qualifications, and enhanced organisational capability. The Royal Commission also recommended the establishment of Victoria's first residential mental health service designed and delivered by people with lived experience.

Both recommendations acknowledge the Royal Commission's view that people with lived experience of mental illness should be front and centre in the mental health system and are heard and valued as leaders and active contributors.

The department supports both these recommendations. The Victorian Government has committed to implementing all the recommendations in the Royal Commission's interim report.

The department also notes that peer workers with lived experience of mental health conditions need not belong to older age groups. It would be required though that they be supported to understand the factors that contribute to, or exacerbate, mental health conditions in all RACFs and to develop interventions to assist residents, many of whom are frail and have cognitive impairment. Additionally, peer workers in RACFs would need to be supported to ensure continuity of care, and that the support they provide is consistent, with hand over to other members of the resident's care team.

Proposition D1: Fund public dental services to provide outreach services to Australians accessing aged care services in their place of residence

The Australian and state and territory governments should enter into a new National Partnership Agreement to begin no later than 1 January 2022 to fund public dental services to provide outreach services to aged care recipients in their place of residence (either in the community or in residential care facilities) if they are unable to travel to receive public dental services.

Under the Agreement the Australian government should pay 50% of the Dental Weighted Activity Unit (DWAU) cost of services provided, up to a cap of each jurisdiction's aged care recipient share of $120 million in 2021-22. The national total should be indexed annually for price movements and increases in the eligible population.

The department supports the proposition, noting a new National Partnership Agreement to fund public dental outreach services to Australians accessing aged care services should take into account measures to make it sustainable over the long term.

Proposition D2: Increase oral health care training for personal care workers

Training for personal care workers should include training on providing routine oral health care and on recognising the symptoms of oral disease that require referral for evaluation and treatment by a dental professional.

The department supports the proposition, noting day-to-day oral health management and planning is vital for improving oral health outcomes for older people in aged care.

Education programs would improve the capacity and capability of the personal care workforce to recognise the symptoms of oral disease and support timely escalation for evaluation and treatment by a dental professional. To support this, there must be appropriate systems and clinical staff within the aged care setting to follow up on referrals and ongoing monitoring, care and support.

It is also important that the education and training incorporate engaging and flexible delivery modes for a diverse workforce; and promotes person centred, culturally sensitive best practice. Education and training should also incorporate strategies for working with people with cognitive impairment.

Proposition D3: Greater clarity on the role and responsibilities of residential aged care providers to maintain the oral health of residents

The Quality of Care Principles 2014 (Cth) and any subsequent instrument should include an explicit and measurable requirement that residential aged care providers maintain the oral health of residents.

The department supports this proposition. The department supports a holistic approach to care and service delivery for the overall wellbeing of residents. The department supports clearly articulated provider roles, responsibility and expectations across all services to access appropriate and timely oral health specialists to improve resident health outcomes. To support this, there must be an appropriately skilled and supported workforce in the aged care setting.

This requires staff being able to identify issues related to oral health and potential impacts. Care planning is required so each resident and/or their representative are able to make informed decisions and choice about their oral care and the way the care and service is delivered. Access to services could be supported by teledentistry.

Proposition D4: Fund services delivered by oral hygienists and dental and oral health therapists in residential aged care facilities

The Australian government should establish a new mechanism to fund organisations to supply oral hygienists and dental and oral health therapists to residential aged care facilities to carry out regular oral health assessments and personal care worker education in oral hygiene.

The department supports the proposition, noting that when developing a new model of care, consideration could be given to incorporating an oral health component into the MBS. The expansion of funding to incorporate staff education and training is fundamental to the success of effective oral health care in aged care.

There is a need to ensure all residents are offered at minimum annual, and as required, oral health assessments. A new funding arrangement must support resident choice, and access to timely and appropriate dental and oral health services. MBS items based on strict age criteria may not address the needs of diverse populations accessing aged care.

It is important that education and training incorporate engaging and flexible delivery modes for a diverse workforce; and promotes person centred, culturally sensitive best practice. Education and training should also incorporate strategies for working with people with cognitive impairment.

Consideration could be given to additional training for the oral health workforce providing services to older people.

Incentives for the oral health workforce to receive exposure to aged care services could complement this proposition. Early and ongoing exposure has been effective in other disciplines.

Workforce availability and capacity to service residential aged care locations would need to be considered when deciding to implement the MBS changes.

To support this proposition, there must be appropriate systems and clinical staff within the aged care setting to follow up on referrals and ongoing monitoring, care and support.

Conclusion

An older person's care must be coordinated and integrated, delivered by a highly skilled aged care workforce, where risks are understood and well managed. This must be a combined effort across aged care and health systems, including mental and oral.

Incentivising mental and oral health professionals to engage with older people is integral for healthy ageing. It is important to encourage health professionals to continue to care for patients as they age and change care arrangements. This may require additional training for health professionals and fresh incentives to address clinical engagement.

While responsibility for the provision of care will differ across these health-related needs, the department believes facilitating access to healthcare is the core responsibility of the aged care system. The department supports:

- incorporating individual choice in planning and reviewing mental and oral health needs;
- reducing barriers to accessing mental and oral health services;
- strengthening responses for people living with dementia and mental health needs;
- workforce training and support for the aged care workforce and specialists to improve workforce capability and capacity to provide, monitor, maintain and support mental and oral health services for people in aged care; and
- establishing foundational healthcare planning and processes, including by embedding standardised processes in key 'business as usual' areas such as oral healthcare.

As previously stated, implementation of proposed changes to aged care could be strengthened by nationally agreed and consistent roles and responsibilities across residential aged care, primary care and health services so that there are clearly articulated and consistent expectations across all services, providers and people accessing services.

A skilled workforce in aged care is key to supporting effective clinical handover, ongoing care and monitoring of mental and oral health needs. Consideration must also be given to staff retention and career pathways in aged care.

We thank the Royal Commission for providing the opportunity to comment on these propositions.