

## **Comments on Adelaide Hearings: 22/5/20 – Mark Silver**

*These comments are in addition to the witness statement that was submitted by me on 19<sup>th</sup> March 2020. My comments are in italics.*

**The Adelaide Hearing 5 will inquire into how access to mental, oral and allied health care could be improved for Australians accessing aged care services, including through:**

### **Basic Ideas for Improvement:**

- **increased funding and/or alternative funding models**

*Increase in funding is definitely needed for mental health services and those providing emotional wellbeing counselling programs to residents, families & staff.*

- **incentives for health care professionals to provide services at an individual's place of residence**

*Outreach services based and an individual's place of residence are an essential component of mental health programs.*

- **increased training for aged care workers –**

*This is widely endorsed and urgently needed at all levels of workers providing age care services.*

- **clarifying responsibilities of approved providers and implementing performance measures or performance indicators.**

*This is important and needs to include providers taking on students for training and having clear lines of communication and responsibilities and meeting more clearly defined expectations and standards.*

### **General Recommendations**

- **Multi-disciplinary outreach health services accessible to all Australians living in residential aged care or receiving high-level home care. Psycho-geriatricians and allied health practitioners should form part of these multi-disciplinary outreach services. [Proposition CH7]**

*A team approach is a very important one to fully endorse. It needs to include services which can provide a broad range of disciplines covering mental as well as physical wellbeing.*

- **Greater clarity of the role and responsibility of residential aged care providers to deliver health care (including mental health care). [Proposition CH18]**

*Such policies need to be developed to ensure that such services can be implemented.*

- **The introduction of a designated care coordinator for older Australians with high care needs. The care coordinator would be a registered health practitioner, engaged by the aged care provider, who would liaise with health care practitioners and services. [Proposition CH17]**

*This is an important idea and highlights the need to have a qualified health professional embedded in the facility itself. One of the key responsibilities would be to take responsibility for emotional wellbeing & mental health.*

- **A new primary care model for aged care recipients in which general practices can apply to become accredited aged care practices (this draft proposition is set out at the conclusion of this document).**

*It is a good idea to provide another pathway for service provision as long as the model supports a multi-disciplinary team approach which includes a full range of allied health including social work. However it should be the only or primary model of service delivery.*

- **Responsive funding for comprehensive health assessments for Australians accessing aged care, which are reviewed periodically. [Proposition CH6]**

*This is also an important idea to include; as long as this allows for a range of health professionals and the plan is also strongly linked to a viable action plan.*

#### **Draft Propositions Specific to Mental Health:**

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

*This is an essential extension of what is available for those living in the community. An extension of the Better Access to Mental Health Scheme. These also need to be extended to 20 rather than 10 visits. The point here is to also emphasize that the development of the treatment plan includes the full team of Mental Health Practitioners including approved mental social workers as well as approved occupational therapists and nurses. The inclusion of those with Dementia and cognitive impairment is most welcomed and necessary as well..*

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

*This is also an essential extension of what is available for those living in the community. There need to be incentives for those assessments to be conducted at the facility. There also needs to be flexibility for these assessments to be conducted by GP and /or Psychiatrist; with a built in possibility of such assessments being done in conjunction with other mental health professionals where it is deemed appropriate. The mental health plans developed need to be reviewed regularly.*

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

*It is important to recognise here that social workers and other recognised and approved mental health practitioners also need to be regarded as important professionals needing to be included in this category. Evidence suggests that the limit needs to be increased to 20 sessions as it can take a much longer time frame time to establish engagement in this population group. Additional training for mental health professionals working in age care settings needs to be developed, implemented and budgeted for as it has long been recognized that currently this is significantly lacking.*

*Funding should also be made available for facilities enabling them to directly employ mental health professionals. This would increase capacity to deliver and coordinate effective mental health services from within the facility on an ongoing basis from a position of being embedded in the organisation.*

*The idea of funding groups is an important addition as these have been found to be a very effective way of delivering meaningful therapeutic services within age care facilities. There is evidence that groups focusing on such areas as reminiscence, the arts, specific areas such as men or women, and those focusing on managing health, stress and anxiety issues can be of great benefit.*

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

*It is important to recognise here that social workers and other mental health practitioners also need to be regarded as important professionals who need to be included in this category.*

*Facilitating residential visits both to those in high level care at home and those living in age care facilities, as mentioned elsewhere, is essential in providing an effective service where mobility and access are major issues. The need for specialised further training has also been highlighted throughout this document.*

- **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**

*Seeing residents in their homes and at the facilities where they live is already a major component of the way these services work but more funding directed to ensure that they can continue this mode of their practice is important.*

- **Proposition M6: Increase mental health training for personal care workers**

*It is important to recognize that training is needed not only for personal care workers but also for all levels of staff working in residential aged care. It requires funding for backfill and attendance at training as all too often training is offered in staff's own time rather than supported and acknowledged as part of their role. There is also a strong argument to fund qualified staff to be embedded in facilities to provide ongoing consultation and training to all levels of staff at the facility.*

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

*As well as the need for clarity of role and responsibilities for the providers, there needs to be a suitably qualified professional staff member employed at each facility specifically to develop and implement mental health and emotional wellbeing policy and practice at the facility level. Such a professional would also be responsible for coordinating and delivering such a program. A staff member with a social work or psychology background and qualification would be ideal.*

- **Proposition M8: Peer workforce: 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**

*This is a most welcome initiative as training a peer workforce would add an important dimension to the provision of services; especially as regards guiding and promoting access to services. This has been tried in the disability field in areas such as stroke, Parkinson's and mental health. These could serve as useful models to follow.*

**General Comment:** *There is little mention of the need for involving the families and significant carers of those living in residential aged care. Their needs for inclusion and support as well as the vital role they play in assisting in the emotional and mental wellbeing of those they care for is not sufficiently recognized. Many facilities endeavour to provide carer support but there are few resources allocated to offering such support and inclusion. It is highly recommended that providing funding in this area should be a priority to investigate further.*

### Allied Health:

- **The redesigned aged care program should have an increased focus on preventative and early interventions with the aims of maintaining and restoring function, sustaining independence, and enhancing wellbeing<sup>36</sup>**

*It has been shown that building and maintaining capacity, maximizing independence should be a goal irrespective of where an individual lives or their age. Residents in age care facilities should have the same access to allied health including the full range of rehabilitation professionals involved both in their physical and mental health; as there exists in the community.*

- **Wellness, reablement and rehabilitation services (including occupational therapy and physiotherapy) should be available for all Australians accessing aged care services, and should not be funded from the individual's budget for ongoing care, but should be available based on assessed need<sup>37</sup>**

*Rehabilitation services need separate and independent funding in addition to ongoing care. It is also important to recognize that the allied health team that needs to be involved includes the full range of services, including social work and not limited to physiotherapy and occupational therapy. These need to be made accessible and available to those living in age care facilities as well as to those living in the community.*

- **There should be a comprehensive care assessment which should be face-to-face, taking into account the person's living environment and other relevant circumstances, and be conducted with a strong emphasis on certain principles, including: prioritising the person's quality of life and wellbeing, restoring or maintaining functioning, and sustaining independence.**

*Such comprehensive assessments are as essential in age care facilities as they are in the community; face to face and in the individual's living environment. The plan developed needs to include maximising both physical and mental wellbeing as well as identifying the need for family/carer support.*

### Propositions – Allied Health:

- **Proposition A1: increase funding for allied health services through a new MBS benefit structure for Australians accessing aged care services**

*The new benefits would be most welcome as long they included residents living in aged care facilities and included the full range of allied health professionals.*

*Another issue however is the need to include staff or families in the provision of services. It has been shown that working systemically, including staff and families both as partners in treatment as well as providing them with training, education and support are vital in the effective delivery of allied health programs.*

- **Proposition A2: fund general practices which have received an aged care accreditation to provide allied health services to their patients**

*This should be in addition to the extra funding that would be made available to the aged care providers delivering their own allied health services ( as in A3). The general practice also needs to include the full range of allied health professionals.*

- **Proposition A3: fund residential aged care providers to deliver a comprehensive range of allied health services to residents**

*There are currently insufficient funds available for age care providers to deliver a full comprehensive service. Again this services need to include mental as well as physical wellbeing. Embedding services within facilities has the added and important advantage of providing a continuity of care as well as involving staff and families as partners in care and treatment. It would allow for training and education as well as working together in a systemic and holistic way.*

- **Proposition A4: fund multi-disciplinary allied health organisations to deliver a comprehensive range of allied health services to Australians accessing aged care services.**

*This would add another funding mechanism that can be used in areas of need to supplement the services that are available at the facility.*

**General Comment:** *There is room to combine all these avenues of funding as this would be a multidimensional approach giving flexibility and adaptability. The need for systemic approach which includes partnering with families and staff has been emphasized through these comments. Providing extra funding for age care providers to embed Allied Health within facilities would be the most effective way of achieving this goal. The other propositions would be supplementary to this.*

#### **Alternative Model:**

- **Alternate draft proposition: the Australian Government implement a new primary care model for aged care recipients by 2022. Under this new primary care model, general practices apply to the government to become accredited aged care practices.**

*This model would work as another avenue for providing allied health services in an integrated way offering a full multi-disciplinary approach. However as mentioned this should be supplementary to embedding a comprehensive allied health program within the facility.*

Mark Silver 22/5/20

