



COTA NEW SOUTH WALES

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**UNDERSTAND ALZHEIMER'S
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Alzheimer's Australia NSW

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Commissioner John Fenely
Mental Health Commission of NSW
Locked Bag 5013
Gladesville NSW 1675

6 March, 2015

Dear Commissioner,

Re: Living Well: A Strategic Plan for Mental Health in NSW 2014-2024

We are writing to you in response to the NSW Mental Health Commission's recently released *Strategic Plan for Mental Health in NSW*.

COTA NSW is the peak body representing people over 50 living in NSW. We are an independent, non-partisan, consumer-based, non-government organisation. We work with politicians, policy makers, providers of services and products as well as media representatives to make sure wherever possible our constituents' views are heard and their needs met.

While we applaud the strategic direction and values that underpin the Strategy, we are concerned that the Plan does not sufficiently address the mental health issues of older people. This is serious oversight. We seek a meeting to discuss how we can ensure that older people are considered as part of the Strategy moving forward.

There is no recognition or discussion in the Strategy about the ageing of the population and the increasing need for mental health services targeted to older people. Some people develop a mental illness in later life triggered by a significant life event such as retirement or the loss of a loved one, while others may continue to battle with an illness they have had for most of their life.

In addition, mental illness can be often hard to detect in older people as symptoms can go unreported or physical conditions can overwhelm or mask existing or developing mental health issues. This is accentuated for people with dementia where mental health can be diminished at various stages of the person's life. Particular points where adverse mental health may occur include: upon diagnosis, when a person decreases social contact and interaction either consciously or from the reaction of others due to stigma about dementia, and moving into a residential aged care facility.

In addition, there is no specific reference in the document to the existing work of the Specialist Mental Health Services for Older People (SMHSOP) or recognition that the need for these services will need to grow as the population ages and the number of older people with complex mental health problems increase. The NSW Health



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Guideline, *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005–2015* is the current policy document that guides those specialist services for older people in NSW.

Referring specifically to the Strategy, while section 3.4 *Suicide Prevention* acknowledges that suicide is the leading cause of death for young people (p. 36), there is no discussion of the fact that older people have a much higher risk of suicide than the general population. In Australia, a higher proportion of males over the age of 85 years commit suicide than in any other age group, and at more than five times the rate of females in the same age group (ABS,

2011). In addition, many older people who commit suicide also suffer from depression (Baldwin, Chiu *et al.*, 2002; Rodda, Boyce *et al.*, 2008). Depression is also one of seven key risk factors for the development of Alzheimer's disease. A preventative health approach to positive mental health in the community will contribute to lowering the prevalence of Alzheimer's disease in the future.

Under *Section 3.5 Employment and the Workplace*, there is no discussion of the mental health effects of the transition from work to retirement. Yet retirement is considered to be a significant life event associated with changes in workforce participation, lifestyle and social roles. Research from the 45 and Up Study, *Retirement, age, gender and mental health: findings from the 45 and Up Study* (Kha Vo *et al.*, 2014) reinforces other studies that tell us that when retirement is a person's choice it is usually associated with positive changes in their health and well being, but when it arises from external pressures including redundancy, ill health or the need to care for a sick or disabled member of the family, it is often associated with poor mental health outcomes. So this key life transition has significant implications for people's mental health outcomes in later life and deserves a dedicated section in the Strategy linked to employment and the workplace. The study also found continuing to work often had positive mental health outcomes for people, particularly men.

While we support the shift in focus to community support for those with a mental illness, *Section 5.1 Shift to Community*, completely neglects addressing the link between older people's mental health services and the community aged care sector. This is in contrast to the ACI Framework, *Integrating Care for Older People with Complex Health Needs*, which acknowledges the need to link with changes to the National aged care system, including the new Home Support Program (that includes the Commonwealth ACHA program) and the Home Care Packages program for older people. This is another significant omission.

Under *Section 61 Integrated Care*, there is no reference to specific policy documents related to the care of older people, such as the Agency for Clinical Innovation's document, *Building Partnerships: A Framework for Integrating Care for Older People with Complex Needs*. The ACI Framework seeks to provide a conceptual model for health executives and decision makers at the regional level and those who provide services to the older people with complex health needs, their carers and families. It is designed to be flexible to respond to current changes to the national aged care system, in order to provide older people with complex physical and mental health needs with



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proactive, person centred, and evidence based care across health services. While the link between physical and mental health is discussed in section 6.2 *Physical Health and Mental Health*, again, there is no recognition that complex conditions are more common in older people and that disability increases with age.

We are pleased to see a dedicated section that discusses the important relationship between housing, homelessness and mental health (*Section 6.4 Housing and Homelessness*) but there is no recognition of the importance of secure housing tenure to a person's health and wellbeing or how the importance of 'home' increases as a person ages. In addition, for consideration alongside this discussion, is the Commonwealth Assistance with Care and Housing for the Aged (ACHA) program that finds and links different types of community care, to help support older people that are not in sustainable housing or who are homeless. It does so by coordinating access to the best services for each particular situation. These services are usually provided by organisations such as housing authorities, charity organisations or church groups. Often ACHA clients have long term mental illness and other complex health issues. This important program has been housed under the umbrella of the new Commonwealth Home Support Program. Finally, *Section 10 Broader Context of Reform*, discusses the NDIS program in some detail, but does not include a discussion of the Commonwealth aged care reforms that cover both residential aged care and community care service for people over the age of 65. Given the Strategy's emphasis on 'shift to community' this is also a significant omission.

A third of the population of NSW is over 50 years of age. The people in this cohort will pass through a number of unique life stages as they age that could trigger mental illness. The evidence suggests that older people, men in particular, have a high incidence of mental illness. We believe that when considering A Strategic Plan for Mental Health in NSW specific attention needs to be given to older people.

Yours sincerely,

Ian Day, CEO
COTA NSW

The Hon. John Watkins, CEO
Alzheimer's Australia NSW



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