Mental Health Reform & Aged Care: Are we up to the challenge?

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2011 - A new dawn in mental health services??

Mental health a top Aussie worry

PETER WILSON
EUROPE CORRESPONDENT

GLOBAL warming and mental health problems provoke more public concern in Australia than in any other country covered by a major international survey.

When people in eight countries that have almost half the world's population were asked to choose the greatest challenges facing their country, 37 per cent of Australians named global warming compared with an overall average of 25 per cent and just 18 per cent of Americans and 20 per cent of Britons.

An even more eye-catching difference between Australia and the other nations was its concern about mental health issues. About 35 per cent of Australians named mental health as one of their country's two or three greatest challenges, in contrast to the international average of just 10 per cent, with the second-most worried country on that issue being China on 15 per cent.

The findings may suggest that public awareness campaigns about mental health have been successful in Australia but they also carry a potent warning for politicians about the unusual level of concern among voters on climate change.

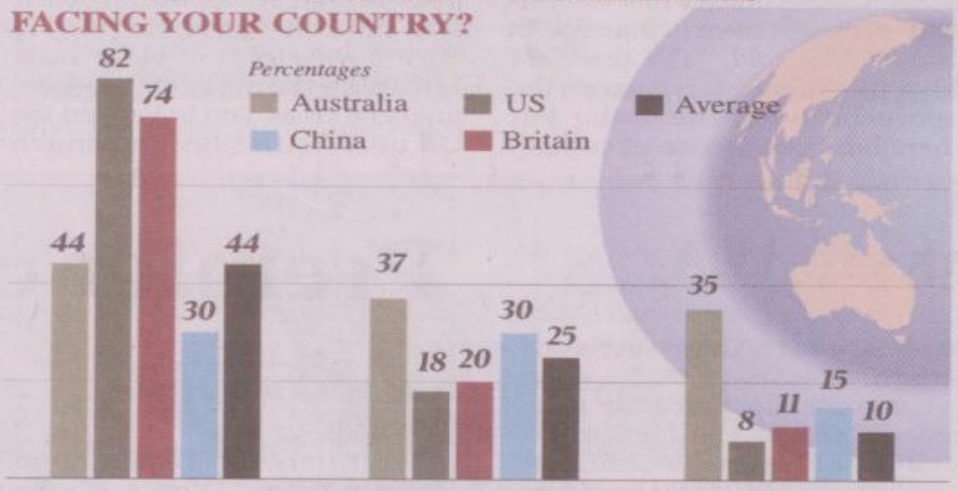
One intriguing pattern in the eight-nation survey by London's King's College was that the fears and concerns of Australians were in most cases closer to those of Chinese respondents than to those of their traditional "cousins" and allies in the US and Britain or any of the other countries surveyed: India, Brazil, South Africa and Saudi Arabia.

The survey of 7000 people was conducted online and so it captured the views of only "elite" Chinese respondents who had access to the internet. However, it found that those relatively wealthy and educated Chinese had much in common with Australians on the four issues rated most highly by Australians: the economy (named by 44 per cent of Australians), global warming, mental health and the ageing of the population (31 per cent).

The economy was the most commonly named problem in all three developed countries and was cited by 82 per cent of Americans and 74 per cent of Britons.

It provoked nowhere near the same level of anxiety in more buoyant Australia, where perceptions were more in line with China, 30 per cent of whose respondents listed it as one of their country's top challenges.

WHAT ARE THE GREATEST CHALLENGES FACING YOUR COUNTRY?



Source: King's College London World and Challenges Survey

Similarly, global warming wa named as a top concern by onl one in five Americans or Britor but the two countries that rated most highly were Australi (37 per cent) and China (30 pe cent).

The two countries most wo ried about mental health prol lems were Australia and Chin (15 per cent), compared with ju 8 per cent of Americans and 11 pe cent of Britons.

China (35 per cent) and Au tralia were again the two to countries naming the ageing pop ulation as a great challeng ahead of 7 per cent in the US an 20 per cent in Britain.

War and terrorism were cite by 46 per cent of Americans an 27 per cent of Britons as amon their country's great challenge but the issues were seen in th same way by just 16 per cent c Australians and 11 per cent c Chinese.

Australians also led the rank ing in being concerned abou cancer, as well as about globa warming and mental health.

Poverty was the highest rank ing concern for South Afric (70 per cent), Brazil (61 per cent Saudi Arabia (46 per cent) an India (45 per cent) while the tw nationalities that cited it leas often as a concern for their ow country were Australians (19 pe cent) and Chinese (23 per cent).

A short history of the world

- 1992/3: First national mental health policy and strategy
  - Reform of the Specialist Sector
- !998: Second National Mental Health Strategy
  - A National Population Plan
- 2003: Third National Mental Health Strategy
  - Lost in the Wilderness
  - 2005: ‘Not for Service’
- 2006-2011: COAG National Mental Health Plan
- $5.5b of new but divided investment
- 2008/9: Fourth National Mental Health Plan
- 2011: New National Mental Health 10-Year Plan

The 2005 Response

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The outcome for mental health:2010?

Australian Government Position

- 2011:
- 10 year Roadmap for Mental Health
- Ageing as a 2012 Budget Priority
- Fundamental reform of aged care required
- Need to integrate with wider health reform
- Key Role of Productivity Commission Report

Including, Connecting, Contributing

A Blueprint to Transform Mental Health and Social Participation in Australia

March 2011

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This Blueprint details a four-year $2.5bn program of strategic investment in 30 new services that have the capacity to transform the mental health in this country. Over five years, total proposed expenditure is $3.5bn, serving to increase the current level of investment in mental health from 7% to 8% of the total health budget. Australia currently spends over $100bn annually on health care, or around 10% of GDP.

PRINCIPLES

Principles of this Blueprint

- The services presented here are ready for immediate implementation
- These services are in areas where autonomous Commonwealth activity is possible and desirable
- The services recommended must be genuinely transformational
- The Blueprint does not make specific recommendations regarding other key services which are currently within state/territory jurisdiction, such as community mental health services, judicial and police services etc.
- The Blueprint recommends services and programs which are grounded in evidence, demonstrated to have a positive impact on the lives of people with a mental illness.

Table 1 – Summary of Recommended Blueprint Expenditure

Priority Area	Expenditure Required (Fin Year) ($m)						
	11-12	12-13	13-14	14-15	4 Yr Total	15-16	5 Yr Total
1. Services for Children and Young People	81	177	303	427	988	465	1453
2. New Integrated Community Services	135	155	190	230	710	230	940
3. New Collaborative Health Services	28	44	59	72	203	72	275
4. New Services for Healthy Ageing	17	20	27	36	100	36	136
5. Accountability	12.5	12.5	12.5	12.5	50	12.5	62.5
6. Use of New Technologies	20	34	46	60	160	60	220
7. Research and Development	24	29	39	47	139	47	186
8. Workforce development	27	36	39	48	150	48	198
Total Expenditure	**344.5**	**507.5**	**715.5**	**932.5**	**2500**	**970.5**	**3470.5**

LIFE STAGE FOCUS

- The goal of mental healthcare in middle years (25-65/70) should be to support mid-life Australians to effectively manage mental illnesses and to lead a productive life through a stable home, caring relationships and meaningful activity. These Australians should have a choice whether health, housing, social participation or employment agencies play the lead role in coordinating care.

- The goal of mental healthcare in later life (65/70+) should be to support older Australians to enjoy healthy ageing, including the prospect of living in their own homes.

Table 6 – New Services for Healthy Ageing

Best Buys	Expenditure Required (Fin Year) ($m)						
	11-12	12-13	13-14	14-15	4 Yr Total	15-16	5 Yr Total
18. Collaborative geriatric medical teams, equipped for home visits and drawing on psychiatric assistance as necessary.	10	12	17	21	60	21	81
19. Activities aimed at increasing the social inclusion of older Australians, with an emphasis on building and maintaining strong social networks.	7	8	10	15	40	15	55
Total Expenditure	**17**	**20**	**27**	**36**	**100**	**36**	**136**

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18. *Collaborative geriatric medical teams, equipped for home visits and drawing on psychiatric assistance as necessary.*

- The delivery of effective and integrated medical and psychological care at home to older Australians with mental health and related cognitive and medical disorders can play a key role in reducing the chances of older persons moving into residential or other health care settings (acutely or in the longer-term)
- While various models of integrated home-based medical and psychological care are available in different parts of Australia, they are typically better organised and supported in wealthier communities
- The important potential role of specifically-trained and supported mental health nurses working in relevant medical and psychological teams is still under-rated
- The participation of specialist psychiatrists and neuropsychologists within such team-based models is still too limited by workforce and work role considerations
- This proposal seeks to enhance and expand access to relevant team-based models through relevant grant-based mechanisms. Integration with other relevant state-based models and other aged care models is essential.

19. *Activities aimed at increasing the social inclusion of older Australians, with an emphasis on building and maintaining strong social networks.*

These new services payments are designed for programs that reduce the social isolation commonly experienced by older person with severe, recurrent or persisting mental disorders. The emphasis is on contracting services that promote psychosocial rehabilitation and recovery and may well extend those new services being provided to younger persons (as described in Best Buy No. 8 above) to older persons.

MEDICAL CARE MODELS

Priority Area 3 - New Collaborative Health Services							
14. Incorporate the 'medical home' model for those with recurrent and severe disorders, and related medical comorbidity	20	30	40	50	**140**	50	**190**
15. Programs that focus on detection and management of depressive disorders in a range of specific medical settings (heart disease, stroke, cancer and chronic pain)	3	5	7	9	**24**	9	**33**
16. Family intervention for schizophrenia	3	5	7	8	**23**	8	**31**
17. Evidence-based dialectical behavioural therapy services for people with borderline personality disorder	2	4	5	5	**16**	5	**21**

Key Themes for 2011 Reforms

- 1. Population level support for Reform
- 2. Increasing Access to Care
- 3. Supporting earlier intervention
- 4. Coordinating care for those with severe and persisting illness
- 5. Increased Accountability
- 6. Using new technologies to enhance services
- 7. Increasing effective use of existing services
- 8. Reform to support participation in education, training, employment
- 9. Enhancing social participation through housing and community supports
- 10. DEVELOPING A LONGER-TERM PLAN AND A NEW NATIONAL PROCESS

2011 Budget Outcomes

- 1. New Investments ($1.5b) and Reformed Investments ($1.0b)
- 2. Severe and Persisting Illness ($1b+)
  - Co-ordinating Care (?Waiting Lists)
  - National Competition for Better Services
  - Employment, Social Support, Housing

- 3. Youth Models ($400m)
  - Headspace 30 to 90 sites nationally
  - DOES IT WORK?
  - EPPIC Model ‘12’ additional sites
  - IS THERE A NATIONAL MODEL?
  - DO WE GET 16 SITES
  - WILL THE STATES PLAY BALL?

2011 Budget Outcomes

- 4. Enhanced/Reformed Primary Care
  - Better Access – ATAPS ($200m)
- 5. Accountability ($40m)
- - National Commission
- 6. E-Health Services ($25m)
- Support for enhanced delivery
- Other major developments – YAW-CRC
- 7. Enhanced Research ($25m)
- 8. Previous Suicide Prevention ($250m+)

HEADSPACE

MACARTHUR / CAMPBELLTOWN / S.HIGHLANDS

May 18th, 2007

Lead Agency:
Brain & Mind Research Institute

Management Committee:
Ian Hickie
Rene Pennock
Wesley Noffs
Paul Heber
Kelly Walker
Victor Storm/ Angelo Virgona
Gary Flynn
Project Staff

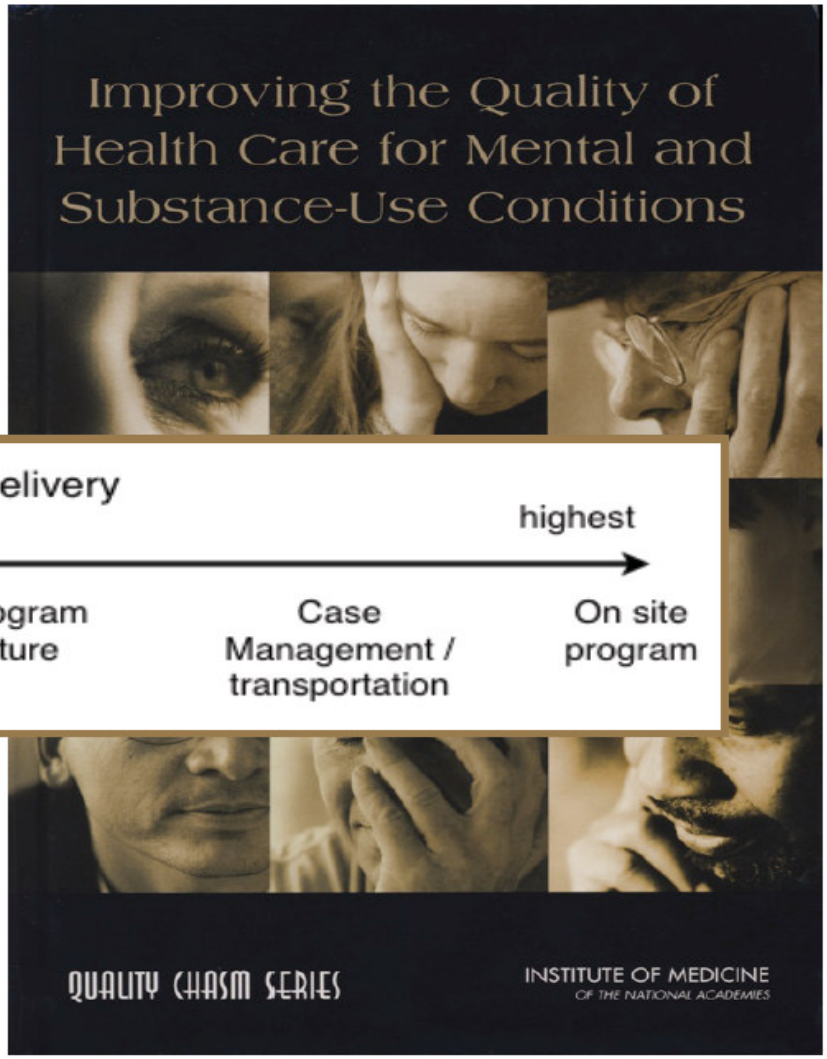
Community of Youth Services
Newsletter #1

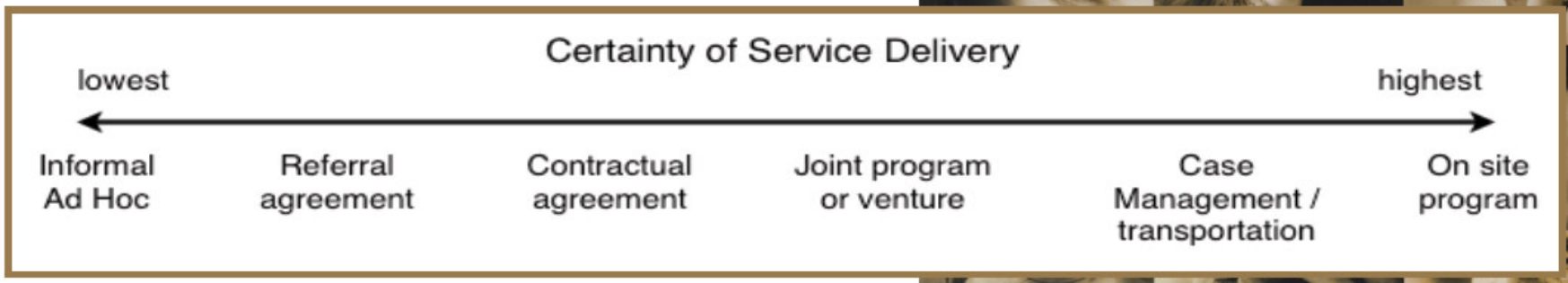
The Role of New Technologies

Collaborative Care is essential

brain&mind
RESEARCH INSTITUTE

Single providers do not provide quality care, cost-effective care or build capacity!

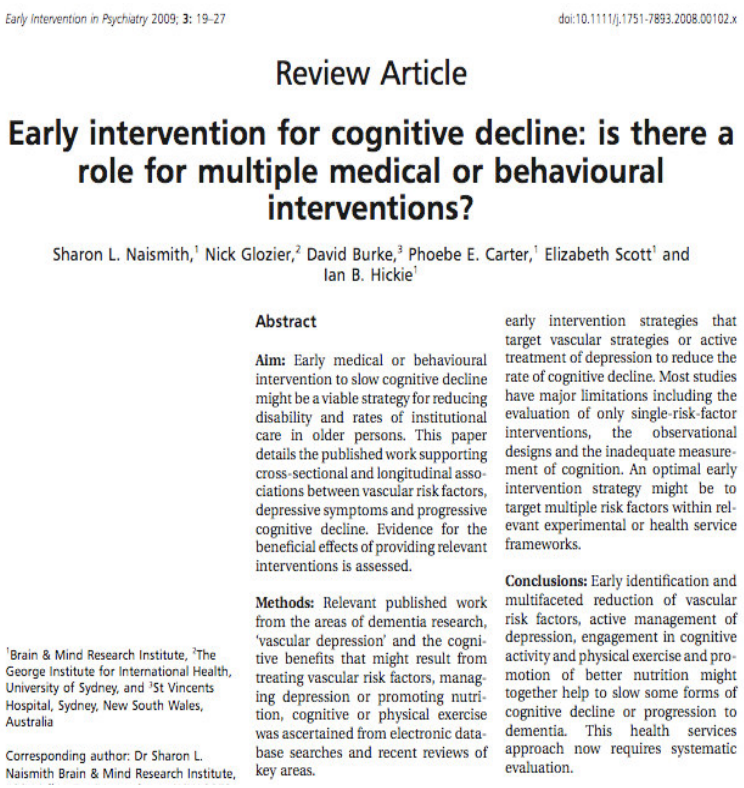




Purchasers and quality oversight organisations can create incentives for providers… through their funding and accountability mechanisms and by exercising leadership within their spheres of influence.

Institute of Medicine, 2005 (1)

Early Intervention Perspective



Early Intervention in Psychiatry 2009; **3**: 19–27 doi:10.1111/j.1751-7893.2008.00102.x

Review Article

Early intervention for cognitive decline: is there a role for multiple medical or behavioural interventions?

Sharon L. Naismith,[1] Nick Glozier,[2] David Burke,[3] Phoebe E. Carter,[1] Elizabeth Scott[1] and Ian B. Hickie[1]

Abstract

Aim: Early medical or behavioural intervention to slow cognitive decline might be a viable strategy for reducing disability and rates of institutional care in older persons. This paper details the published work supporting cross-sectional and longitudinal associations between vascular risk factors, depressive symptoms and progressive cognitive decline. Evidence for the beneficial effects of providing relevant interventions is assessed.

Methods: Relevant published work from the areas of dementia research, 'vascular depression' and the cognitive benefits that might result from treating vascular risk factors, managing depression or promoting nutrition, cognitive or physical exercise was ascertained from electronic database searches and recent reviews of key areas.

early intervention strategies that target vascular strategies or active treatment of depression to reduce the rate of cognitive decline. Most studies have major limitations including the evaluation of only single-risk-factor interventions, the observational designs and the inadequate measurement of cognition. An optimal early intervention strategy might be to target multiple risk factors within relevant experimental or health service frameworks.

Conclusions: Early identification and multifaceted reduction of vascular risk factors, active management of depression, engagement in cognitive activity and physical exercise and promotion of better nutrition might together help to slow some forms of cognitive decline or progression to dementia. This health services approach now requires systematic evaluation.

[1]Brain & Mind Research Institute, [2]The George Institute for International Health, University of Sydney, and [3]St Vincents Hospital, Sydney, New South Wales, Australia

Corresponding author: Dr Sharon L. Naismith Brain & Mind Research Institute,

- Multiple Service Elements delivered to those in earlier stages
- Management of Depression
- Management of Vascular risk
- Cognitive remediation
- Use of e-technologies
- Test overall effects rather than individual elements

Population-based Intervention Trail for depression/Vascular risk

Cardiovascular Disease and Depression Strategic Research Program

- 45+ Up Study of community residents
- Web-based RCT
- Interventions with those with vascular risk factors
- Mental health literacy (MoodGym)
- Primary outcome of depressive symptoms

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Australian Government
Productivity Commission

Caring for Older Australians

Productivity Commission Inquiry Report
Volume 1

No. 53, 28 June 2011

Productivity Challenges

Background

Aged care is an important component of Australia's health system. The National Health and Hospitals Reform Commission (NHHRC) considered that significant reform is needed to the aged care system, including its relationship to the rest of the health system, if it is to meet the challenges of an older and increasingly diverse population. These challenges include:

- a significant increase in demand with the ageing of Australia's population;
- significant shifts in the type of care demanded, with:
  - an increased preference for independent living arrangements and choice in aged care services,
  - greater levels of affluence among older people, recognising that income and asset levels vary widely;
  - changing patterns of disease among the aged, including the increasing incidence of chronic disease such as dementia, severe arthritis and serious visual and hearing impairments, and the costs associated with care;
  - reduced access to carers and family support due to changes in social and economic circumstances;
  - the diverse geographic spread of the Australian population; and
  - an increasing need for psycho geriatric care and for skilled palliative care;
- the need to secure a significant expansion in the aged care workforce at a time of 'age induced' tightening of the labour market and wage differentials with other comparable sectors.

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Key points

- Over one million older Australians receive aged care services. The range and quality of these services have improved over past decades, but more needs to be done.
- Future challenges include the increasing numbers and expectations of older people, a relative fall in the number of informal carers, and the need for more workers. By 2050, over 3.5 million Australians are expected to use aged care services each year.
- The aged care system suffers key weaknesses. It is difficult to navigate. Services are limited, as is consumer choice. Quality is variable. Coverage of needs, pricing, subsidies and user co-contributions are inconsistent or inequitable. Workforce shortages are exacerbated by low wages and some workers have insufficient skills.

- The Commission's proposals address these weaknesses and challenges and aim to deliver higher quality care. The focus is on the wellbeing of older Australians — promoting their independence, giving them choice and retaining their community engagement. Under this integrated package of reforms, older Australians would:
  - be able to contact a simplified 'gateway' for: easily understood information; an assessment of their care needs and their financial capacity to contribute to the cost of their care; an entitlement to approved aged care services; and for care coordination — all in their region
  - receive aged care services that address their individual needs, with an emphasis on reablement where feasible
  - choose whether to receive care at home, and choose their approved provider
  - contribute, in part, to their costs of care (with a maximum lifetime limit) and meet their accommodation and living expenses (with safety nets for those of limited means)
  - have access to a government-sponsored line of credit (the Australian Aged Care Home Credit scheme), to help meet their care and accommodation expenses without having to sell their home. A person's spouse, or other 'protected person' would be able to continue living in that home when an older person moved into residential care
  - choose to pay either a periodic charge or a bond for residential care accommodation
  - if they wish to sell their home, retain their Age Pension by investing the sale proceeds in an Australian Age Pensioners Savings Account
  - have direct access to low intensity community support services
  - be able to choose whether to purchase additional services and higher quality accommodation.

While changes to the aged care system over past decades have increased the range and quality of care and support available to older Australians, there are significant variations in the quality of services. However, fundamental reform is required to overcome the delays, discontinuities, constraints and shortages that currently exist, and to respond to future challenges. The challenges include:

- a significant increase in the number of older people
- an increasing incidence of age-related disability and disease, especially dementia
- rising expectations about the type and flexibility of care that is received
- community concerns about variability in the quality of care
- a relative decline in the number of informal carers
- a need for significantly more nurses and personal care workers with enhanced skills.

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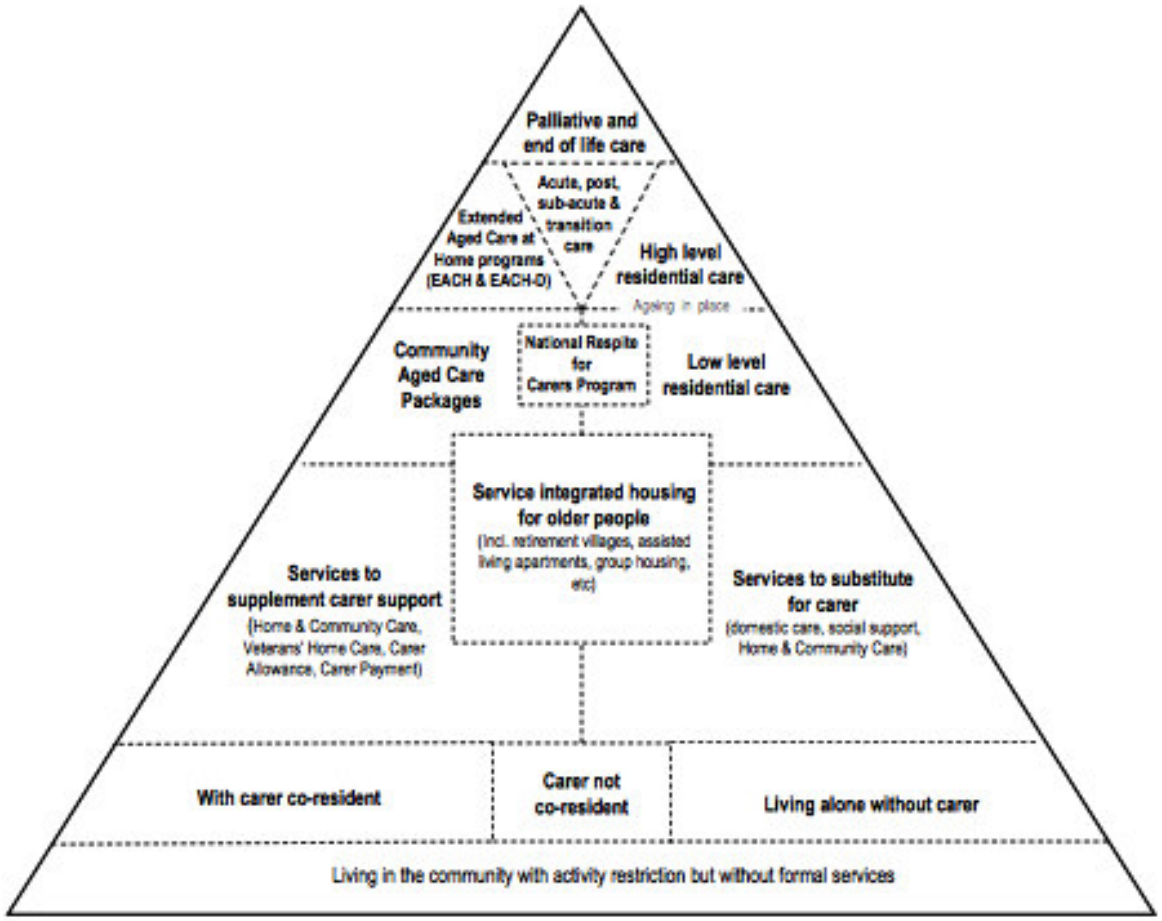
Figure 1 **Current modes of care in the aged care system**



The Commission proposes the establishment of an Australian Seniors Gateway Agency which would be responsible for maintaining the national aged care information database, and for delivering assessment and care coordination services (figure 2). Older Australians assessed as needing care would receive an entitlement to services through the Agency.

Figure 2 **Australian Seniors Gateway Agency**

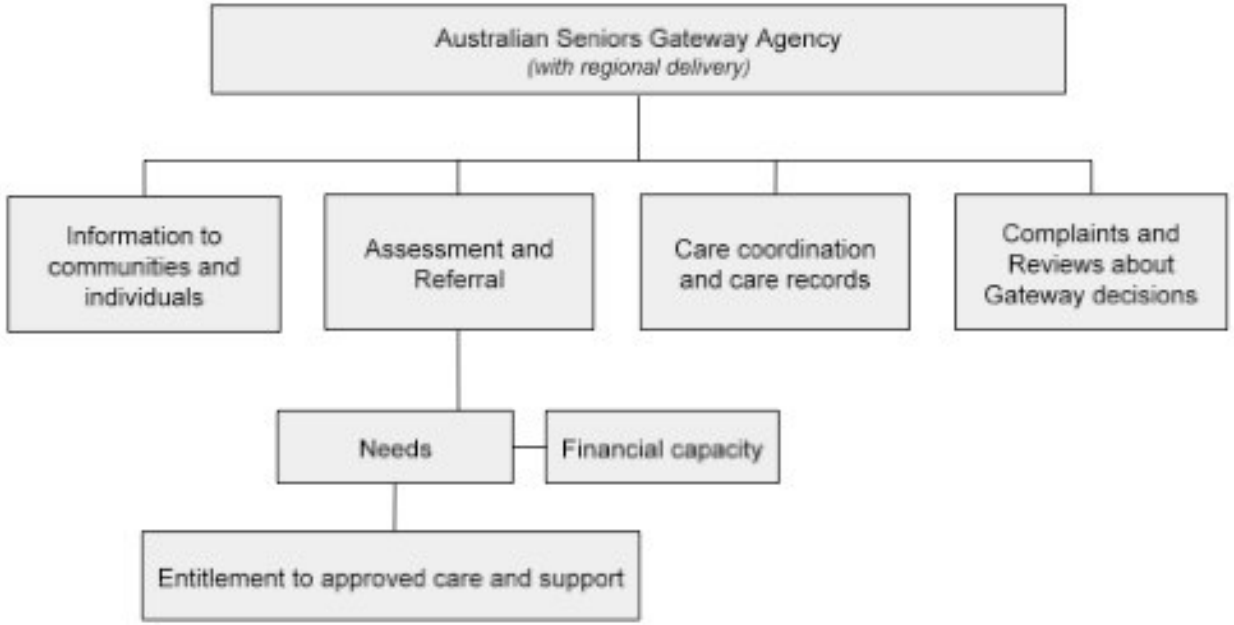
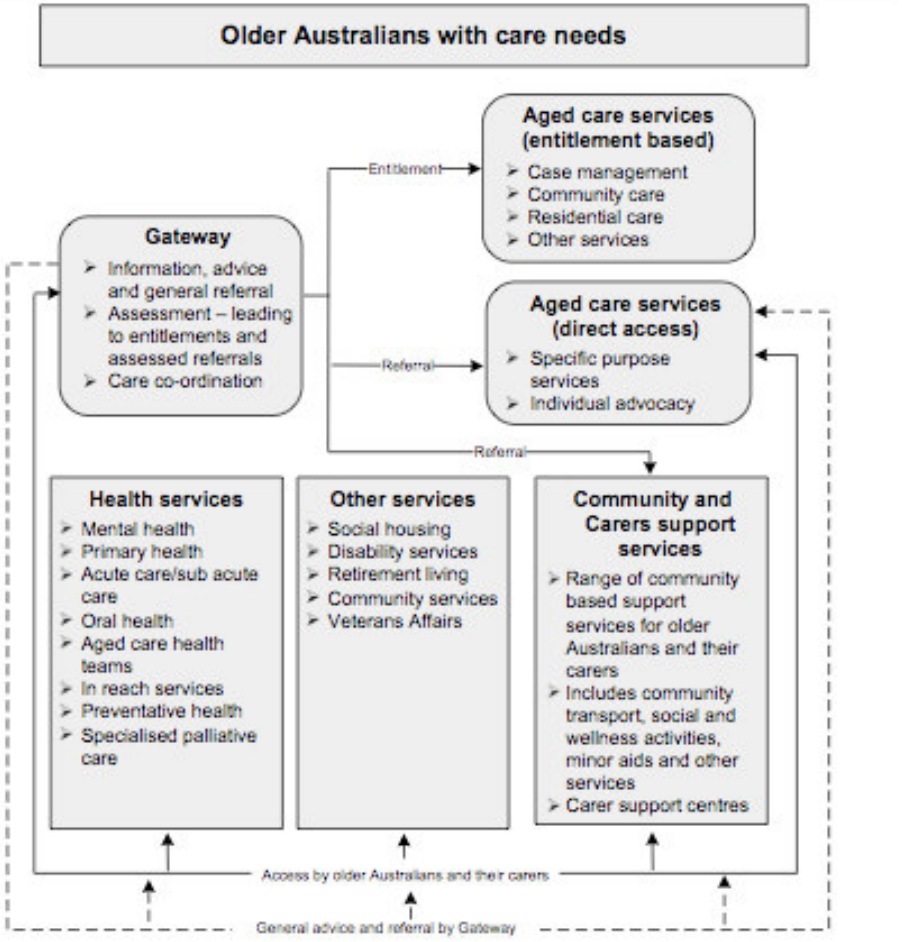


Figure 3 **Accessing aged care and support**



SO – WHERE TO GO?

- Principles
- 1. Need to build on Productivity Report
- 2. Need to articulate best practice models of care
- 3. Central issues related to coordination of community-based and person-responsive services
- 4. ? New styles of agencies that provide integrated medical and social services
- 5. Increased use of relevant technologies
- 6. Accountability at the personal and system levels
- 7. Relative emphasis on building-based vs care-based systems

2011 and Beyond: Who will take the lead?

- 1. The Politicians:
  - PM and Federal Minister
  - State Leadership – NSW Minister
- 2. The Public Services
- 3. The Professions
- 4. The Public Interests
- 5. The Business Interests

Conclusions

- Timing is NOW
- Opportunities Exist
- – bipartisan political support
- - local developments and leadership will matter!
- Dangers of the directions of health reform
  - Hospital-centric reform, state govt roles and medicare locals!
- Are we up to the challenges?
- Need for much greater engagement in the public debate