

NSW Health state-wide directions & developments in Older People's Mental Health

Dr Kate Jackson

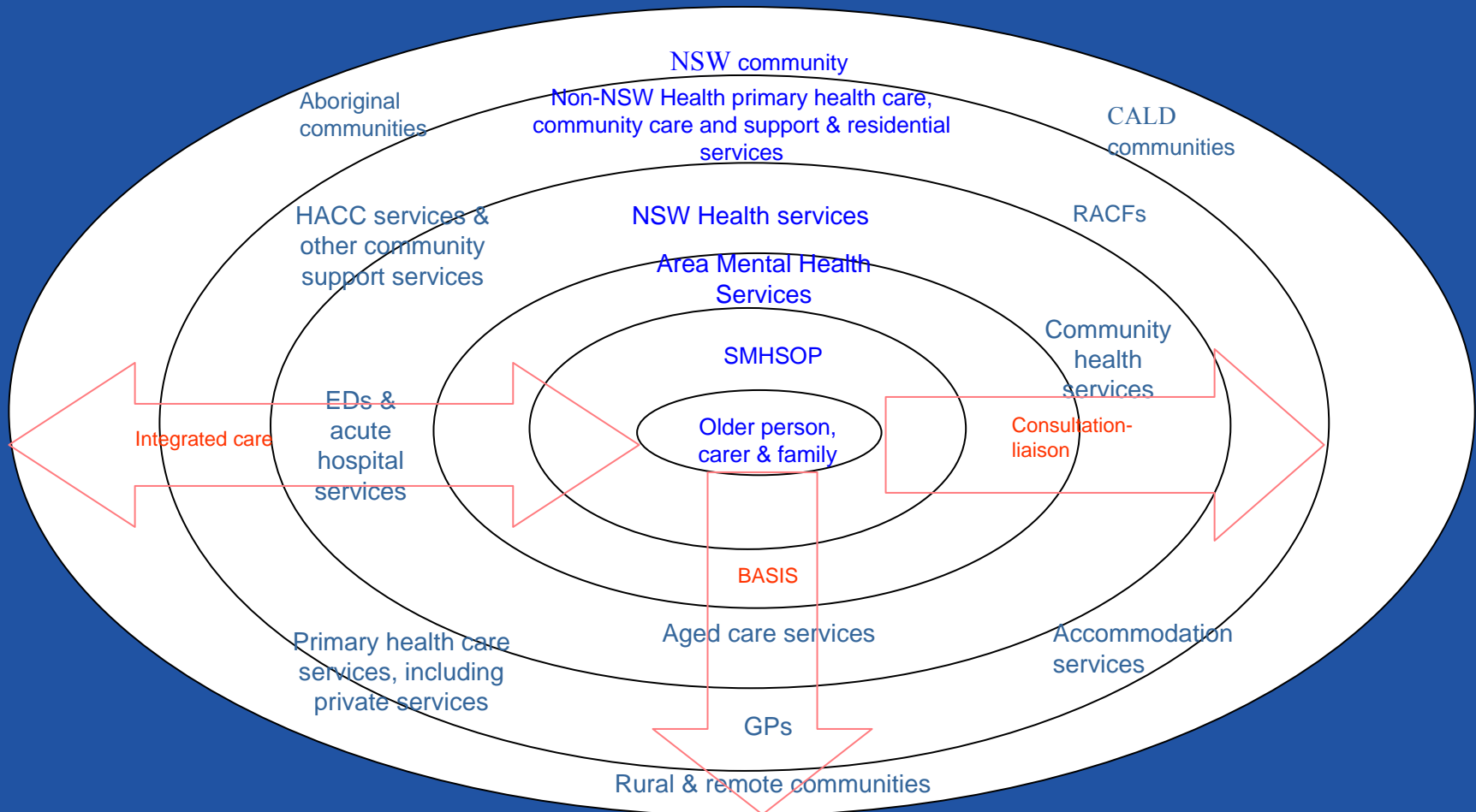
Manager, NSW Older People's Mental Health (OPMH) Policy Unit

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Older people's mental health

- Physical illness, disability & mental disorders closely linked in older age
- Different groups: people with chronic or recurring mental illness; people with late-onset or emerging mental illness
- Depression rates – 5.6% in people aged 70 yrs+ (Skoog et al, 2004)
- Anxiety rates – 6.1% in people aged 70 yrs+, rising to 10.3% in people aged 75yrs+ (Skoog et al, 2004)
- Mental health problems associated with traumatic experiences (veterans & war widows, older immigrants)
- Older people with mental illness – complex care needs, different responses to medications, longer recovery times

Care environment for older people with mental illness

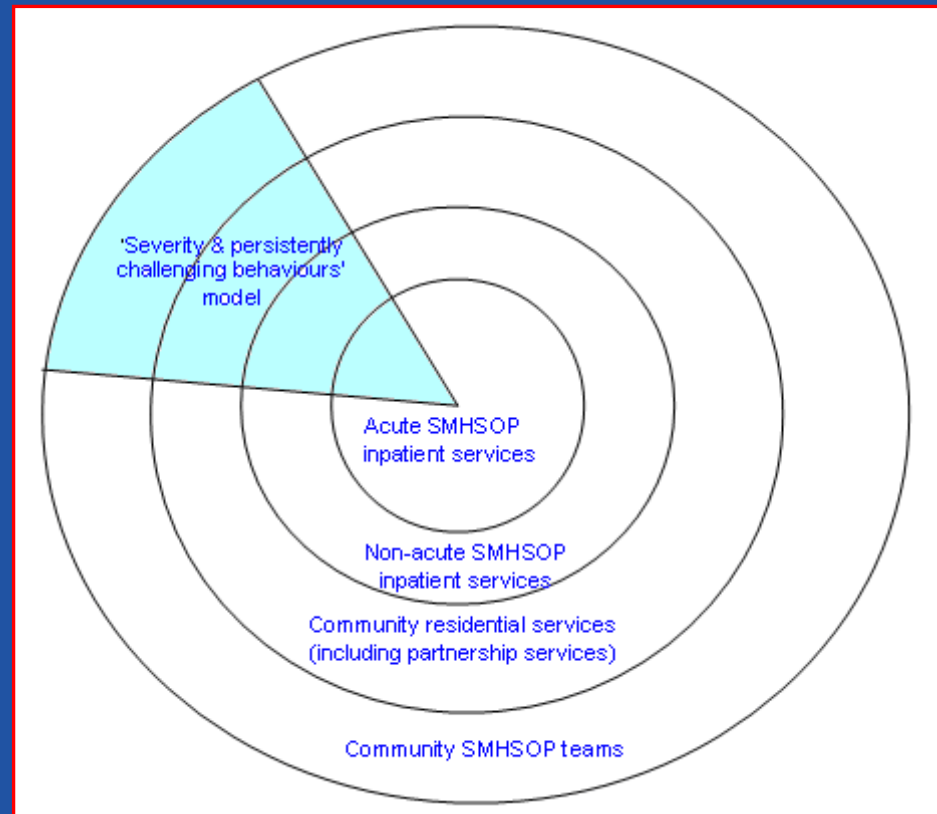


NSW OPMH Program

- **Description** - covers SMHSOP community, non-acute and acute inpatient services and community residential services for older people with mental illness, as well as broader strategies
- **SMHSOP key functions** - include specialist clinical assessment & treatment, consultation/liaison & capacity building, joint care planning and case management with GPs etc & mental health PP&EI programs
- **SMHSOP target group** – older people with lifelong or recurring mental illness and people who develop mental health conditions in older age; also older people with severe behavioural & psychological symptoms of dementia (BPSD)
- **Significant program expansion underway**

NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015

- SMHSOP service model covering service delivery across the continuum of care
- 5 key components of service model →
- 2 phases of service development – next 5 years to focus on community SMHSOP teams & community-based initiatives



NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015 (cont.)

- Implementation underpinned by:
 - Significant budget enhancements
 - State-level consultation processes and advisory groups
 - Area Health Service Strategic Plans and consultation processes led by Area Clinical Coordinators

SMHSOP community teams

- Enhancing SMHSOP community teams
- Strong evidence for effectiveness of multidisciplinary, individualised SMHSOP community teams
- Key clinical functions include specialist assessment, care planning & case management, prevention & early intervention strategies, collaborative approaches with GPs, outreach services, support for families and carers
- Growth in SMHSOP community workforce

Behavioural Assessment & Intervention Services (BASIS)

- Part of a focus on improved service responses to the needs of older people with severe & complex behavioural disturbance associated with dementia and/or mental illness
- Component of best practice model proposed in NSW-Health commissioned report
- Establishing BASIS model - 12 FTE new positions across NSW
- Specialist joint mental health/aged care assessment and intervention, including outreach function
- Builds on existing aged care & SMHSOP services, and links to Australian Government Dementia Behaviour Management Advisory Services (DBMAS) Program

Dementia Behaviour Management Advisory Services (DBMAS) Program

Aims:

- to improve quality of life and care for people with BPSD and their carers, and
- to up-skill, assist and support aged care staff and providers in this area

Target group:

- people with BPSD and their formal and informal carers (with an emphasis on Commonwealth-funded aged care services)

DBMAS Program (cont.)

Key functions include:

- Clinical support, information and advice
- Tailored information and education workshops
- Assessment, short-term case management and care planning
- Clinical supervision, mentoring and modelling behaviour management techniques
- Develop and maintain linkages and partnerships
- Facilitate the use of brokerage funds to provide short-term interventions and direct services.

24-hour 1800 Telephone Assistance Line in operation

Inpatient transitional care model

- Clinical service redesign project to develop Transitional Behavioural Assessment and Intervention Service (T-BASIS) model
- Aims to improve access to and patient flow through units, the patient journey and patient outcomes
- Model = multidisciplinary assessment, care planning and intensive treatment in inpatient setting, with clinical support from both specialist mental health and aged care services; collaborative care model
- Supported by other community-based initiatives for this target group

Partnership transitional/long-term care models

- New models of care to address difficulties for older people with severe BPSD and/or mental illness in accessing long-term care, based on evidence re best practice
- Pilot ‘Special Care Units’ within residential aged care facilities in partnership with providers:
 - specialist consultation-liaison & case management support from SMHSOP and aged care services
 - supported transition to mainstream facilities & community care
 - Best-practice features such as multidisciplinary approaches & therapeutic design
- Two-year evaluation has commenced

Improving older people's mental health

Ultimately, we aim to promote independence, dignity and quality of life for older people with mental health problems, their families and carers, assisting older people to remain as healthy, functionally able and independent as possible for as long as possible, and to participate in community life.

And we can only do this through partnerships and collaboration.

