



NSW Consumer Advisory Group – Mental Health Inc.

Feedback on the NSW Whole of Government Ageing Strategy

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NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide organisation representing the views of people with a lived experience of mental illness at a policy level, working to achieve and support systemic change.

NSW CAG exists to ensure that policy makers hear the perspectives of mental health consumers across NSW. We work from the premise that the participation of mental health consumers in systemic advocacy leads to the development of more effective public policy in the area of mental health. Participation is a fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR).

NSW CAG's vision is for all mental health consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs. Our work is guided by six principles:

- Being person centred and empowering consumers in the interests of consumers;
- Adopting a recovery approach to building positive futures;
- Promoting positive images and reducing stigma and discrimination;
- Enhancing best practice and building understanding of effective approaches to consumer participation;
- Capacity building of our organisation, consumers and services; and
- Promoting professionalism and continuous improvement in our ways of working.

NSW CAG receives core and project funding from the Mental Health and Drug and Alcohol Office, NSW Ministry of Health.

Introduction

“Ageing is something we don’t cope with very well” (MH consumer)

NSW Consumer Advisory Group – Mental health Inc. (NSW CAG) exists to ensure that policy makers hear the perspectives of mental health consumers from across NSW. In line with an increasing focus on Australia’s ageing population, NSW CAG have consulted with older consumers for the purpose of this submission and they have provided much insight into the areas of priority for NSW government. We wish to thank them for their contribution. Based upon this advice and comments from other consumers we are providing comments on the three areas of focus identified in the Ageing Strategy for discussion: liveable communities, participation and discrimination, security and dignity.

Part 1 – Liveable Communities

General wellbeing is supported by feelings of security, inclusion and belonging, and having a home is fundamental to these emotions. One of the most consistent issues raised by mental health consumers is housing. We are told at almost every consultation about the problems arising from inadequate housing solutions, and the need for better processes to support people to access housing and maintain tenancy. Resources need to be allocated to ensure seamless delivery of services during times of change.

Feelings of safety, permanence, inclusion, and stability are vital to all people, but especially to older people with mental illness, who often experience vulnerability, helplessness and futility because of their illness. They can become more unwell through stress and anxiety caused by inappropriate housing placement, poor discharge planning from hospital, lack of ongoing support, and threat of re-hospitalisation if they complain. The importance of having a secure base cannot be overstated.

Comorbid anxiety and depression rates are at higher rates in older people, and can increase the psychological stress that may already be experienced by those with mental illness. Combined, these have more far-reaching consequences than when they occur separately and can lead to risk of suicide, death, disability, medication use and dementia¹. For these reasons the needs of older people with mental illness may be more specific, serious and critical than the general aged population if healthy ageing is to be achieved.

One of the cohorts of higher risk is older women with mental illness. Studies have reported a dramatic rise in older women experiencing homelessness and poverty, and the figures are predicted to rise as ageing aligns with divorce, lack of superannuation and lack of savings, and limited family support due to higher rates of childlessness or financial hardship.

Our conversations with homelessness service providers in Sydney have indicated that many of these women are suspected of having mental health issues – specifically borderline personality disorder (sometimes referred to as complex trauma). Their difficulty in forming and maintaining healthy relationships means that family members often will not or cannot support them.

Safety is of concern for women living rough. Women reported sleeping during the day, avoiding homeless shelters because these were dangerous, and hiding from services and census collectors which results in them becoming an invisible group.

Ludo McFerran, Australian Domestic and Family Violence Clearinghouse, illustrates this in the quote below:

“Despite the fact that there are now more older homeless women accessing Supported Accommodation Assistance Program (SAAP) services than older men, there is not one single funded service specifically for older women in Australia, and only a handful of funded services for single women of all ages”.

NSW CAG recommends:

- That Government gives serious consideration to the housing needs of this population and develop strategies and resources appropriate for this group. This must include outcomes to reduce psychological distress, increase lengths of time people can continue to live in their community, and ensure housing is secure and appropriately modified if required.
- That a review of discharge planning processes occurs, which includes ensuring that older people who have a mental illness are discharged from hospital with appropriate community follow up.
- That attention be focused on workforce development. It is critical that those working with older people have some understanding of mental illness, particularly the areas of anxiety and depression which are highly prevalent in the ageing population.
- That Government develops mechanisms to ensure special populations such as older women with mental illness are provided with specific support programs to meet their individual needs.

Part 2 – Participation

Some public housing is not located near public transport or community facilities. For older people with mental health problems this prevents them from social activities, and limits their ability to live independently. Quality, well designed, transport systems are essential for older people to be able to access the community easily and cheaply. Changes to policy and practice

need to consider the special needs of older people. The change to cashless buses in Sydney, for example, has caused distress and confusion for people and has discouraged people from catching buses at those times of the day. People living in rural and remote areas also have significant barriers to accessing transport and rely heavily on family and friends to provide this service. NSW CAG has heard from consumers that the current NSW transport system is not adequate for the needs of mental health consumers who are ageing.

Personal safety is a concern. We are told of some people being afraid to walk alone in their neighbourhood. For the aged person with mental illness this fear is deepened as their mobility wanes. Feelings of paranoia, suspicion and distrust are not uncommon in those who have experienced mental illness, and can be based in fact as they may have become targets for aggression and hostility in their past. Good planning involving, for example, well lit streets, public seating and accessible transport interchanges will assist in alleviating fear.

Technology such as computers for older people with mental illness can be extremely valuable for maintaining social connectedness, but may also be impossible for them to acquire for financial reasons. More opportunities for free computer access and training to use computers could assist older people with mental illness to connect, find information about their own issues and learn about activities to attend.

Many people who experience mental illness are prone to socioeconomic deprivation and poverty through inability to obtain or keep employment, and poor social skills, and ageing adds a further dimension. Financial problems are likely to be more common as superannuation and saving may have been erratic or impossible. Fear of poverty and isolation was identified in our survey.

NSW CAG recommends:

- That a discussion be held with the Minister for Transport to further explore the barriers to accessing public transport that are present for older people in NSW. NSW CAG recognises the need for a Whole of Government approach to ageing and believes this would include Transport for NSW. Special consideration needs to be taken in regards to people living in rural and remote areas.
- That local councils' conduct audits of their communities to ensure lighting, seating and accessible transport interchanges are both present and correctly located within their communities.

- That consideration is given to strategies enabling older people to build skills relating to computer use and also have access to a computer at a reduced charge or for free.
- That policies be developed or reviewed to include the need to protect the vulnerable in communities who may have had interrupted working lives and little opportunity to plan for old age.

Part 3 – Discrimination, Security and Dignity

More needs to be done to reduce feelings of isolation and lack of suitable support systems for older people with mental illness living in rural and remote communities. These people often have issues specific to their geographic location, such as: greater distances to friends, family and services; fewer people to offer support; inadequate services; limited opportunities, and; limited community resources available to them.. One survey respondent wrote: ‘access and equity across the whole of the nation needs to be in place’.

The effectiveness of multidisciplinary, integrated services for older people with mental illness has been supported by research.² It is a myth that specialised services are “better” services. On the contrary, holistic care that is accessible to older people is “better” care – provided the primary care workers are adequately trained and supervised. Single entry point support is less confusing and intimidating, and care plans can be managed in a more personalised way.

The issues that older people with mental illness face overlap those of the broader community, but also include specific problems such as stigma, marginalisation, abuse and discrimination.

NSW CAG recommends:

- That the Government facilitate the building of strong links between community care organisations, hospital based providers, families, carers and consumers as an essential component of a Whole of Government approach to ageing then major changes need to occur to.
- That government commit to educating the community (government and non-government bodies, families, carers, consumers, other community members) about their responsibility to the ageing population. The message sent by government should be that coordination of care is a responsibility of all services.

- That further consultations with consumers of aged care and mental health services and their carers occur. Consumers and carers are the experts in their own needs and ensuring they are well represented is key to the strategy's success. NSW CAG recommends a reference group or advisory group be established. We are also happy to assist with this process.

NSW CAG would like to congratulate the NSW Government on its proactive objective in developing the Ageing Strategy which will inform future policy responses to the significant, immediate and increasing growth of older people in Australia. We thank you for this opportunity to provide input and look forward to working together on further developing and implementing the Strategy.

¹ Wuthrich, Viviana, *Ageing Wisely* - Group Treatment Program for Anxiety and Depression in Older Adults', Macquarie University study 7/10/10.

² Draper B, Low L (2004) *What is the effectiveness of old-age mental health services?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/E83685.pdf>, accessed 31 January 2012).