Mental health

‘Double jeopardy’ for seniors with mental health issues

With high levels of depression reported in residential aged care and incidence rates of mental illness rising among the ageing population aged care providers and staff will increasingly need a broader knowledge of mental health. Jackie Keast reports.

At The Salvation Army Aged Care Plus’s Montrose Centre, a specialist residential facility for older men, the majority of residents have mental health issues, such as schizophrenia or bipolar disorder. Compounding this are often long histories of disadvantage, including incarceration, homelessness or substance abuse.

Given residents’ vulnerable backgrounds, the team at Montrose Aged Care Plus Centre sought to develop a model of care that could not only meet mental health needs, but provide an environment that nurtures wellbeing and spirituality.

Montrose’s model, which blends a medical approach with a psychosocial, person-centred framework, has resulted in higher rates of resident satisfaction and fewer discharges related to poor health or a return to homelessness.

Aged Care Plus’s executive manager of care services Peter Bewert says the success of the model is underpinned by a deep knowledge of each resident, which establishes a level of trust and relationship.

“Each of them let us know right in the beginning through the assessment process what things are important to them in life, what gives them meaning and that’s the basis of how we facilitate that,” he tells Australian Ageing Agenda.

“We have an emotional connection with them; it’s not just a care relationship - it’s a family environment.”

If a resident is presenting aggressive behaviour, staff will work with the person to determine the cause of such behaviour and how that can be addressed to bring about longstanding change and improve wellbeing.

Bewert says residents’ quality of life has improved since the model was implemented, and there have been reduced occasions of acute illness associated with their mental health.

“We’ve found through this model that [residents] have really taken to living in a community-like environment, and it has reduced behaviours of concern. Most of our residents are able to interact socially to a much higher capacity than before,” he says.

All facility staff have undertaken specialised mental health training, and residents are also supported through regular access to GPs, psychiatric and psychological services, as well as other welfare services.

MENTAL HEALTH AND THE WIDER SECTOR

While the Montrose centre offers a specialised service, there are increasing calls for knowledge of mental health to be reinforced across the broader sector.

Professor Elizabeth Beattie, director of the Dementia Collaborative Research Centre: Carers and Consumers, has an extensive background in psycho-geriatric nursing. She sees mental health as a growing concern for aged care as the population ages, noting that suicide rates are already highest for men over 85.

The move to residential care ranks among the most significant and distressing life transitions, and could predispose people to depression, Beattie told an Australian Association of Gerontology event in November. For those with an existing mental health issue, or cognitive impairment such as dementia, she says the transition is arguably even more confronting.

The most recent figures from the Australian Institute of Health and Welfare estimate that over half of those living in residential aged care have symptoms of depression, and rates are higher again among those from CALD backgrounds.
Beattie says older people with a mental health diagnosis are often in double jeopardy, stigmatised by both their age and diagnosis. For those with additional issues of homelessness or substance abuse, the situation is likely worse.

"While additional capacity is needed in the specialist mental health services, it's critical primary healthcare and residential aged care also keep pace with population need and ensure people with mental health needs are identified and responded to appropriately," she says.

Late last year, the Federal Government announced significant reform to Australia's mental health system, which will see more coordinated packages of care for those with severe and complex needs, and more services commissioned through the Primary Health Networks. However, the reform document contained no mention of seniors, older people or aged care.

Presently, those in residential aged care are excluded from Medicare-funded psychology services, most likely due to the perception of double funding.

STAFF TRAINING AND THE RIGHT APPROACH

In order to properly meet the needs of those with mental health concerns, Beattie says it is vital to not only provide residents timely access to specialist services, but to also have quality trained facility staff.

While she says the philosophy of person-centred care is in and of itself excellent, she expresses concern with what she sees as "uncritical" uptake within residential aged care.

"We're almost to the point of tokenism in some homes now, where if you know a person's nickname was Joe and that he liked fishing, that's the extent of what you need to know about somebody," she says.

"That is not about knowing a person; it is not about creating therapeutic alliance with them. Rather, it is the goal of high quality mental health care."

Therapeutic care requires specialised knowledge, intimate relationships and systematic engagement with the person, their family and the treatment team, says Beattie.

"Bonding is an extraordinary human quality; we must have that. But you also have to teach people where these diseases come from: what they are, how they manifest themselves, what are the histories of people who come in, what are the likelihood of these developing in certain environments if certain things don't happen," she says.

Unfortunately, the current workforce climate makes it difficult to facilitate the provision of this high quality emotional and therapeutic care outside of the demands of physical care, she says.

"How often do we know that people interact at any emotional level with people in residential aged care? How can that happen when the average nursing time, for example, is less than 11 minutes now per RN?"

"We have to meet those fundamental needs, those physiological needs, while at the same time doing great emotional care."

TRANSFORMATIONAL CHANGE

Better access to education, training and external services has improved both resident mental health outcomes and staff wellbeing at Uniting's Annesley House, which, like Montrose Aged Care Plus Centre, caters for older people with mental health concerns.

In 2013, Annesley House initiated a program to improve its services after recognising more could be done about rates of reportable incidents and resident aggression within the facility, as well as high levels of staff turnover, and reports staff felt they didn't have the appropriate skills to effectively deal with difficult resident behaviours.

Chidananda Kamath, former deputy service manager at Annesley and now Uniting business support manager, says that as the majority of aged care workers do not enter the sector with specific training in mental health, management needs to build that capacity within its staff.

Under the ongoing program, all staff at Annesley now receive mental health first aid training, and those who are primary contacts for residents are provided with the chance to complete their Certificate IV in Mental Health.

Annesley has also engaged a variety of multidisciplinary external support in order to provide further staff education and enhance the clinical care provided onsite. A diversional therapist with a mental health background is also employed full-time in recognition of the benefits of evidence-based lifestyle programs.

In the 18 months since it began, the program has significantly reduced reportable incidents, increased staff capabilities and engagement, and improved staff retention.

Kamath says that utilising a range of educational programs and external support for both staff and residents was vital, as when it comes to mental health there is no "one solution fits all."

"You have to have multidisciplinary teams and clinical support, but at the same time you have to listen to your staff and residents," he says.

"If you asked me which program in the whole project was significant in making these changes, I couldn't name one, because we had everyone working towards the same goal."

Improving staff understanding of mental health issues has also empowered staff to better orient care plans and improve the environment for residents.

The most touching example of this for Kamath comes from a change seen in a resident who was known for challenging behaviour and for not socialising. After discovering this resident previously had worked as a tailor, staff asked if he would like to sew costumes for other residents for the annual ball.

"Without hesitation he sat on the sewing machine and started. He loved it, he was all smiles," says Kamath. "He was so happy from that day onwards, very engaged, very social... It gave him meaning and purpose."

MOVING FORWARD

For Beattie, radical advocacy and strong leadership is required to improve the provision of mental health care in the sector, and this should occur in partnership with peak bodies and professional organisations in order to be effective.

She expresses concern that the sector may be losing its future leaders on the issue as psychiatric and psychotherapy training is increasingly overlooked in university nursing study.

However, Kamath says the experience at Annesley House has taught him there are many services outside of the sector willing to share their knowledge and experience, which can guide service provision.

On the ground though, Kamath says the first thing staff and aged care providers have to do is remove the stigma from their mind.

"Always define an individual for who they are, not the diagnosis."

"People need to realise that they are just like any other human being. When you go in with that view it's easy."

Montrose Aged Care Plus Centre and Annesley House were winners of 2015 Better Practice Awards.

Support for facilities

BeyondBlue has developed the Professional Education to Aged Care (PEAC) program, which provides evidence-based training for aged care staff to improve the detection and management of depression and anxiety in older people in both residential and community settings.