

BRIEFING PAPER

Workshop Six: Mental health supports for older people

Background

Mental health interventions are at the core of the occupational therapy profession, and occupational therapists work across a wide range of mental health settings, including services that offer services for older people. However, the profession is often overlooked as a key provider of mental health services by referrers and policymakers. There is a real need to increase understanding of the unique skills and contribution of occupational therapists individually and as part of a multidisciplinary team. It is also important to understand how the interventions delivered by occupational therapists, and the issues those clinicians face, vary across funding schemes, in different settings, and for different client cohorts.

Mental health and older people

Older people experience high rates of mental ill-health, particularly in residential settings. The Royal Commission into Aged Care found that while some 10 percent of older people in Australia have symptoms of depression and anxiety, that increases to almost 50 percent of those living in residential aged care. Evidence provided to the Royal Commission also suggested that older people were less likely to have diagnosed mental health needs, particularly if they lived in residential care. Where older people experienced mental ill-health evidence presented to the Royal Commission suggested that there was an overreliance on psychotropic medications. This reflects the broader population where rates of prescription for psychotropic medications significantly exceed referrals for therapy services. Older people experience higher use of medication as a 'chemical restraint' to manage complex behaviours.

Older people experiencing mental ill-health experience additional challenges accessing supports where they may also be experiencing cognitive decline and/or dementia. A range of inquiries including the Oakden inquiries and the Royal Commission into aged care found that older people with dementia, communications issues, and complex behaviours had greater difficulties accessing mental health supports.

Medicare-funded services for older people

Medicare is a key funder of mental health services for all age groups through the Better Access program. However, despite high rates of mental ill-health in older people, [Australian Institute of Health and Welfare \(AIHW\) data](#) shows that use of Medicare-funded mental health services is lower than for all other age groups other than children under 11. While older people living in the community have equivalent access to the Medicare Better Access program to other age groups, older people in residential care were previously unable to access Medicare-funded services. However, from 10 December 2020 to 30 June 2022, the Australian Government has expanded eligibility requirements for the Better Access to allow aged care residents to access up to 20 Medicare subsidised individual services annually. The government has announced that the

expansion of these Medicare services is a response to the COVID-19 pandemic. Current pandemic arrangements also allow those mental health services to be provided via telehealth.

The Royal Commission has recommended that a range of assessment, review and treatment Medicare are introduced for residential aged care settings by the end of 2021.

Veterans' mental health services

The mental health needs of Australia's veteran community are broadly consistent with other older people, with high rates of depression and anxiety. In addition to higher prevalence conditions, post-traumatic stress disorder is more common among veterans than in other parts of the population. Veterans with gold or white cards living in the community can access mental health therapy services provided by mental health occupational therapists in cycles of 12 sessions. Additional referrals from a GP are required to access additional cycles of treatment. DVA also funds trauma-focused therapy, though these cannot be provided by mental health occupational therapists.

Like other older people living in residential care, mental health services for veterans were restricted prior to the pandemic. However, new DVA arrangements were put in place as a COVID-19 response from 10 December 2020. As a result, veterans in residential care can now access up to 20 mental health services per year from general practitioners or allied mental health providers.

Under DVA COVID-19 arrangements, both community and residential mental health services may be provided via telehealth though these arrangements are currently set to expire at the end of 2021.

My Aged Care mental health services

The aged care system provides several different streams of funding to support older people who have been assessed as needing supports. Two community-based streams provide varying levels of funding: the Commonwealth Home Support Program (CHSP) and Home Care Packages (HSP).

Funding for residents in aged care is currently provided based on the Aged Care Funding Instrument (ACFI), however this will be replaced by the Australian National Aged Care Classification (AN-ACC) on 1 October 2022. The Royal Commission into aged care identified significant gaps in relation to allied health mental health services for older people, living in the community and in residential care. Their recommendations included a significant expansion in how mental health needs are assessed and met. However, it is not yet clear to what extent these will be addressed by government reforms. The recent Federal Budget included a significant expansion in the number of home care packages, and [outlines range of proposals to increase access to care, improve quality, and better support older people and their families to make decisions](#). However, there is little detail about how the proposals will address the gaps in the availability of allied health services provided by mental health occupational therapists and other professions.

Other mental health services

States and territories fund Older People Mental Health Services (OPMHS) or Aged Persons Mental Health (APMH) services. These services are intended to support older people with complex, generally long-standing, mental health issues as well as complex behaviours arising from dementia. State and territory services will vary though services will generally include both community- and bed-based services.

Workshop aims

This workshop is one of a series of advocacy-focused workshops that will bring together occupational therapists who work with clients with mental health needs to talk about the issues and barriers that most impact them in their day-to-day work. The workshops will seek to identify opportunities for improvement and reform. This will support work that Occupational Therapy Australia (OTA) is undertaking to develop a strategic advocacy plan and campaign, focused on the mental health work of occupational therapists. OTA is being supported in the development of the mental health paper by SquareCircle Consulting.

Workshop questions

The questions below will be used to guide the discussion during the workshop. As the workshops may not provide sufficient time for all feedback to be discussed, participants are encouraged to provide written feedback on the questions before or after the workshop.

General questions

1. What are the key challenges for you as a clinician working with older people? Please identify whether these are community or residential services, and which scheme is funding services.
2. What are the key challenges for your clients and/or quality clinical care? Please identify whether these are community or residential services, and which scheme is funding services.

Funding and workforce

3. What are the major funding issues that impact your work?
 - a. How adequate is resourcing to meet client needs? Do you bulk bill clients?
 - b. Does funding limit your clinical interventions (e.g., because of rationing or due to funding constraints on some interventions)?
4. What are the key workforce-related issues that impact you as a clinician working in this area?
 - a. How adequate is the resourcing for the OT role?
 - b. How difficult is it to keep on top of professional development?
 - c. Do you feel that OTs working in this area have the requisite skillset and experience?
5. How well are you able to interact with other health and non-health professionals in support of your role? What barriers are there to that interaction?

Demographics and client needs

6. How would you describe the key diagnoses and support needs of the client cohort you support?
7. Do you identify specific outcomes, and do you measure progress against these? How? Are measures consistent across clients or individual (e.g., goal setting)?

Clinical supports

8. What do you define as a mental health related intervention in the context of this scheme or setting? How do services differ where clients have a dementia diagnosis?
9. Which of these interventions would you consider OT-specific interventions, and which are general mental health style interventions?
10. Are there OT-specific interventions that are particularly relevant in this context and how does your work differ from other professions in this setting?
11. Are there OT interventions that you feel that you are unable to utilise due to constraints on accepted therapies?

12. Are there clear role definitions that differentiate your own work and that of other allied health professionals such as psychologists and social workers?
13. What is the role of social prescribing in your clinical work and to what extent is this enabled or prevented by the scheme or setting in which you work?

Additional information about the Thinking Ahead: Mental Health project

If you are interested in keeping up-to-date with the work being undertaken as part of the OTA Thinking Ahead mental health project, please visit: <https://otaus.com.au/media-and-advocacy/mental-health-paper>. The website will include updates about progress on the project as well as providing information about any opportunities to participate in additional workshops or consultation activities. Updates will also be provided via OTA member communications channels.

If you would like to provide feedback or register interest in upcoming consultations, please contact: haveyoursay@otaus.com.au.