AASW
Australian Association of Social Workers

South Australian Branch
Level 1, Education Development
Centre 4 Milner Street
Hindmarsh SA 5007
T 08 8463 5911
F 08 8463 5981
E aaswsa@aasw.asn.au

www.aasw.asn.au

13 April 2018

ATT: South Australia Mental Health Commissioner

Mr Chris Burns
C/O Peta.Towner@sa.gov.au

RE: Blockage of treatment via Better Access for residential care older South

Australians Dear Mr Burns,

Thank you for your interest in the wellbeing of older adults in our State and learning more about how Medicare is still blocking Australian residents of care facilities access to subsidized psychological health care. I write to follow up a conversation you had with Sue King at our World Social Work Day breakfast recently, and on behalf of our concerned social worker members.

In January 2017 the Council of the Ageing (COTA) released a petition that is still current at http://healthforolderaustralians.org.au/ which urges the Minister for Health the Honourable Greg Hunt to overturn outdated policy that "denies older Australians in residential aged care access to Medicare-funded psychological treatment through the Better Access to Mental Health Care program - treatment that is available to the rest of us as a right."

In August 2017 an AASW interest group sent a letter, also to the Minister of Health (see first attached) urgently requesting that government overturn the policy that disallows aged care facility residents access to psychological services. And in December 2017 point 4 of a pre-budget submission by the AASW reiterated this request (see second attachment).

Yet still the situation remains unchanged. This is an oversight and an injustice that deserves immediate attention and rectification.

This injustice has been highlighted to the Health Minister since mid-2016. At the time Medicare webpages included this link (which is now not operational) http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=M7.1&qt=noteID . A mental health social worker alerted the mental health arm of the Australian Association of Social Work (AASW) and COTA along with our State's advocacy service the Aged Rights Advocacy Service (ARAS). On the link that Medicare previously provided the justification for blocking access rested on the following (erroneous) assumptions:

1. Those on the Aged Care pension in a facility already have access to government/facility funded services that cater for their psychological health:

    - In 2009 the Better Access in Aged Care Initiative encouraged allied health to work in facilities, but it was not specific to mental health

- Only two Divisions of General Practice in SA took mental health up via this initiative and now only the Northern Health Network (formerly the Adelaide Northern Division of General Practice) continues to offer this service but it will be closed down this May!
- Our information is that very few ACFs supply their own psychotherapists/clinicians
- The only other government funded services are to help (mainly staff and family) manage psychiatric presentations (OPMHS) or dementia related issues (Alzheimer's Australia/DBMAS) primarily to do with behavioural issues for people who have advanced dementia.

2. Those with a diagnosis of dementia cannot also qualify to have a mental disorder:

    - In Medicare Benefits Schedule Note M7.1 it states: *Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of these items.*
    - Dementia has several stages and types. A clear majority of those with some form of dementia experience mental distress that is treatable through psychological intervention. American psychologist Bob G. Knight (2004) in his book *Psychotherapy with Older Adults* discusses evidence-based interventions used for those during early-stage or middle-stage dementia. Then, of course, at end-stage these interventions are not suitable, and the focus needs to become more behavioural/environmental. It is hence unfounded and ageist, to imply that distress experienced by someone with dementia cannot relate to a mental disorder and is not suitable for psychotherapeutic intervention (vs more environmental /stimulus response intervention not requiring insight or language)

If a private practice service under Medicare cannot cater for the level of complex need (liaising with ACF staff and family is not a billable item under Medicare) these Australians need better options of psychological care which could include a government funded service – a standalone service specializing in psychotherapy for an advanced senior group not tightly bound by mental health/psychiatry as in the case of the OPMHS.

To put a face to this problem we would like to share with you a story that was included in advocacy attempts in 2016 to COTA, the AASW and ARAS:

> *Rose (not her real name) was a 69-year-old aged care facility resident in Adelaide. Recently she was referred to a Primary Health Network in the north for psychological support. Due to a restructure she could not be serviced by this agency because of a boundary change. Even so, the program in this agency has a very small capacity. Nor could she be serviced by the southern Primary Health Network – Links to Wellbeing - because they do not have clinicians who can see residents in facilities. There is no government service in this State that can offer her a psychotherapy service.*
>
> *As she was not self-funded pensioner, no provider could see her at the ACF and bulk bill her or give her a low fee service subsidized by Medicare.*

Rose had been diagnosed with mild dementia due to a neurodegenerative disease called Spinocerebellar Ataxia. While she needed the support of facility living and experienced several functionality issues, observation and informal assessment reflected that she was still quite cognitively able with mild cognitive impact, able to hold conversation well, demonstrated good long-term recall and fairly good short-term recall, was engaged, was consistent in her story, orientated, expressed her needs well and showed good comprehension of verbal discussion. Rose's presentation appeared to be like a combination of Parkinson's, stroke and mild short-term memory loss.

In the space of 6 months Rose had lost her only daughter to cancer, experienced further neurological decline affecting mobility and speech, become a permanent resident of an aged care facility, said goodbye to her home, was separated from her beloved dog and was surrounded by those who were twenty years her senior many of whom could not converse at her ability level. She was very appreciative of the care that she received at the long-term care facility but life as she knew it had been turned upside down. Her complicated and disenfranchised grief was compounded by aggravating memories of losing her baby decades ago.

Most older people in long term care facilities – especially those experiencing neurological decline – need targeted therapy expectations and evidence-based intervention practices. This would be the same for Rose. Engagement with her would also need to consider the possibility that the disease itself could be a causal factor in any depressive symptoms evident or emotional irregularity. However, most Rose's issues were situational (not organic) and her distress treatable.

Half way through an initial social work therapy session she was comfortable enough to express her emotions regarding her daughter but also admitted to being hard on herself for being emotional. Rose's presentation might not be defined as a mental disorder – though for the purposes of the Medicare criteria it could be – but it was certainly grief in relation to multiple loss causing significant emotional pain.

If grief of this magnitude is left untreated it can easily develop into chronic depression. It is the sort of pain seen in many seniors living independently that can receive treat under Medicare's Better Access Initiative.

How many other residents like Rose are there in Australia? Marginalized, neglected and forgotten by our health care system? Believed to have access to psychological support? But, there is no affordable option available to them at all?

And, as we all know, the numbers of South Australians caught in this service gap are only going to increase in the next few decades. Not having services that can treat psychological distress or prevent it from worsening is sure to be a cost not only to individual residents and their families but become a significant management concern for ACFs as well.

Rose's story is an example of how positive ageing principles are being thwarted by our health system. She is a part of 'the forgotten generation'. Quality of life for older adults and residents of long term care facilities should be as valued in our community as it is for all other populations. Older Australians in residential care need access to quality psychological services to deal with sub clinical presentations of distress along with clinical presentations of depression and anxiety. They need access to clinicians under the Better Access Scheme which is available to every single adult in this country not living in a care setting.

Thank you for your attention to this matter of grave importance for older adults in our State.

Kind regards,

Mary Hood
AASW SA Branch President

Felicity chapman
Accredited Mental Health Social Worker