



Submission

Opportunities for Participation of Victorian Seniors

September 2011

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Opportunities for Participation of Victorian Seniors

beyondblue: the national depression initiative

beyondblue is pleased to present this submission on opportunities for participation of Victorian seniors, to the Family and Community Development Committee. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on these illnesses and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression and anxiety prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression and anxiety.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, men, perinatal women, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.ⁱ One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.ⁱⁱ People experiencing depression and/or anxiety disorders are also more likely to have a comorbid chronic physical illness.ⁱⁱⁱ

Although the exact rates of depression and anxiety among older people are not yet known, research conducted by *beyondblue* and others indicates that between **10 - 15 per cent of older people living in the community experience depression and approximately 10 per cent experience anxiety**. Some studies suggest the prevalence of anxiety may be higher than depression.^{iv} Rates of depression among older people living in residential aged care are

thought to be much higher than those in the community, with a recent Australian study showing that between **34 – 41 per cent of aged care residents experienced depression**.^v **Alcohol and other drug use** is also an issue for some older people. Research suggests that older people who smoke tobacco may do so at a higher rather than younger people; daily drinking increases with age; and between 2004 to 2007 there was an increase in illicit drug use among people aged 50 – 59 years, while use decreased among younger age groups.^{vi}

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.^{vii} Globally, the World Health Organisation predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.^{viii}

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society \$12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.^{ix} The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.^x It is also important to recognise the differences in mental and physical disabilities, and the impact on workforce participation. In 2003 **28.3 per cent of people with a mental illness participated in the labour force, compared to 48.3 per cent of people with a physical disability**.^{xi}

beyondblue's response to the Opportunities for Participation of Victorian Seniors inquiry

Health and wellbeing

Mental health is determined by a complex interplay of social, environmental, psychological and biological factors.^{xii} There is a strong relationship between mental health and social, community and economic participation. **Higher levels of social participation and connectedness protect against poor mental health, while social isolation and exclusion are risk factors for developing depression and anxiety disorders**.^{xiii, xiv} Enabling older Victorians to have greater levels of participation in society will therefore enhance health and wellbeing, while positive mental health will also contribute to increased levels of participation in society.

The **relationship between positive mental health and participation** was explored in the *beyondblue 'Over B..... Eighty! Project'*. This project commenced in 2009 with the aim of

gathering insights from older people about how they stay physically and/or mentally healthy over the age of 80. Older Victorians are among those who have participated in this project and, like their counterparts in other states and territories, they have indicated the importance of continuing to engage in community activities, as a way to maintain and enhance their mental health. This was demonstrated in their advice to other people over 80:^{xv}

- *“Keep active – both mind and body – and make sure you involve yourself with your friends and family. I have kept in touch with past colleagues from work, some of whom have also retired, and I believe that is important.”* (Grace Ching, 80, Strathmore)
- *“The main thing is to get out and about as much as possible and talk to people.”* (Lillian Bramley, 88, Highton)
- *“Do appropriate daily exercises and take walks with friends...Join groups such as the University of the Third Age (U3A) or Probus – they are good places to make friends.”* (Max Lee, 82, Monbulk)

While active participation in community groups and activities can help to promote mental health, for some older Victorians depression and anxiety disorders may be barriers to participation. **To both enhance community participation, and improve health and wellbeing, it is essential that older people can access timely and effective mental health services.** Older people are less likely to use mental health services compared to other age groups,^{xvi} and they experience a number of **barriers to receiving help and treatment.** These include:

- **Stigma** – older people are significantly less aware than other age groups of the signs and symptoms of depression and anxiety; are significantly more likely to hold stigmatised attitudes around depression; and are far more likely than other age groups to believe that depression is a normal part of ageing.^{xvii}
- **Ageist attitudes** - ageist attitudes among some health professionals act as a barrier to older people being properly treated for depression or anxiety. Accordingly, older people can be treated differently than those in other age groups and less frequently referred to psychiatrists than younger people.^{xviii}
- **Skill gaps among health professionals working in residential and community aged care** – research conducted by the National Ageing Research Institute (NARI), on behalf of *beyondblue*, has suggested that there are significant gaps in knowledge and skill levels among health professionals and carers of older people in residential and community aged care.^{xix} To address this skill gap *beyondblue* is developing educational programs on detecting and managing depression in older people, aimed at nurses and personal care attendants working in residential and community aged care. These programs are currently under development and will be rolled out nationally commencing later in 2011. To address the needs of the future aged care workforce, *beyondblue* is also working with the Community Services and Health Industry Skills Council to include content on depression and anxiety within entry-level training programs undertaken by people seeking employment in the aged care setting.
- **Structural barriers to accessing mental health services** – older people in aged care facilities may not be able to access timely and appropriate mental health services, due to structural and system barriers. For example, Commonwealth-funded residents of aged care facilities are not eligible for a GP Mental Health Care Plan under the *Better*

Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) Initiative, and the allied health services available through the Chronic Disease Management care plans (up to five visits per calendar year) do not appear to be sufficient to meet mental health issues, while also meeting other health needs, such as physiotherapy and podiatry.^{xx} The Comprehensive Medical Assessments, available to residents of aged care facilities, are also underutilised, which may be related to difficulties in securing GP services.^{xxi}

Older people may also experience complex and co-occurring physical and mental health conditions, which may impact on their treatment and care. The *beyondblue*-funded research project ‘45 and up’ suggests that older Australians who require assistance due to illness or disability are 7.83 times more likely to report high levels of psychological distress, compared to those people who do not require care.^{xxii} The functional impairment associated with physical health problems may therefore significantly increase the likelihood of experiencing mental health problems. An integrated and collaborative approach to treatment and care is needed.

Strategies to increase older people’s access to mental health services and support are needed to both improve levels of health and wellbeing, and enable more active participation in the community. Along with addressing the barriers to seeking help, **mental health literacy interventions** may also play an important role in reducing depressive symptoms. *beyondblue*-commissioned research on interventions to reduce depressive symptoms in older adults has suggested that mental health literacy interventions may, at least over short periods of time, reduce symptoms.^{xxiii} As mental health literacy interventions are inexpensive and easily accessible, this intervention may have a considerable impact if provided across the community to older people experiencing some depressive symptoms. Increasing awareness of depression and anxiety disorders, and access to evidence-based treatment, are essential to improving the mental health and wellbeing of older people. This may also enable increased levels of social, community and economic participation.

Recommendations

1. Support community awareness campaigns, including those developed by *beyondblue*, to decrease the stigma associated with depression and anxiety in older people.
2. Develop and support collaborative teams of care, which provide holistic mental and physical health care and treatment for older Victorians.
3. Support initiatives of *beyondblue* and others towards introducing consistent and standardised training on depression and anxiety for residential and community aged care staff, to facilitate improved detection and management of these disorders among older people.
4. Provide incentives to encourage aged care facilities and aged care workers to undertake training on depression and anxiety disorders in older people.
5. Support additional research to investigate the feasibility and impact of mental health literacy interventions targeting older people.

Diversity

Older Victorians represent a diverse group of backgrounds, cultures and experiences. This diversity needs to be considered and incorporated into tailored strategies which aim to improve mental health and wellbeing, and support the participation of older people in the community. While there is limited data on the prevalence of depression and anxiety among older Aboriginal and Torres Strait Islander people, people from diverse cultural and linguistic backgrounds, and older gay, lesbian, bisexual, transgender and intersex people,^{xxiv} research within the broader community suggests that people from disadvantaged and marginalised communities are more likely to experience poorer mental health outcomes, lower levels of access to mental health services, and other co-morbid conditions.

Older Culturally and Linguistically Diverse people

People from culturally and linguistically diverse (CALD) communities may experience significant levels of psychological distress, particularly related to war and conflict, the disruption of being separated from family and friends, the experience of immigration and resettlement, English proficiency, acculturation and service barriers.^{xxv, xxvi}

The current programs and services for people from CALD communities pose significant barriers to seeking help for mental health services. For example, free translating and interpreting services for allied health treatment are not available through either the Better Access or Access to Allied Psychological Services (ATAPS) programs.^{xxvii} This prevents older Australians with low English proficiency from accessing and participating in mental health treatment and support in the primary care sector. Other barriers to accessing services include:
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- stigma associated with mental illness
- lack of knowledge about available services
- GP referral patterns
- cost of services
- language and cultural barriers
- differences in cultural explanations and perceptions surrounding mental health.

Targeted strategies, which address these barriers to seeking help, are needed to ensure that older Victorians from CALD communities can access mental health services. These strategies will improve mental health, and thereby support older people to participate in the community.

Recommendations

6. Provide free translating and interpreting services for allied health treatment through the Better Access and ATAPS programs.
7. Develop targeted mental health programs and services for people from CALD communities, which address the barriers to seeking help.

Older Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people experience significant levels of psychological distress - nearly one-third of Aboriginal and Torres Strait Islander adults report high / very high levels of psychological distress, which is more than twice the rate for non-Indigenous Australians.^{xxix} The determinants of poor mental health in Indigenous communities include a complex mix of social, cultural, historical, economic and environmental factors. Risk factors specific to Aboriginal and Torres Strait Islander people's wellbeing include discrimination and racism, stressful life events and conditions, widespread grief and loss, child removal and unresolved trauma, cultural dislocation and identity issues, economic and social disadvantage, physical health problems, incarceration, violence, and substance use / abuse.^{xxx} In addition to these risk factors, the age definition of a 'senior Australian' needs to consider the younger age structure of the Indigenous population as compared to non-Indigenous Australians.^{xxxi}

There are significant barriers which impact on seeking help for mental health problems within Indigenous communities. This includes issues such as:

- Health professionals and services not understanding the Aboriginal holistic view of health, which incorporates the social, emotional, spiritual and cultural life of people and the community.^{xxxii}
- The shame and stigma associated with seeking services for mental health problems. This may contribute to a reluctance to seek help, which may be heightened by a lack of confidentiality within the community, and the need to seek support from a mental health-specific service. This reflects problems associated with the compartmentalisation of the Australian health system and services.
- Some mental health referral pathways and practices are culturally inappropriate and do not meet the needs of Aboriginal and Torres Strait Islander people.^{xxxiii}
- The values and assumptions of health professionals, which may impact on their ability to understand and appreciate the factors impacting upon Indigenous health, and may influence their interactions with Aboriginal and Torres Strait Islander people.^{xxxiv}
- The lack of evidence-based, culturally relevant resources to increase mental health literacy for Aboriginal and Torres Strait Islander people.

To improve mental health and wellbeing in Aboriginal and Torres Strait Islander communities, mental health policies, programs, and funding need to support the development of cultural competence in health services. Such services and providers would have the knowledge, skills, attitudes and values necessary to effectively work within diverse social, cultural and organisational contexts.^{xxxv} There is also a need for initiatives that build linkages across services and develop local partnerships to ensure there is an integrated approach to care, as well as a greater investment in prevention and early intervention services which focus on improving social and emotional wellbeing.^{xxxvi} These initiatives should be supported through the development of culturally relevant resources to increase mental health literacy for Aboriginal and Torres Strait Islander people.

Recommendations

8. Develop and implement policies and programs which address the determinants of mental health and wellbeing in older Aboriginal and Torres Strait Islander people.
9. Raise awareness of depression and anxiety disorders and improve mental health literacy in the Aboriginal and Torres Strait Islander community.
10. Invest in mental health promotion, prevention and early intervention services, targeting the Aboriginal and Torres Strait Islander community.
11. Promote and support the development of culturally competent health services.
12. Support initiatives that build service linkages and local partnerships.

Older gay, lesbian, bisexual, transgender and intersex people

Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Australians face discrimination including verbal and physical abuse, which places these populations at a higher risk for poorer mental health than heterosexual people. While many people who are same or both sex attracted, gender or sex diverse don't experience depression or anxiety, a number of studies have found that there are increased risks of developing depression and anxiety, substance use disorders or self harm and thoughts of suicide, and this is strongly related to abuse and discrimination.^{xxxvii, xxxviii, xxxix} In a 2005 survey for the Victorian Gay and Lesbian Rights Lobby, McNair and Tomacos found that 20 per cent of people had experienced discrimination on the basis of sexuality, sex or gender identity when interacting with Victorian health care or legal systems.^{xi}

Qualitative research with older GLBTI Victorians living in aged care has suggested that there are number of key themes and challenges experienced by older GLBTI people.^{xii} Some these challenges, which may impact on participation in the community, include:

- The impact of current and historical experiences of discrimination – some older GLBTI people have never felt safe disclosing their sexuality, sex/gender identity, and discrimination and social isolation has led to depression and anxiety
- The impact of identity concealment – some older GLBTI people who feel unable to disclose their sexuality, sex/gender identity may have unmet care needs and feel devalued
- 'Invisibility' of GLBTI populations in residential and health care settings – this can lead to same sex partners not being recognised as next of kin and potentially excluded from medical or other decision making processes. This has an additional impact on social isolation for both partners
- The impact of inadvertent visibility – some older GLBTI people experience discrimination or psychological distress in aged care settings where diversity is not respected, for example, if a person is treated in a manner inappropriate to their gender identity; or if a person is no longer able to assess when it is safe to disclose their sexuality, sex or gender identity
- Inadequate standards of care – some aged-care services do not provide GLBTI-friendly services, which may lead to discrimination and unmet needs.

Strategies to improve the experiences and participation levels of older GLBTI Victorians should include the development of GLBTI-specific services, and educating service providers and the broader community about the needs of older GLBTI people; how to provide and promote inclusive services; and responsibilities for service providers under equal opportunity legislation.^{xliii} These strategies could also be promoted to community-based organisations working with older GLBTI Victorians, to ensure that opportunities for participation are safe and inclusive.

Recommendations

13. Support training and professional development across the aged care, mental health, and community services sectors, to develop services that are culturally appropriate for older GLBTI people, with an emphasis on ending the discrimination GLBTI populations can face at the point of care.
14. Develop and implement social inclusion policies, practices and service standards to ensure intake procedures, physical, social and emotional wellbeing services or practices, complaints mechanisms, organisational systems and consultation mechanisms provide a safe and supportive environment for GLBTI populations.

Community, social and economic participation

Enhancing the participation of older Victorians in the community and workplace will benefit not only the individual, but also the broader community. **Participation in the workforce or the community, either on a paid or voluntary basis, is likely to support and promote good mental health among older people.** Research suggests that older volunteers are likely to receive significant health benefits from volunteering, which include improved life satisfaction, lower rates of depression, a sense of purpose and accomplishment, and stronger social networks, which may reduce stress and decrease disease risk.^{xliiii}

beyondblue has partnered with **community-based organisations** to work with older people to raise awareness of depression and anxiety disorders, and encourage older people to seek help for these conditions. *beyondblue* and the Council of the Ageing (COTA) have developed and delivered the **beyond maturityblues program**, which is a peer education program to address depression and anxiety in older people. The program trains volunteers over the age of 60 to deliver awareness sessions on depression and anxiety to older people. The program has demonstrated that the model is a successful way to both improve understanding of depression and anxiety among older people, while also supporting the engagement and participation of older people as peer educators. The program has been implemented Australia-wide, and there are tailored programs for men, people with chronic illnesses, veterans, people in rural and remote areas, Indigenous Australians, and culturally and linguistically diverse Australians.

beyondblue has also partnered with **bowls organisations** and **Seniors' Weeks** in Victoria and in other states and territories, to promote awareness of depression and anxiety through community activities and events. *beyondblue's* experience in working with community groups targeting older people suggests that activities that have been developed and/or tailored to the

needs of older people can effectively support participation. These activities and events may also provide older people with opportunities for social contact and a sense of connection and belonging within the community. Importantly, this may help to prevent loneliness and the onset of depression and anxiety disorders, while also promoting good mental health and wellbeing.

While participation in community and social activities and events may lead to improved health benefits, continued **participation in the paid workforce is also important for some older Victorians**. Supporting older people to maintain their participation in the workforce may benefit both the individual and the broader community. Older people may have a valuable role to play in meeting workforce shortages, and this may become increasingly important with the ageing population. Research indicates that many mature-aged workers would prefer to remain in the workforce, rather than retire, if the conditions of employment meet their needs.^{xliv} **Key factors influencing the decision to remain in the workforce** include minimising commuting times to work; providing flexible working hours and work from home arrangements; paying staff well; providing new challenges and recognising staff for their contributions; and ensuring a friendly work environment.^{xlv} Workplace policies and practices, that are based on the needs of older people, may therefore encourage and support older people to continue to participate in paid employment.

In addition to providing 'older age friendly' work environments, it is also important that workplaces encourage and support participation by older people with a mental illness. **People with depression and anxiety experience a number of barriers to participating in employment**. These include:

- a lack of understanding within the workplace about mental illness, how it impacts on employment, and how employees should be supported;
- stigma and discrimination associated with depression and anxiety;
- poor coordination of services across the mental health sector and employment services; and
- disincentives to work, due to the impact of employment on Government-provided financial entitlements.

While these barriers to participating in the workforce are relevant to *all* people with a mental illness, they may be heightened among older workers, due to the additional challenges associated with employment and older age. **Strategies to support older people with depression and anxiety to maintain employment** include supporting the development of mentally healthy workplaces; developing and implementing organisation-specific mental health policies; making reasonable workplace adjustments; providing psychological support services; and training managers to support someone with depression or anxiety.^{xlvi,xlvii, xlviii} The *beyondblue* National Workplace Program is an example of an effective educational program that has been developed to help workplaces manage common mental health problems.

Some of the strategies to support older people to participate in employment, particularly for those people with a mental illness, may also be important components of supporting older people to participate in community-based activities and groups. Ensuring that community

groups and social activities are more inclusive of the needs of older people with depression and anxiety may enhance levels of participation.

Recommendations

15. Develop and implement strategies that support older people, and people with depression and anxiety, to participate in employment.
16. Develop opportunities for social and community participation which are tailored to the needs of older people.

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