Rapid Improvement Workshop Older Persons Mental Health

14 November 2018

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EASTERN MELBOURNE

An Australian Government Initiative

Agenda

- Welcome and introduction
- Formal welcome and setting the context – Anne Lyon, ED Mental Health and AOD, EMPHN
- Introduction to the EMPHN catchment – Dr Kelly Shaw, Director, KP Health
- Local Hospital Networks and Acute Care for our ageing population – Prof Kuruvilla George, Director, Medical Services Peter James Centre and Wantirna Health; Clinical Director of Aged Person's Mental Health and ECT for Eastern Health
- Identifying the gaps and issues for older people with mental health and AOD issues
- Morning tea
- Navigating without a map: a carer perspective – Nina Cook, Carer Consultant Aged Persons Mental Health and Senior Post Discharge Carer Peer Worker, Eastern Health
- Principles of Care – Emma Newton, Senior Manager, Mental Health, EMPHN
- Identifying opportunities for improvement
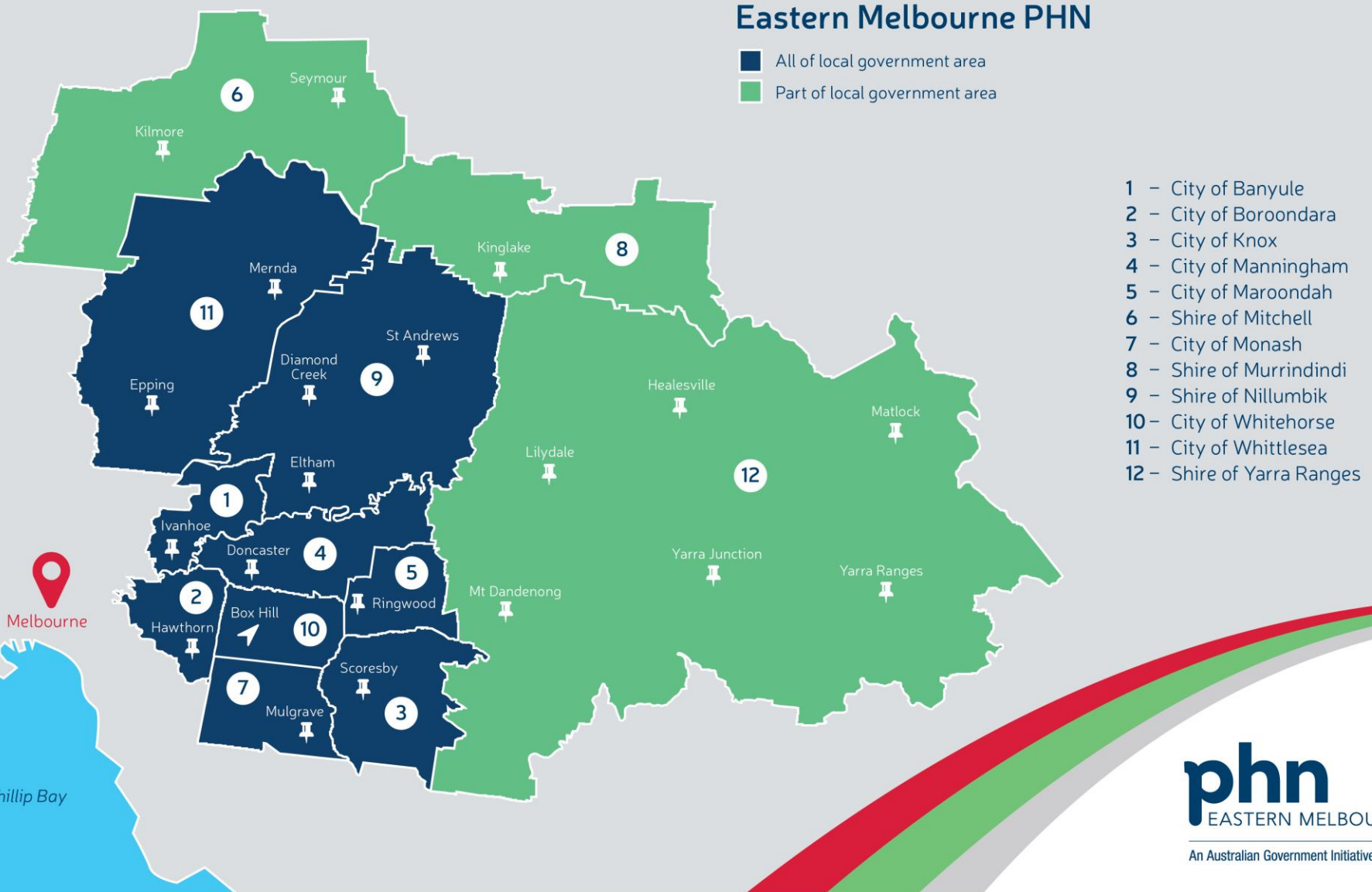- Summary, next steps and close

Welcome

Anne Lyon

We acknowledge the Wurundjeri people and other peoples of the Kulin nation as the traditional owners of the land on which our work in the community takes place. We pay our respect to their Elders, past and present.

Eastern Melbourne Primary Health Network

Eastern Melbourne PHN

- All of local government area
- Part of local government area

1 – City of Banyule
2 – City of Boroondara
3 – City of Knox
4 – City of Manningham
5 – City of Maroondah
6 – Shire of Mitchell
7 – City of Monash
8 – Shire of Murrindindi
9 – Shire of Nillumbik
10 – City of Whitehorse
11 – City of Whittlesea
12 – Shire of Yarra Ranges

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Key Priorities

1. Transform chronic conditions management
2. Be strategic in GP engagement and developing clinical leadership
3. Advance the use of digital technology and data
4. Address the physical health needs of people with mental health problems
5. Support communities to maintain social and emotional wellbeing of older people

Today's objectives

- Identify gaps and issues in current system

- Identify opportunities for improvement

- Create a vision for future state

Scope

- Older people with mental health issues residing in:
    - The community
    - Residential aged care

Mental Health Stepped Care Model

Mental Health Stepped Care Model

Aims to:

- Reduce programmatic silos
- Reduce service overlaps
- Facilitate better use of the health dollar
- Support clinicians to work at the **top of the scope of their practice**
- Encourage a **multi-disciplinary team approach**, including new workforces, such as peer workers, and new and innovative platforms such as eHealth and apps

Mental Health Stepped Care

A **continuum of primary mental health services**

- utilising a **person-centred stepped care approach**
- **evidence informed**
- **recovery-orientated**
- delivering a **range of service types** of varying intensity to match the complexity and level of need for any given consumer
- making the **best use of the available workforce and technology within the local region**
- **better match** with individual and local population need

Mental Health Stepped Care Model

Whole of model approach
- providers offer the full range of intervention types

Available for people of **all ages** who live or work in EMPHN catchment and are not able to afford or access similar services
- Referrals accepted from anyone – self-referrals, GPs, schools etc.
- Referrals can be made via EMPHN's Referral and Access Team or directly with Mental Health Stepped Care Model providers.

Comprehensive assessment and **clinical staging approach**

Multi-disciplinary team
- Mental health nurses, psychologists, allied health providers, peer workers

Clear pathways between care types as individuals' needs change

Mental Health Stepped Care Model

Integrated care

- Consumers are linked to primary health care, including their GP
- GP plays a central role in managing the care and physical health of their patients
- Model addresses other needs, including physical health, education/employment, and family and social functioning

Collaborative care plans

- Collaborative approach to care planning including GPs and other health providers
- Care team members come together with consumers and carers, to develop a Collaborative Care Plan (CCP)
- Support options are continually reviewed and re-calibrated to best match the consumer's changing needs over time

Ease of re-entry into the stepped care system for consumers

Clinical Staging

Increasing severity, complexity or chronicity of condition.

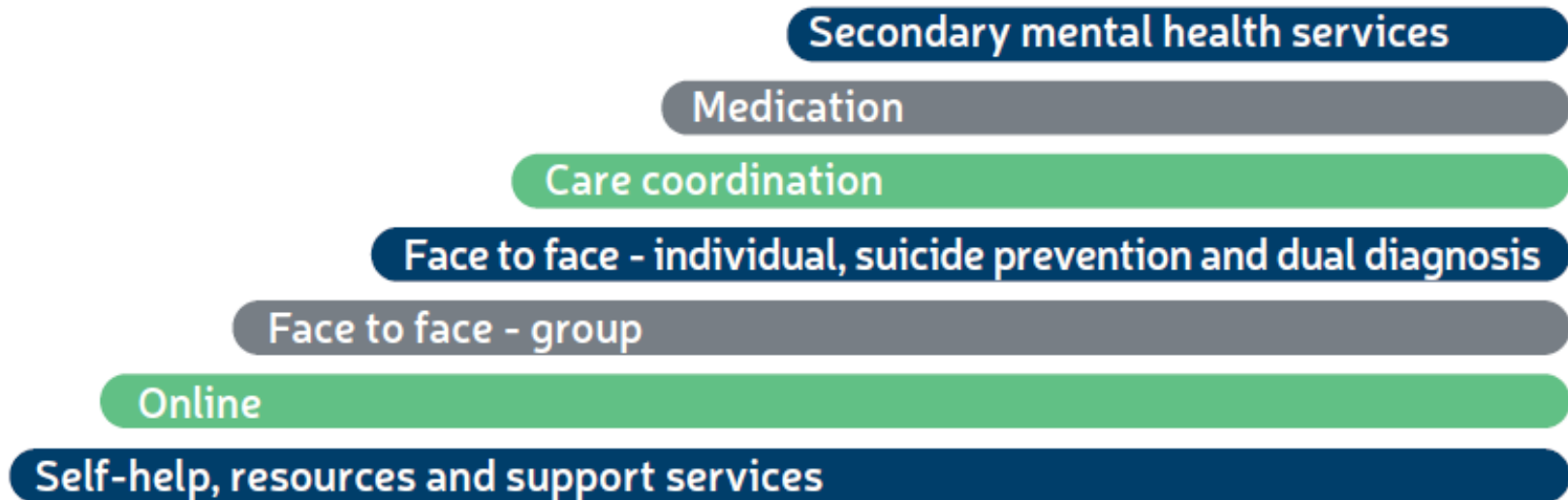**Increasing intensity, cost, time in care. Decreasing number of people treated.**

Secondary mental health services

Medication

Care coordination

Face to face - individual, suicide prevention and dual diagnosis

Face to face - group

Online

Self-help, resources and support services

Figure 3: Types of evidence based interventions.

Intended Outcomes

1. **Health outcomes for consumers:** improved quality of life, improved consumer pathways

2. **Consumer experience:** satisfaction and improvement in wellbeing, integrated care

3. **Practitioner experience**: capability, feedback (satisfaction)

4. **System efficiency**: demand management, access, response times, sustainability, referrals from stakeholder/sector groups, integrated care

EMPHN has engaged a consultant to undertake an evaluation of the Mental Health Stepped Care Model

Policy

Commonwealth Policy

- Implementation of stepped mental health care

- New Budget measures - RACFs

- Influencing factors:

  - The Fifth National Mental Health and Suicide Prevention Plan (2017-2022)

  - Integrated Regional Mental Health & Suicide Prevention Plans

  - Royal Commission into Aged Care Quality and Safety

Regional Integrated Mental Health, AOD and Suicide Prevention Plan

Achieving integrated regional planning and service delivery

A central theme underpinning the Fifth National Mental Health and Suicide Prevention Plan is strengthening regional integration to support a more effective, person-centred service system. Primary Health Networks and Local Hospital Networks will lead regional integration activities

Regional Integrated Mental Health, AOD and Suicide Prevention Plan

Overview

- Improve consumer, family and carer experience

- Developing a plan for the region

- Key opportunities

- 5 year horizon

- Aligning existing resources

Regional Integrated Mental Health, AOD and Suicide Prevention Plan

Objectives for our community

- Improve consumer, family and carer experience

- Improve health and wellbeing

- Safe and high quality care

- Engage, empower and support those in our community at highest risk and who are most vulnerable

Regional Integrated Mental Health, AOD and Suicide Prevention Plan

Objectives for the service system

- Better integration of system of care and broader system of support

- Provide strategic guidance for future planning and investment

Introduction to EMPHN catchment

Dr Kelly Shaw

Our population

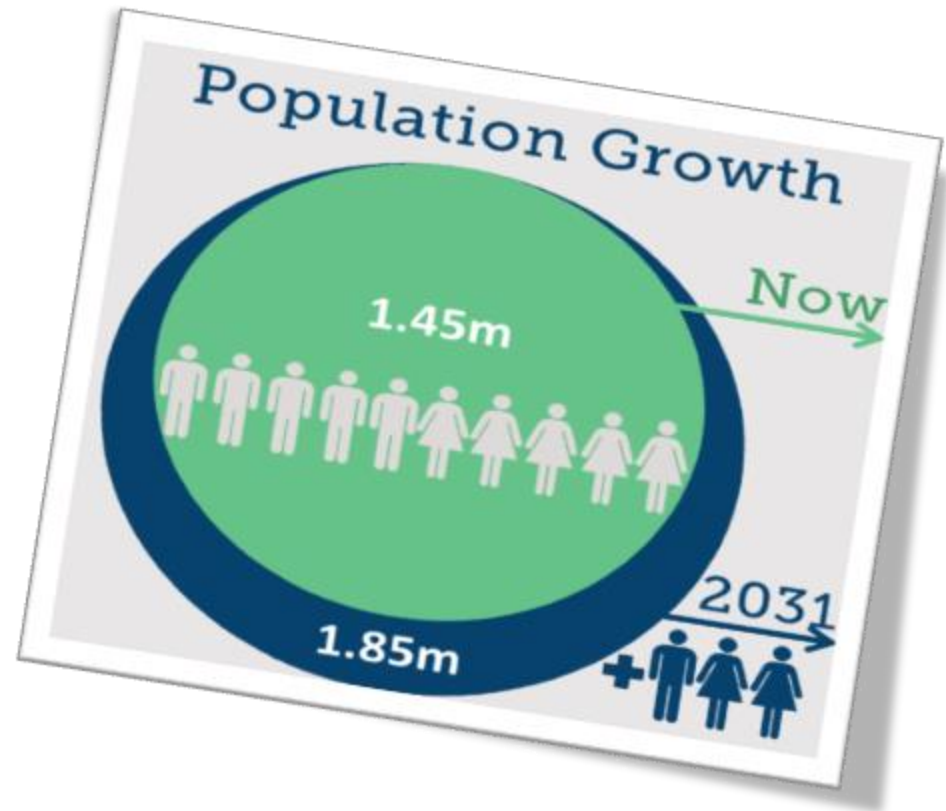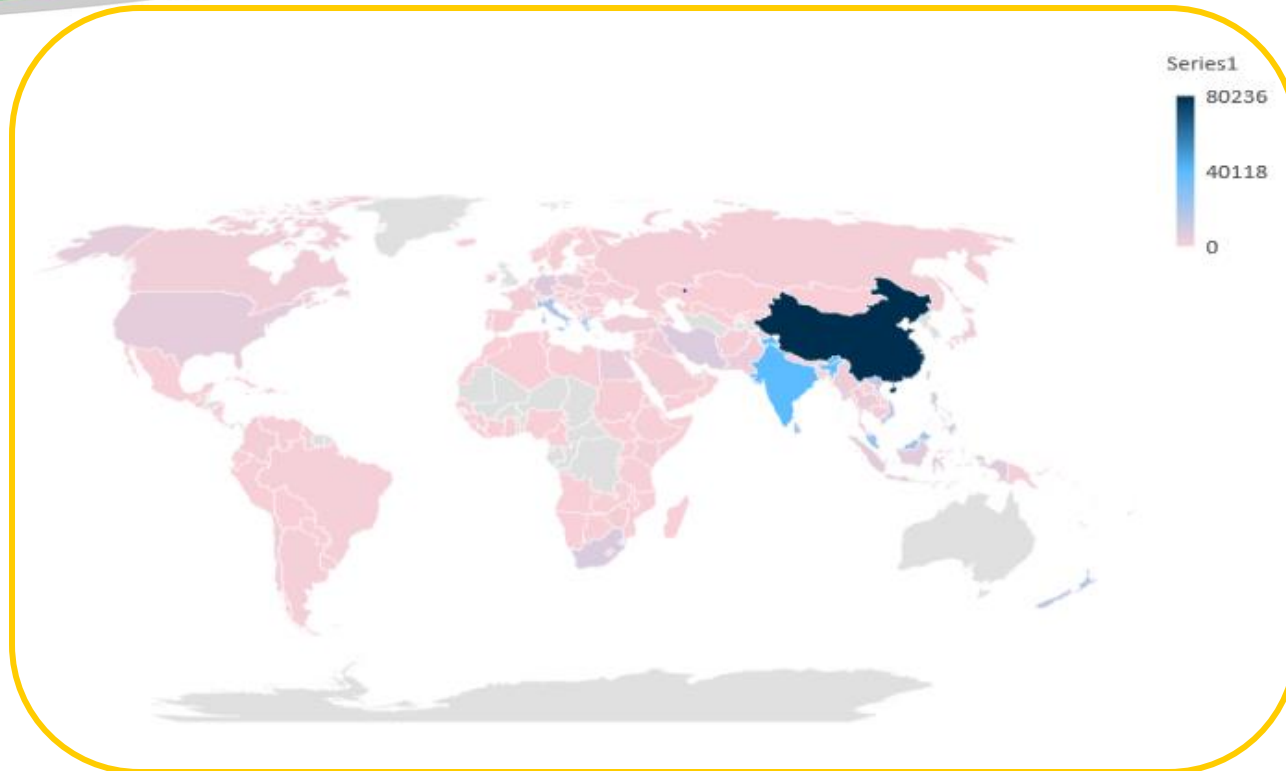# Our community

- We are home to
  1.45 million people

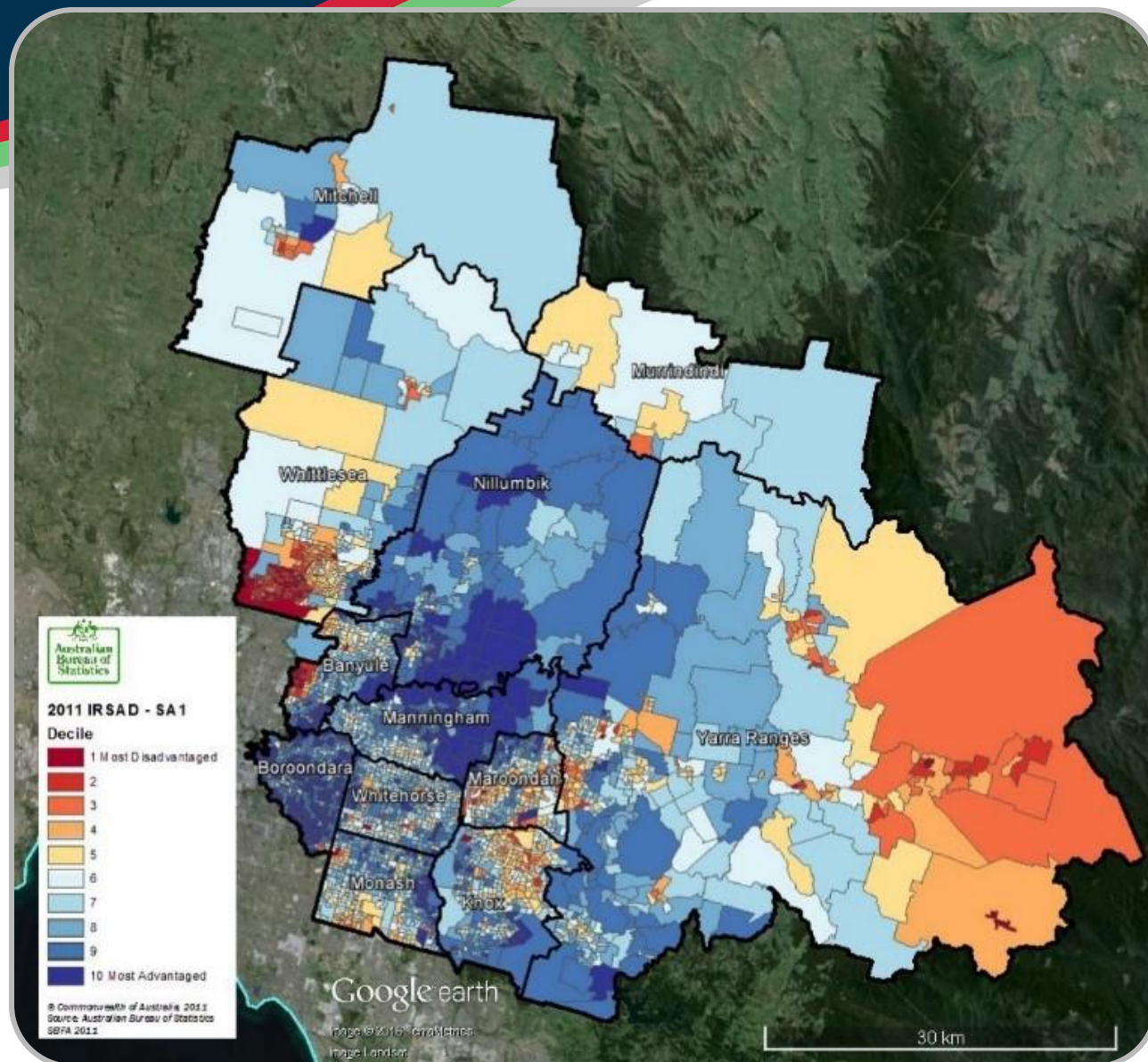# We are culturally diverse

Country of birth, EMPHN residents | 2016

We are socioeconomically diverse

Socio-economic disadvantage in the EMPHN catchment | 2011

Our population is ageing

People aged 65+

203,000
Now

370,000
2031
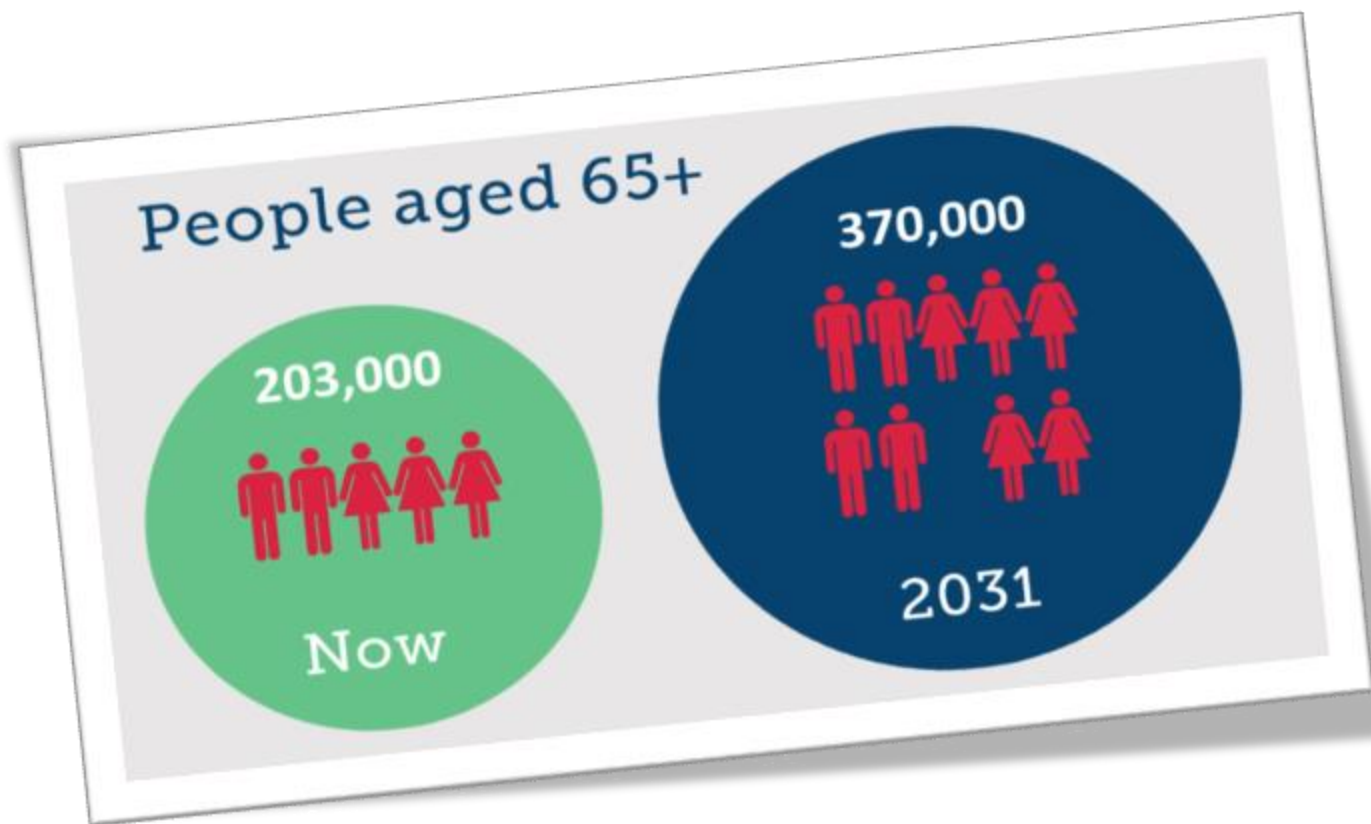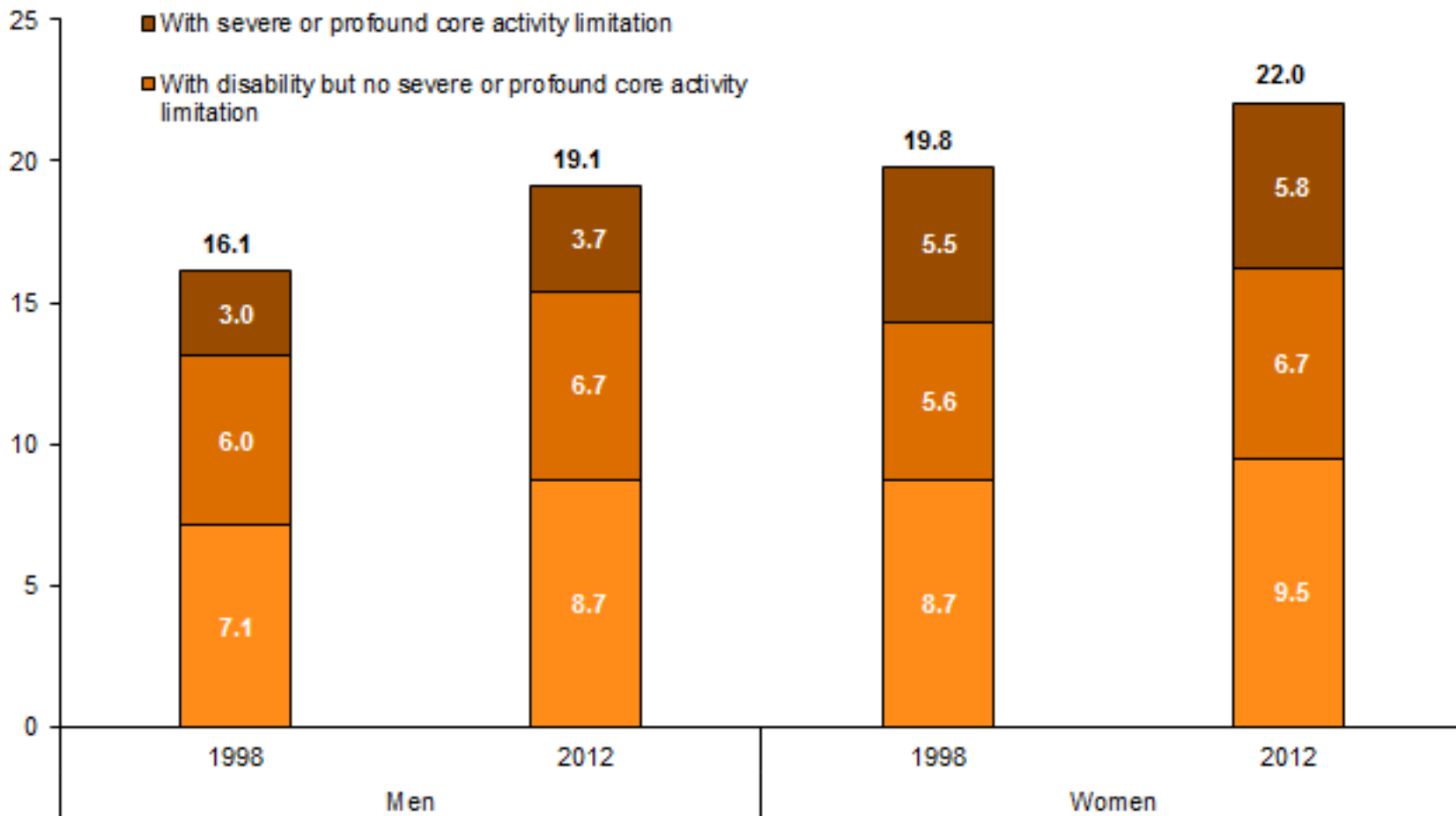
Our disability burden is substantial
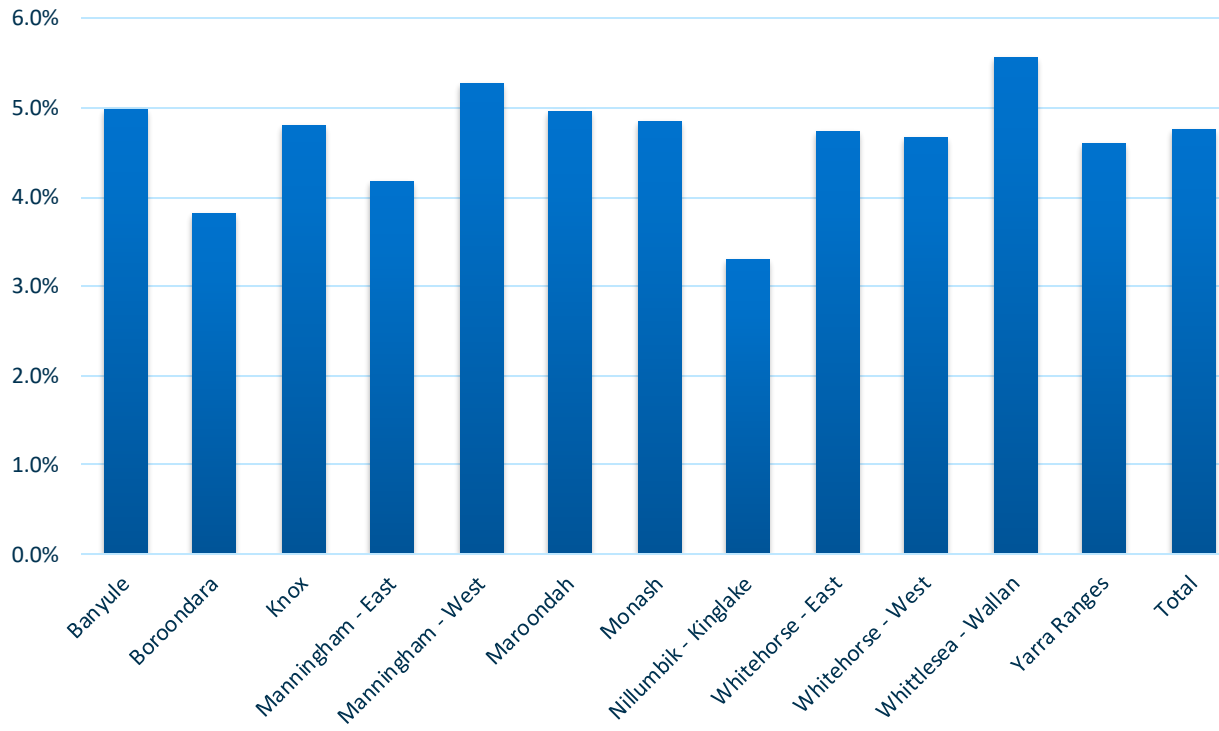
Disability in our final years

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Our mental health

Mental health problems are highly prevalent

1 in 5 has a mental health problem each year

Half will have a mental health problem in their lifetime

Depression + anxiety diagnoses are increasing

14% have an anxiety disorder each year

MENTAL HEALTH SNAPSHOT

1 in 5 young people has a mental health problem each year

6% have a major depressive episode each year

People aged 18–24 have the most psychological distress

GPs handle most mental health problems

Snapshot of mental health problems | 2018

Victorian Population Health Survey results

Victoria's Mental Health Services Annual Report, 2016-17

Depression / anxiety prevalence is increasing

Most people with mental health problems have chronic diseases

Pie chart:
- 11.7% Comorbodity of any mental disorder and physical condition (green)
- 8.3% (grey)
- 38.4% Any physical condition only (blue)
- 41.6% Any mental disorder only / No mental disorder or physical condition (white)

Legend:
- Comorbodity of any mental disorder and physical condition
- Any mental disorder only
- Any physical condition only
- No mental disorder or physical condition
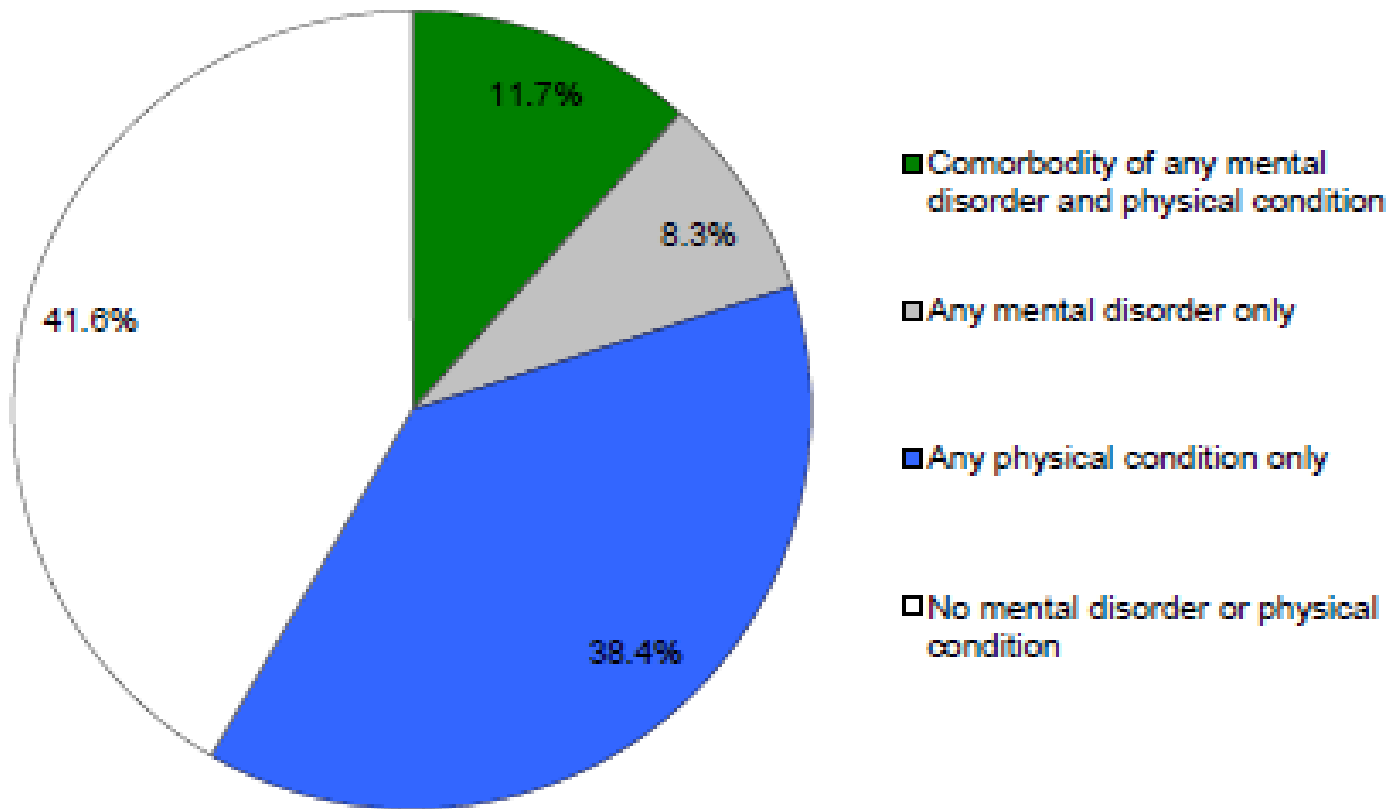
Our older population

Risk factors for poor mental health in older people

Disability

Prior depression

Chronic disease

Bereavement

Social isolation

Unhealthy lifestyle

80%
of adults have a chronic condition

Knight, B. G. & Pachana, N. A. (2015). *Psychological assessment and therapy with older adults.* Oxford, UK: Oxford University Press
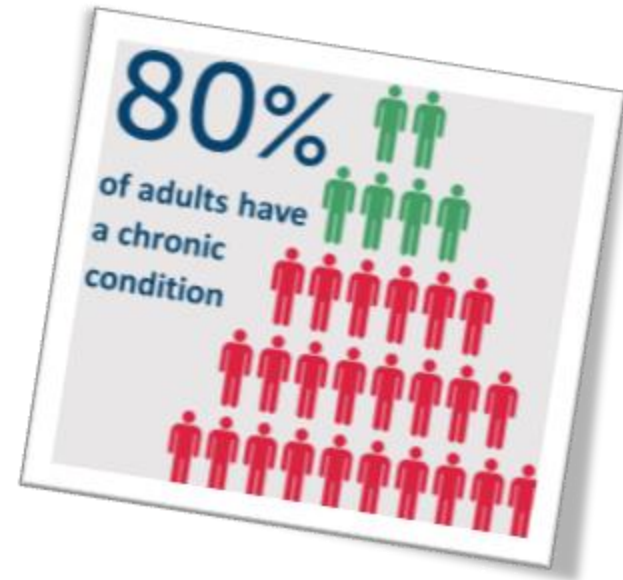
Chronic disease burden

	Persons (%)	Aged 65+(%)
Total musculoskeletal/ connective tissue diseases	31.7	65.0
Total cardiovascular diseases	22.8	62.9
Mental and behavioural problems	15.0	17.6
Dementia	<1	7

ABS, National Health Survey

What this means for EMPHN……

|	2011	2031
OVER 65	206,132	367,063
Total musculoskeletal/ connective tissue diseases	133,986	238,591
Total cardiovascular diseases	129,657	230,883
Mental and behavioural problems	36,279	64,603
Dementia	14,429	25,694

Social wellbeing

- People with strong social relationships have increased survival

- Social engagement through community, sports, societies and volunteering improves health outcomes

- Impact of lack of social relationships = impact of smoking or excess alcohol consumption

Social isolation

- 81% aged 65+ do not have daily contact with people outside their household

- 37% do not have weekly contact

Older people miss out on mental health care
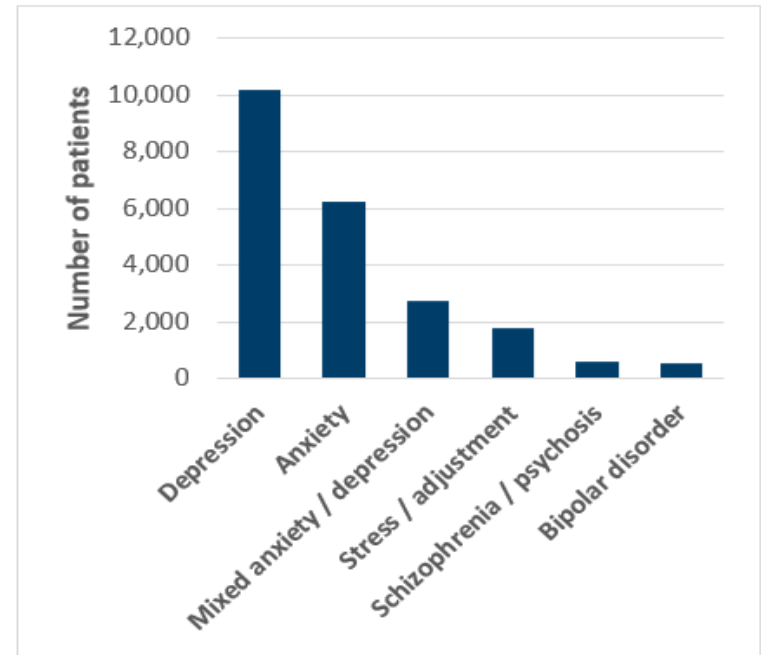
Number of patients aged 65+ years with selected mental health problems, POLAR analysis, EMPHN

Medicare subsidised services for mental health, 65+, 2013-14 = 8% of all services

Treatment can carry risks

- Some medications increase risk of adverse events, including syncope and falls in older people.

- Opioid medications, antidepressants, benzodiazepines and antipsychotic drugs can increase risk of these adverse events.

Medication type	Patient %	Most commonly prescribed medications
Opioids	23%	Codeine, oxycodone
Antidepressants	20%	Mirtazapine
Benzodiazepines	11%	Diazepam, oxazepam
Antipsychotics	3%	Quetiapine, risperidone

Medication type prescribed to patients 75 years and over, POLAR analysis, EMPHN

Illness burden in RACF is substantial

- 50% of people in RACF have anxiety and / or depression.

- Psychological interventions are as effective as medications

- Other interventions equally effective:
  - Exercise
  - Music and singing
  - Reminiscence-based activities
  - Behavioural activation

Summary

- Our population is changing
- Mental health burden is substantial
- Risk factors for mental health problems in older people are increasing
- Older people miss out on care
- Many evidence-based treatment options available

Local Hospital Networks & Acute care for our ageing population

Professor Kuruvilla George

Current Challenges

- Increasing demographic of Older persons
- Invariably leads to higher morbidity of mental health related problems
- Stigma of mental health and mental health services
- Older persons are much more stoic and do not normally talk about their emotional problems
- Mental Illness is often missed or under treated
- Not much priority been given for mental illness in older persons

Reasons for underdiagnosis

- Ageism
- Stoicism
- Stigma of mental illness
- Co-morbidities
- Endocrine disorders
- CNS disorders including dementia
- Pain disorders
- Medication side effects

Reasons for higher incidence

- Biological changes

- Social isolation

- Grief (loved ones, pets, functionality)

- Financial stress

- Scrap heap phenomenon

- Physical co-morbidities

- Medication – prescribed and illicit

Current Challenges

- By the time tertiary services (hospital services) the older person is very unwell

- Inpatient hospital treatment should be last resort - causes stress for patients and carers

- Priority should be on early intervention

- Primary Care Physicians are key

- Skills and time are the main issues for GPs

- Tertiary services can assist with upskilling

Identifying gaps and issues for older people with mental health and AOD issues

Catherine Santo

Identifying gaps and issues for older people with mental health and AOD issues

Task

To identify the problems, gaps, issues for older people with mental health and AOD issues from the perspective of the different parts of the system:

- Residential aged care
- Community services
- Hospitals

Activities

1. From your perspective what are the problems, gaps and issues of the:
   a. Service Level
   b. System level (funding, integration, workforce, etc)
1. Prioritise your top 3 issues at the service and system levels
2. Map the top issues as a large group

Morning Tea

Navigating without a map: A Carer perspective
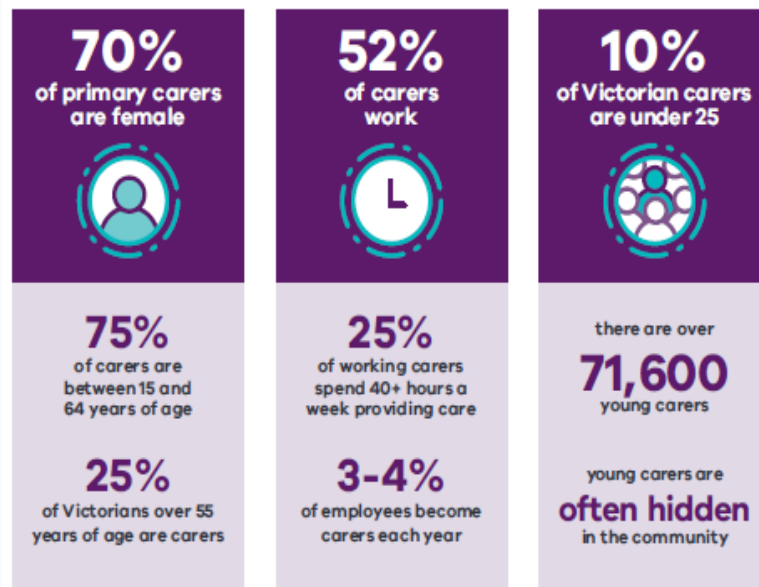
Nina Cook

Navigating Supports for Carers

Connect Together

Recognizing and Supporting Victorian Carer Strategy 2018

Who are Victoria's carers?

Carers are ordinary people who make a huge contribution to our community and to the people they care for. There are more than 736,600 carers in Victoria and, of these, 239,100 are primary carers. A primary carer is someone who provides most of the care for another person. More than a third of primary carers have a disability themselves.

70%
of primary carers are female

52%
of carers work

10%
of Victorian carers are under 25

75%
of carers are between 15 and 64 years of age

25%
of Victorians over 55 years of age are carers

25%
of working carers spend 40+ hours a week providing care

3-4%
of employees become carers each year

there are over
71,600
young carers

young carers are
often hidden
in the community

Older carers
The average age of primary carers is 55 years. More than 162,000 carers are aged 65 years or older.

Many care for their partners, older parents, adult children and/or grandchildren.

162,000+
carers are aged 65 years and over

55 years
Is the average age of primary carers. Many care for their partners, older parents, and adult children.

Fueling up carers for the journey

Hidden road blocks

Navigating with the Map

Principles of Care

Emma Newton,

Manager System Redesign & Service Transition

Poll Everywhere

Respond to PollEv.com/emphn1

Text EMPHN1 to +61 427 541 357

Mental Health Stepped Care Principles of Care

- **Person-centred** evidence informed care
- **Recovery-orientated**
- **Easy access** including ease of re-entry
- **Whole of person** approach
  - Consumers are linked to primary health care, including their GP
  - AddressGP plays a central role in managing the care and physical health of their patients
  - es other needs, including physical health, education/employment, and family and social functioning
- **Integrated care** – across sectors
- **Comprehensive assessment** and **collaborative care planning** with a **multi-disciplinary** care team
- Care is **continually reviewed** and **re-calibrated** to best match the consumer's changing needs over time
- **Workforce** – working at top of scope of practice

Person-centred evidence informed care

Whole of person approach

Comprehensive assessment and collaborative care planning with a multi-disciplinary care team

Care is continually reviewed and re-calibrated to best match the consumer's changing needs over time

Workforce – working at top of scope of practice

Identifying opportunities for improvement
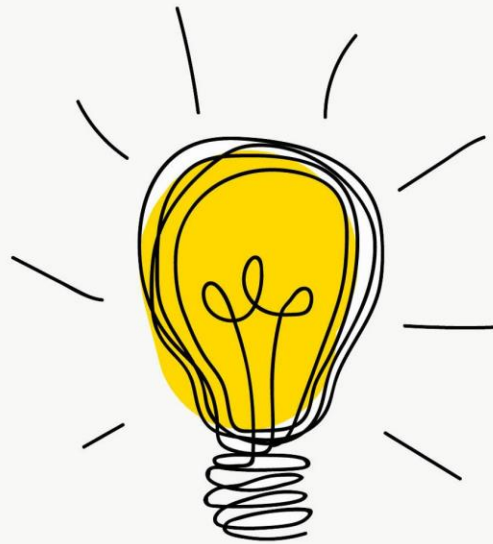
Policy context
Current and future plans

Catchment data

Hospital networks
and acute care

Issues / problems
mapping

Carer perspective

Principles of Care

What can we do to improve?

Identifying opportunities for improvement

Task

To brainstorm what could be done to achieve a rapid improvement in the issues and problems we identified earlier for:

- Older people living in residential aged care services with mental health &/or AOD
- Older people living in the community with mental health &/or AOD

Activities

1. Facilitated small group discussion to brainstorm your ideas – go 'blue sky'
2. Identifying which of these for your group is the best, stand-out idea?
3. Present the 'big idea' from each group

THE BIG IDEAS

1.

2.

3.

4.

Thank you