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Too late for early intervention? The Healthy Ageing Service's mental health response

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Abstract

Objectives: This paper describes the rationale for and development of an innovative mental health service for people aged over 65 years living in Northern and Eastern Melbourne, Victoria, Australia.

Conclusion: The Healthy Ageing Service (HAS) was established in July 2020 to provide care for people aged over 65 years experiencing mild-to-moderate mental health concerns. It embraces a prevention and early intervention model of care. It provides primary consultation and brief intervention, secondary consultation, and capacity building to the primary healthcare sector. This innovative service is a Commonwealth-funded partnership between two tertiary mental health service providers that incorporates the recommendations from two major Royal Commissions. It demonstrates a service that acts as a bridge between primary and specialist mental health care, thereby extending mental health services to target the 'missing middle' and is potentially a model for mental health service provision throughout Victoria and Australia.

Keywords: community mental health, primary health care, early intervention, prevention, aged care

Currently only around 50% of Victorians aged over 65 years requiring mental health services are able to access specialist care.[1] The need for mental health care in this age-group has been steadily increasing over the last decade; however, investment in aged mental health per capita in Victoria has decreased over the same time period.[1] Consequently, tertiary mental health services only have the resources to assist people with severe and enduring mental illness.[1] This leaves a large group of older Australians with mild-to-moderate mental health concerns who are unable to access appropriate care. Older adults often have needs that are too complex for primary care but not meeting referral criteria for specialist tertiary mental health services.[1] This group, often referred to as the 'missing middle', was also identified as an area of need in a study involving 570 Australian health professionals.[2] This degree of unmet need is also likely underestimated as older people are less likely to report symptoms than their younger peers,[3] experience multiple forms of discrimination, including 'double discrimination',[4,5] and non-specialist services are less likely to recognise

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mild-to-moderate age-related symptoms.[3] Depressive and anxiety symptoms in this population also lead to increased medical costs due to physical complications, emphasising the benefits of preventing mental illness in this population.[6,7] This paper reports on the development of a service designed to address this unmet need: the Healthy Ageing Service (HAS).

Context for development

There is clear evidence from a Cochrane review (which included nine studies involving participants aged 65 years and above) supporting the effectiveness of collaborative care for adults and older adults with depression and anxiety.[8] In this review, collaborative care was defined as including a multidisciplinary approach involving primary care, structured management plans, scheduled follow-up, and mechanisms enhancing inter-professional communication.[8] There is also evidence supporting the focus on early intervention and prevention of mental health conditions in older adults.[9] However, the evidence base relating to ideal models of care for early intervention in older adults is less developed. In contrast, there is a much more substantial evidence base for youth mental health, particularly for psychosis,[10] highlighting the need for further investment and development in this area for older adults.

An example of a pilot early intervention and prevention collaborative care program aiming to support the 'missing middle' was the aged Mental health and Primary care (MaP) partnership which operated in 2020.[11] MaP consisted of a multidisciplinary team that provided assessment and brief intervention to older adult clients in the community and residential aged care facilities (RACFs), along with secondary consultations and capacity-building education to general practitioners (GPs) and other health professionals.[11] This model was shown to be helpful to clients' mental health outcomes and received positive feedback from stakeholders.[11]

The Eastern Melbourne Primary Health Network (EMPHN) recognised the unmet need for mental health care for older adults in their community: some 1.62 million people (24% Victorian population).[12] Aiming to improve access to timely, community-based, person-centred care, the EMPHN invited tenders for a Healthy Ageing Service Response.[13] Following guidance from the National Mental Health Commission's report of 2014,[12] the EMPHN was seeking to design a 'stepped-care' approach to mental health care. This approach emphasises the provision of different levels of care depending on the person's needs.

Two major tertiary mental health service providers collaborated to develop a holistic, multi-disciplinary psychosocial model of care that was informed by two previous pilot programs: the GP Liaison Program Pilot and the MaP Pilot in 2020.[11] The HAS model of care was largely based upon the MaP pilot, incorporating feedback from MaP clients, clinicians, and stakeholders where possible.[11] The model included embedding lived experience peer support into the team, systematic requests for feedback from clients and referrers, and provision of group interventions. The HAS program has also developed alongside, and in response to the Australian Royal Commission into Aged Care,[14] Royal Commission into Victoria's Mental Health System,[1] and Victorian Health 2040 Report,[15] as demonstrated by examples in Table 1.

The components

Officially established in July 2020, HAS offered their initial client services in September 2020. The service was funded for 3 years.

By design, HAS included two multi-disciplinary teams (MDTs) that functioned independently but maintained operational likeness, with both governed by an overarching committee. Each team serviced half of the EMPHN catchment area of 12 Local Governments Areas (LGAs). Each team consisted of a lived experience worker and the following disciplines: psychiatry, occupational therapy, psychology, mental health nursing, social work, and administration.

The HAS model of care primarily focusses on supporting the primary healthcare sector through direct service provision, secondary consultation, and capacity building and is shown in Figure 1. The EMPHN tender referred to a "Healthy Ageing Service Response" (H.A.S.R.) hence the use of this terminology in Figure 1.

Clients can self-refer to HAS or be referred by carers or healthcare professionals, with client consent. Inclusion criteria includes people aged over 65 years (55 years for Aboriginal and Torres Strait Islander people), who are experiencing, or are at a risk of experiencing, mild-to-moderate mental health concerns. Exclusion criteria include acute medical or psychiatric illness and behavioural and psychological symptoms of dementia.

Throughout their engagement with HAS, the client's GP remains their primary care provider. Direct service provision involves expert primary mental health assessment, which may be requested for diagnostic clarification, though it is usually followed by brief mental health intervention tailored to the client's own identified care needs and goals. Intervention is offered individually or in a group program, in the client's preferred setting: home, RACF, GP or HAS office as well as outdoor settings and telehealth also considering COVID-19 guidelines. The team works collaboratively to meet the client's needs utilising evidenced-based approaches such as psychotherapies (including Acceptance and Commitment Therapy, Cognitive Behavioural Therapy, Reminiscence Therapy, and Behavioural Activation), pharmacotherapy, and other psychosocial interventions. Service innovations include the development of co-designed community-based psychoeducational group programs, including a *Wellbeing Skills* group and *Adjusting to Aged Care* program.

Inclusion of the lived experience workforce at the program's outset has been enormously valuable for both

Table 1. Examples of HAS impact in alignment with recommendations from the Royal Commissions into Aged Care and Mental Health, and Health 2040 report

Aged Care Royal Commission Recommendations	Example of HAS's impact
Recommendation 48: Cultural safety	HAS clinicians maintain a high level of cultural competency though internal and external liaison and consultation with culturally diverse groups
Recommendation 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services	HAS facilitates increased access to psychiatry support for clients and GPs, something that is not attainable for most HAS offers outreach client services
Recommendation 59: Increased access to Older Persons Mental Health Services	HAS is embedded within existing older adult public area mental health services, allowing seamless transition across services and expert knowledge sharing
Health 2040 strategies	**Example of HAS's impact**
Better health: Offering both prevention and treatment	HAS promotes prevention and early intervention via capacity-building activities
Better access: Unlocking innovation	HAS is trialling innovative initiatives within public older adult mental health services, such as offering group therapy programs within the community and RACF, in person, and via telehealth
Better care: Collaboration with consumers, carers, and services	HAS focuses treatment on goals identified by the consumer The GP remains the primary prescriber and provider during the episode of care HAS proactively seeks GP input with care planning Discharge summaries are provided to all stakeholders
Royal Commission into Mental Health Recommendations	**Example of HAS's impact**
Recommendation 3: Establishing a responsive and integrated mental health and well-being system	HAS is responsive, providing expert secondary advice within 24 h and primary mental health assessments within five business days
Recommendation 5: Core functions of community mental health and well-being services	HAS implements all three of the core mental health and well-being functions by offering secondary and primary consults, a range of evidence-based therapies, a psychosocial model of care, education, peer support, and multi-modal service delivery
Recommendation 7: Identifying needs and providing initial support in mental health and well-being services	HAS offers secondary consultation and capacity-building activities to the primary healthcare sector
Recommendation 22: Supporting the mental health and well-being of older Victorians	HAS clinicians have expertise in older adults' mental health and well-being HAS delivers evidence-based interventions with a psychosocial focus The service focuses on shared values to strengthen clinical and operational excellence
Recommendation 49: Monitoring and improving mental health and well-being service provision	HAS reports to governing body quarterly HAS completes pre- and post-outcome measures Lived experience workers involved in co-design and provide support to carers and consumers HAS is embedding research and quality improvement projects into its operations

clients and service development. Clients and carers benefit from the support of people with lived and living experience of mental health concerns, in ways that cannot be replicated by the clinical workforce.

Secondary consultations are provided to primary healthcare providers, referring specialists and clinicians as well as RACF staff to enhance management of a client's mental health concerns by their trusted provider. This is

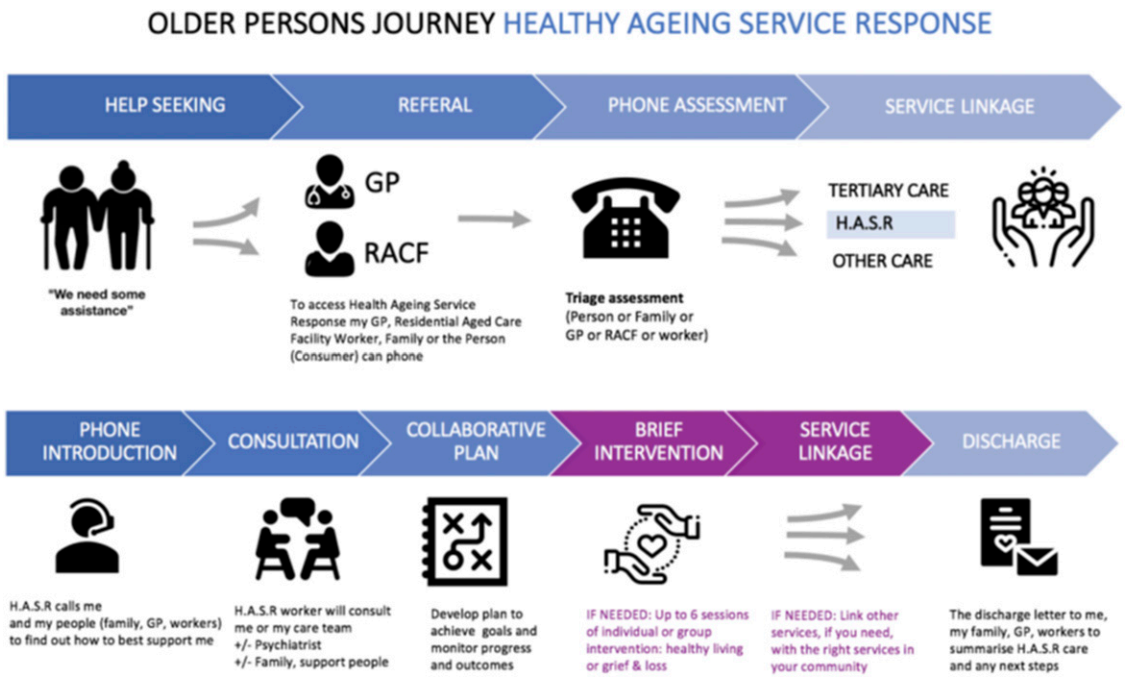

Figure 1. Consumer journey with Healthy Ageing Service.

particularly important for our population where the stigma associated with mental illness can remain a barrier to seeking mental health care. HAS also supports GPs and other healthcare providers through capacity-building activities including education and training. Lastly, HAS collects feedback from clients, carers, and referrers, which informs quality improvement initiatives.

Service limitations

The HAS brief intervention model is limited to the provision of six sessions; however, there is some discretion to provide additional services where clinically indicated. This may limit person-centred care where a client would benefit from further intervention, particularly if long-term intervention is needed. The travel and contact restrictions associated with the global COVID-19 pandemic also limited service provision of this outreach service. This was partly mitigated by telehealth, although some clients did not have the ability to access this technology.[16,17]

Conclusion

People aged over 65 years can face unique stressors associated with life transitions, functional decline, loss, bereavement, and discrimination. HAS was developed to support the 'missing middle' who might miss out on mental health care. It demonstrates how two major public health services can work together to deliver an effective mental health service that provides a bridge between primary and specialist care. It provides a potential model for future mental health and well-being services for people aged over 65 years. Most importantly, HAS provides evidence that older adults deserve and benefit from early intervention for their mental health and well-being.

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