



Submission to:

Australian Government Productivity Commission

Caring for Older Australians Public Inquiry

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beyondblue: opening our eyes to depression throughout Australia

Caring for Older Australians – Public Inquiry

beyondblue welcomes the opportunity to formally respond via submission to the Australian Government Productivity Commission's "Caring for older Australians" public inquiry.

About *beyondblue*: the national depression initiative

beyondblue: the national depression initiative is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia.

beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and their carers, to bring together their expertise. Specific population groups that *beyondblue* targets due to the high prevalence of depression and anxiety are young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and the elderly.

beyondblue has five priority areas that it structures its work around. These are:

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

Key recommendations

1. Support targeted research to better understand the prevalence of depression and anxiety in older people, including Indigenous older Australians and older people of diverse cultural and linguistic backgrounds.
2. Undertake community awareness activities to promote better awareness of depression and anxiety among older people and their carers to increase help seeking behaviour.
3. Introduce and support consistent and standardised training for residential and community aged care staff to facilitate improved detection and management of depression among older people in these settings.
4. Provide incentives to encourage aged care facilities and aged care workers to take up educational opportunities in mental health.
5. Address under-diagnosis and under-treatment of depression in older people through improved screening and referral mechanisms, and through implementing national treatment guidelines for depression and anxiety in older people.

These recommendations are provided in context within each section of this submission.

Leonie Young
CEO



Introduction

This inquiry raises a number of issues that are of interest to *beyondblue*, in particular how Australia's system of aged care identifies, treats and manages older people who experience depression and anxiety. *beyondblue* understands there are significant gaps in the way the present system cares for older people with depression and anxiety. Efforts are needed to:

- create a culture in the aged care sector that recognises the importance of good mental health in late life, as well as physical health;
- advance strategies that address the barriers to older people seeking and receiving help for depression and anxiety;
- improve the skills of the workforce at the frontline of caring for older people in the detection and treatment of depression and anxiety.

1. Depression and anxiety in older people

Older people are one of *beyondblue*'s target priority groups given the high rates of depression and anxiety they experience. For a list of *beyondblue*'s projects and research relating to older people please see the **Attachment** to this submission.

Although the exact rates of depression and anxiety amongst this age group are not yet known, research conducted by *beyondblue* and others indicates that between 10-15% of older people living in the community experience depression and approximately 10% experience anxiety. Some studies suggest the prevalence of anxiety may be higher than depression).ⁱ

Rates of depression amongst 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% of aged care residents experienced depression.ⁱⁱ

There is limited data on the prevalence of depression and anxiety among older Indigenous Australians and people from diverse cultural and linguistic backgrounds, however it is understood that these groups are at greater risk of depression than the general community.ⁱⁱⁱ

Links between depression and chronic illnesses

Close links between physical illness and depression in older people have been found. Most chronic illnesses are associated with increased likelihood of depression, and if there are multiple physical co-morbidities and reduced functional impairment, the risk of depression in older people may be three to four times higher.^{iv} Additionally, depression in older people with multiple physical co-morbidities is linked to poorer treatment responses and worse outcomes.^v Depression is also thought to be a risk factor for stroke and is a known risk factor for cardiovascular disease.

Suicide

Older people are at greater risk of suicide than the general population, particularly if they are depressed.^{vi} Men over 75 years of age are a particularly high risk group, and men over 85 years of age represent the second highest at-risk group for suicide.^{vii} In its recent submission to the Australian Senate's Inquiry into Suicide in Australia, the Royal Australian and New Zealand College of Psychiatrists stated that while the numbers of suicides overall have been declining in recent years, it expects the number of suicides among older men, particularly over the age of 75, to rise in coming years as they constitute the fastest growing segment of the population.^{viii}

Of note, age itself is not a risk factor for depression, supporting *beyondblue*'s key message for this age group – 'Depression is not a normal part of ageing'.

Recommendation 1

Support targeted research to better understand the prevalence of depression and anxiety in older people, including Indigenous older Australians and older people of diverse cultural and linguistic backgrounds.

2. Barriers to older people receiving help and treatment for depression and anxiety

There is a range of factors that operate as barriers to older people both seeking, and receiving, treatment for their depression and/or anxiety. This is supported by the 2007 National Survey of Mental Health and Wellbeing which found that older people are least likely to use mental health services compared to other age groups.^{ix}

Stigma

beyondblue funded research into attitudes about depression and related mental health issues shows that older people are:

- significantly less aware than other age groups of the signs and symptoms of depression and anxiety;
- significantly more likely to hold stigmatised attitudes around depression;
- far more likely than any other age group to believe that depression is a normal part of ageing.^x

Attitudes such as these mean that older people are less likely to seek help for depression and anxiety, either due to embarrassment and shame, or because they don't recognise these disorders as illnesses worthy of medical attention. *beyondblue* has a range of community awareness strategies specifically aimed at educating older people about the signs and symptoms of depression and anxiety, available treatments, and where to get help (see Attachment).

Ageist attitudes

Ageist attitudes among some health professionals act as 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.^{xi}

Lack of professionals specialised in late-life depression and anxiety

Conducted in 2009 for *beyondblue* by the National Ageing Research, a scoping study on depression in older people referred to research that suggests that health students, including nursing students, clinical psychology trainees and social work students, are reluctant to work with older people. It was noted that the shortage of professionals working with older people impacts on placement opportunities for students to have positive experiences working with older people.^{xii} These trends have adverse consequences for those older people receiving care, a situation that is likely to worsen as Australia's population ages.

Other barriers

A major barrier to older people receiving help for depression and anxiety is the lack of knowledge among professional carers about the conditions and how to best manage them (see Section 3 below for a detailed discussion)

A further barrier to identifying and managing depression in aged care is the focus many aged care services have upon providing practical, physically oriented care and not adequately responding to the emotional needs of patients. Limited staff resources and mental health skills are often cited as a barrier to detecting and managing depression in older people, along with absences of standardised procedures for reporting instances of depression, ensuring follow-up, or referral to specialists.^{xiii}

Recommendation 2

Undertake community awareness activities to promote better awareness of depression and anxiety among older people and their carers to increase help seeking behaviour.

3. Skills gaps among health professionals working in residential and community aged care

Concerns about the extent of depression and anxiety among older people receiving residential and community aged care highlight the vital role played by nurses, aged and community care workers, GPs and allied health practitioners in detecting and managing depression and related problems in residents and clients. *beyondblue* is currently working with the National Ageing Research Institute (NARI) to better understand the extent and adequacy of older age mental health training received by health professionals working in aged care, and their professional development needs. The outcomes of this study will inform *beyondblue*'s future plans to provide professional education opportunities for these groups.

To date, research conducted by *beyondblue* and others has identified significant gaps in knowledge and skill levels among professional carers of older people in residential or community aged care. For example, a 2009 study involving 320 aged care staff showed that less than half the participating staff had received any training in depression and held the view that depression was a natural consequence of bereavement, ageing, or moving to aged care.^{xiv}

The main pathways to qualifying as an aged care or community aged care worker – Certificate III and Certificate IV in Aged Care – currently do not have any compulsory modules specific to mental health or depression, although there are subjects that address the emotional needs of older people. *beyondblue* believes these programs should be modified to incorporate compulsory modules on mental health to educate future workers on this important topic.

The level of mental health training received by nurses varies according to when they completed their training, whether or not they were university trained, and whether or not they have undertaken any further education in either gerontology or mental health. The current Bachelor of Nursing program (resulting in qualification as a Registered Nurse Division 1), includes a compulsory mental health subject. By contrast, the Certificate IV in nursing (leading to qualification as a Registered Nurse Division 2) only offers mental health as an optional elective.

Once in the workplace, nurses and aged care staff have limited, if any, professional educational opportunities available to them to increase their skills in the management of depression or anxiety. This gap is one that *beyondblue* is keen to address in partnership with others.

beyondblue has funded research into the effectiveness of training programs aimed at improving knowledge and skills of professional carers in detecting and managing depression.^{xv} *The beyondblue training program for professional carers in recognising late-life depression*, developed by Deakin University, has been evaluated and found to be effective in increasing professional carers' confidence in detecting and managing depression among the older people they care for. *beyondblue* is currently

working with Deakin University to explore ways the training program might be made broadly available to people working in aged care.

To support this process, it is recommended that there be government, industry or other incentives to encourage aged care providers and those working in aged care to undertake educational opportunities in mental health. Potentially, this could be linked to accreditation and/or funding of aged care providers.

Recommendation 3

Introduce and support consistent and standardised training for residential and community aged care staff to facilitate improved detection and management of depression among older people in these settings.

Recommendation 4

Provide incentives to encourage aged care facilities and aged care workers to take advantage of educational opportunities in mental health.

4. Other strategies to better support health professionals

In addition to addressing gaps in skills and knowledge of health professionals around depression and anxiety in older people, efforts are needed to:

- improve screening tools and procedures for detecting depression and anxiety in older people;
- strengthen referral pathways to GPs and mental health specialists for older people;
- develop national treatment guidelines on depression and anxiety in older people.

Screening for depression and anxiety

Research supported by *beyondblue*^{xvi} has highlighted a number of concerns with screening tools currently used to detect depression and anxiety in older people, particularly relating to their effectiveness in detecting sub-threshold depressive disorders, and detecting depressive disorders in people of non-English speaking background. Additional difficulties relate to the diagnosis of depression in people with dementia.

Anecdotally, professional staff in aged care facilities report that in spite of using a depression screening instrument (the Cornell Scale) and reporting on incidences of depression, these reports are often not followed up by GPs who may be either unaware of the efficacy of the tool or unwilling to accept nurses' assessments on residents' mental health status.

In light of these concerns, *beyondblue* is supporting further research to review the screening instruments used to detect anxiety and depression in older people, with a view to identifying those that are most efficacious for this age group. The outcomes of this work are due in late 2010.

Role of GPs

GPs play a critical role in relating to the early recognition of depression and anxiety in older people, given they are the preferred first port-of-call for older people in managing their health conditions. However, there appear to be varying levels of awareness of depressive and anxiety symptoms in older people among GPs.^{xvii} The role of GPs should be strengthened in identifying and treating depression and anxiety in older people through education and access to supportive resources such as treatment guidelines.

Research funded by *beyondblue* in 2005 studied the effects of an educational intervention for GPs in recognising and managing depression among older people living in nursing homes. One-quarter of the

patients reviewed by GPs in the study were found to have probable major depression and another third were found to have depressive symptoms. Following the review, GPs made changes to antidepressant medication in nearly 30% of patients. The educational intervention led to significant improvements in GPs' knowledge of late life depression. Following the intervention, the GPs were significantly more likely to ask their elderly patients about depression and to review them regularly.^{xviii}

Treatment guidelines

Research conducted by *beyondblue* shows that further work is needed to better understand which treatments are most effective for anxiety and depression in older people. A range of treatments, including antidepressant medication, psychological approaches, multidisciplinary approaches and physical activity interventions, have all shown to play a role. However, more evidence is needed as to their efficacy in older people, specifically in different disorders and in different settings.

Cultural factors are one of many issues that need to be taken into account in identifying the best treatment approaches for older people. For example, among older Aboriginal people, depression is understood to be optimally treated through a blend of mainstream treatments and Indigenous strategies, such as building resilience against harmful spirits, increasing wellness, as well as involving traditional healers and the person's family.^{xix}

beyondblue supports the development and introduction of national treatment guidelines on depression and anxiety in late life as an effective method that would significantly assist GPs and other health professionals to manage depression and anxiety in older people. In partnership with the National Ageing Research Institute, *beyondblue* is currently undertaking further research and scoping work towards this objective, as well as other areas identified above. The results of this work are due late 2010 and *beyondblue* looks forward to working with other organisations on their implementation.

Recommendation 5

Address under-diagnosis and under-treatment of depression in older people through improved screening and referral mechanisms, and through implementing national treatment guidelines for depression and anxiety in older people.

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- ⁱ National Ageing Research Institute, *Depression in older age: A scoping study*, Final Report September 2009
- ⁱⁱ Snowdon J., Fleming R., *Recognising depression in residential facilities: An Australian challenge*. Int J Geriatr Psychiatry. 2008 Mar; 23(3):295-300.
- ⁱⁱⁱ National Ageing Research Institute, op cit
- ^{iv} Jon J Pfaff, Brian M Draper, Jane E Pirkis, Nigel P Stocks, John A Snowdon, Moira G Sim, Gerard J Byrne, Nicola T La utenschlager, Leon A Flicker, Ngaire M Kerse, Robert D Goldney and Osvaldo P Almeida, Medical morbidity and severity of depression in a large primary care sample of older Australians: the DEPS-GP Project, MJA 2009; 190 (7): S75-S80
- ^v National Ageing Research Institute, op cit
- ^{vi} Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., et al. (2009). *The Mental Health of Australians 2. Report on the 2007 National survey of Mental Health and Wellbeing*. Canberra: Department of Health and Ageing.
- ^{vii} Source: ABS Causes of Deaths, 2007
- ^{viii} RANZCP, *Submission to the Senate Community Affairs References Committee: Inquiry into Suicide in Australia*, November 2009.
- ^{ix} 4326.0 – National Survey of Mental Health and Wellbeing: Summary of Results, 2007.
- ^x *beyondblue*, Depression Monitor, November 2009
- ^{xi} National Ageing Research Institute, op cit.
- ^{xii} *ibid*
- ^{xiii} Deakin University, *The beyondblue training program for professional carers in recognising late-life depression*, prepared by Professor Marita McCabe, Dr Tanya Davison, Associate Professor David Mellor, Sarah Russo. Report to *beyondblue*.
- ^{xiv} Davison, Tanya E., McCabe, Marita P., Mellor, David, Karantzas, Gery, Kuruville, George., *Knowledge of late-life depression : an empirical investigation of aged care staff*, Aging & Mental Health, Volume 13, Issue 4 July 2009, pages 577 - 586
- ^{xv} See the attachment for examples of such research.
- ^{xvi} National Ageing Research Institute, op cit
- ^{xvii} *ibid*
- ^{xviii} Recognising and screening for depression among older people in residential care, Final Report, May 2005 (available on *beyondblue* website), Sandra Davidson, Stella Koritsas, David Clarke, Daniel O'Connor, Marilyn Liddell, Department of General Practice, Monash University.
- ^{xix} National Ageing Research Institute, op cit