

# The Australian Experience

## January 2007

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### Introduction

Following a successful application to the Allan Brooking Travel Fellowship we undertook a visit to New South Wales, Australia in January 2006. Our visit was supported by our own organisation including the Chief Executive, Medical Director and General Manager, Older Peoples Services.

To enable our visit to be organised effectively we communicated with Professor John Snowden who put us in touch with various contacts for visits. Our general aim was to share good practice related to the care of older people with mental health problems, learning lessons from our Australian colleagues and increasing our knowledge on both the local and national picture of mental health services. In order to meet the criteria for funding, we were asked to put together this report detailing the outcomes and finding of our visits on our return.

### Aim

As the United Kingdom currently do not have policies or guidelines in place that govern how services for older people with severe and enduring mental health problems are delivered, our aim was to enquire how services for this generally neglected care group were delivered in Australia. In particular, we were interested in learning and discovering how these peoples' needs were met through day services. Alongside this we were also invited to share examples of our own good practice within Older Peoples Services around carer education and support and services that support care homes.

### People and Places


The following visits were undertaken during our stay in Australia.



Our contacts were in the city centre and the New South Wales suburbs. In addition we were able to establish a contact in the outback to enable a comparison to be made with a remote area. We were thus able to observe a typical care pathway for an older person living in a remote area as well as providing insights into particular problems experienced by the indigenous population.

## **The National Picture**

Nationally, we discovered some significant differences to the UK, including the population and geography. However there were also commonalities identified such as the ageing population and shrinking workforce. Cultural diversity issues are also prevalent in Australia as in the UK but generally on a much larger scale, with 93 dominant nationalities and a multitude of cultures to consider.

Discoveries... 

THE NATIONAL PICTURE:

- Population 21m (Aus) vs 60m (UK)
- Ageing population: 65+ to double in the next half century, by 2050 ¼ pop will be 65+, 80+ (fastest growing group), shrinking workforce.
- Multi-cultural society: 93 dominant nationalities

Discoveries... 

NATIONAL PICTURE cont'd:

- Increasing mental health needs: Indigenous population, Christmas island 'timebomb'
- "broken and failing mental health care" (Not For Service MHS Australia 2005)
- Health care – mix of private health insurance and NHS
- Dementia not regarded as a mental health problem

The National Service provision is divided into the following Child and Adolescent, Working Age Adult, Aged Care, and Sub-Acute/Acute Older Peoples Services. Generally the older graduate population remain in working age adult services unless they present with complex medical problems or dementia whereupon they are transferred into Older Peoples Services. We also discovered that hospital based day services were not in existence, falling out of favour some 10 years ago, currently identified as a gap in service provision by mental health and medical staff. Most day services are therefore delivered through local authority, however waiting lists are not unheard of and vary in lengths of time dependant on area (3 to 4 months in the area visited).

## **The Local Picture**

New South Wales has a total population of 5.5m with the health authority being divided into 5 geographical areas. West Zone Central with a population of 35,000 older people has 6 out of area beds and no psychiatric hospital. East Zone Central has a population of 20,000 older people and house the in-patient facilities for both zones.

In addition there is the suburb of Braeside that has two hospitals and finally the remote areas of New South Wales, i.e. the Outback.

Our first visit took us to meet Professor John Snowdon at King George V Hospital where we were invited to participate in a CMHT referral meeting along with other members of a multi-disciplinary team. The diverse nature of the population quickly became apparent as we observed referrals being taken and discussed from many nationalities and cultures. Some 8 or 9 out of the referrals discussed were from non-English speaking countries therefore language and communication was a major consideration.

We also undertook a visit to Braeside Hospital to meet with Dr Claire Jones and Members of the CMHT. Particular issues that were raised and discussed were around recruitment and retention with posts in the district remaining vacant for as long as four years. The impact being that some teams were never formed or

recruited to with the consequence of more reliance on in-patient services. The general feeling was that this was due to the area being socially deprived with quite poor transport links and community facilities. Although there was recognition of deprivation and associated problems in the suburbs the outward appearance of the community compared favourably to other areas visited.

Our contact in the outback remote area was able to provide us with some background knowledge of the area and services provided.

### Remote area information and background knowledge

- Bourke (Far West area health service)
- Area = 34% NSW and >1% population
- Bourke has a population of 3000+ with 40% - aboriginal community
- Industry – cattle/sheep farming, citrus farming and cotton
- The nearest town is 100km away
- Community health covers Bourke, Wanaaring and Enngonia involving much time traveling (the base is next to a newly built hospital at Bourke)

The remote area similarly to the suburbs also had recruitment problems with unfilled positions for drug/alcohol and child/adolescent workers. The service provided therefore, consisted of only one mental health worker and one trainee aboriginal worker. The service operated an open referral system that catered for all ages – 5 to 86 years. Typically caseloads consisted of about 50 service users with additional depot administration for many others. The nearest in-patient service was a two hour flight away therefore assessments were often undertaken through the use of tele-psychiatry with an additional flying doctor service bi-monthly for two days. Although the numbers of older people referred were fairly limited, our contact was able to provide us with an example of a recent case study and pathway.

### Pathway for an older person in the outback. A Case Study . . .


- 78 year old man, living alone, no relatives
- Community health alerted by a local taxi driver who regularly drove him to the pharmacy for pain relief and the bottle shop for beers
- Mental health nurse completes assessment identifying squalid living conditions and poor physical health
- A follow-up visit identified he was not eating/drinking and delirium was evident
- Admission under MHA as mentally disordered

### Following admission . . .

- Primary and secondary carcinoma diagnosed
- Prescribed 2 beers a day by the doctor!
- Died in hospital a few days later

We also had an opportunity to meet with staff and residents from the Hammond Care Group. This is a charitable organisation, that is well known throughout Australia and one that also has a degree of international recognition. Hammond Care provides purpose designed living for people with dementia, that is situated in the heart of the local community within the suburbs of Sydney. Their philosophy is to provide person centred care through offering residential accommodation with a therapeutic homely environment. Assistive technology is

utilised as a standard feature to maximise residents' independence together with many other innovative aspects of design.




### Purpose designed living

- Y-shaped design in the heart of the local community
- Hidden hotel services supporting a traditional homely environment
- Single en-suite bedroom accommodation
- Key features highlighted and less essential features camouflaged
- Central and accessible kitchen with innovative safety mechanisms
- Special bathroom features optimising independence
- Established use of assistive technology
- Design supporting purposeful walking

The organisation strives at all times to adhere to person centred care principles by constantly challenging bureaucracy with regards to health, safety and risk management. The success of this approach was clearly evident with residents previously regarded as being difficult to manage exhibiting visible signs of well-being and engagement.

The visits described here have offered us an insight into a wide range of services for older people in a variety of settings. Our overall impression was that older people in New South Wales received varying standards of service and care that appeared to be dependant on the area in which they lived. Each area/service visited offered us a unique learning opportunity.

In anticipation of our study visit to New South Wales we had also been corresponding with the Health and Ageing Research Unit in New South Wales. We were invited to share information about a Department of Health funded project supporting Standard 4 of the National Service Framework for older people being implemented here in the South West Yorkshire Mental Health Trust. This project was groundbreaking in that it utilised Dementia Care Mapping in an acute hospital setting. Sharing this work enabled Professor Lynn Chenoweth and her team to gather information that was helpful and relevant to their research project being undertaken relating to Dementia Care Mapping. The aim of the Health and Ageing Research Unit is to improve health and care outcomes in all contexts in which health and social care is provided.



### Research Centre Visit

- Three search themes:
  - 1 Health and aged care systems
  - 2 Healthy ageing and life transitions, and
  - 3 Models of care
- Offer practice and policy development support to area staff i.e. education and support for family carers

In addition the Health and Ageing Research Unit were able to share with us a number of other research projects that offered some learning which we have subsequently fed back within our own organisation to support the ongoing modernisation agenda. These include the following:-

**Relevant research projects (1) Health Promotion – keeping a health check log**

- Relevant to forthcoming Essence of Care benchmark and relapse prevention approaches
- Enhancing the older persons awareness of their own health & taking responsibility for their health and well-being
- WHO urges all governments to adopt health promotion principles
- Concludes: maintaining a log can positively influence willingness to engage in health promoting behaviours
- And: tangible support, encouragement and education are required from health professionals

**Relevant research projects (2) Cultural competency and diversity**

- At any one time there may be 20 different cultures represented in the patient population (some with no spoken English)
- Healthcare systems remain dominated by Western values resulting in tensions about delivery of nursing care and the consumers view of how they wish to be cared for
- There is poor representation of nurses from diverse cultures in developing policy and practice
- Concludes: communication programmes need to be established to enable nurses to contribute to the pursuit of a culturally competent workforce

## Summary and Conclusions

The visit to Australia has provided us with valuable learning which has been presented to key forums responsible for modernisation within our own mental health trust. Whilst our original aims were not fully met we have nevertheless been able to take key initiatives from our Australian colleagues which have contributed to important developments within our own services.

The whole experience was one not to be missed and the findings have generated much interest and discussion since our return.

In addition to sharing good practice with others the opportunity to participate in this study tour has broadened our overall learning experience and this is reflected in the list below.

**Key learning outcomes of the experience . . .**

- Preparation is vital!! More research and planning
- Be flexible . . . No rigid expectations
- Increased knowledge of Australian services: major issues for older people with mental health needs
- Learning from Hammond Care Group
- Theory-practice gap
- High risk issues
- Affirmation of Kirklees and SWYMHT services!
- Proposed opportunities for joint research (Professor Lynn Chenoweth)

Finally, we would like to extend our thanks and appreciation for the support and funding received from the Allan Brooking Fellowship whose work has been positively promoted throughout our organisation.