

*mal*

## TERMS OF REFERENCE

On Tuesday 20 March 2012 the Minister for Mental Health, the Hon Mark Butler MP, asked the Committee to inquire into and report on Dementia: Early Diagnosis and Intervention.<sup>1</sup>

The Committee will inquire into and report on the dementia early diagnosis and intervention practices in Australia, with a particular focus on how early diagnosis and intervention of dementia can:

- improve quality of life and assist people with dementia to remain independent for as long as possible;
- increase opportunities for continued social engagement and community participation for people with dementia;
- help people with dementia and their carers plan for their futures, including organising their financial and legal affairs and preparing for longer-term or more intensive care requirements; and
- how best to deliver awareness and communication on dementia and dementia-related services into the community.

---

<sup>1</sup> Inquiry website, accessed 9 April 2012 at [http://www.aph.gov.au/Parliamentary\\_Business/Committees/House\\_of\\_Representatives\\_Committees?url=haa/dementia/index.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/dementia/index.htm)

**SUBMISSION TO THE HOUSE OF REPRESENTATIVES  
STANDING COMMITTEE ON HEALTH & AGEING:**

**INQUIRY INTO DEMENTIA:EARLY DIAGNOSIS AND INTERVENTION**

The Department of Veterans' Affairs welcomes this opportunity to make a submission to this Inquiry. The Department's extensive experience with veteran clients diagnosed with dementia has led to an understanding that this is a significant issue for veterans, their families and the Department. The issue of dementia and the impact on the veteran and ex-serving personnel community has also been a focus for a number of the Department's ex-service consultative forums.

This submission addresses the Inquiry's terms of reference by providing details on:

1. The Department of Veterans' Affairs;
2. Why dementia is a significant focus for the veteran and ex-service communities;
3. How the Department has responded to the priority of dementia; and
4. New funding for veterans with mental health conditions in aged care.

**1. The Department of Veterans' Affairs**

The Department of Veterans' Affairs (the Department) is the primary service delivery agency responsible for developing and implementing programs that assist the veteran and ex-service communities.

The Department is a major national purchaser and provider of health and aged care services worth over \$5 billion a year for some 240,000 clients. The Department purchases health and aged care services in each state and territory, from both the public and private sectors, and across the spectrum of service delivery from hospital inpatient delivery, residential and community care services, to primary care in general practice settings.

The Department also purchases health services over the course of a client's lifetime after discharge, including through periods of acute illness and aged care for older people.

The overall aim of the Department's health programs is to:

Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.

A key focus therefore for the Department is early intervention and prevention, of particular interest to this Inquiry.

The Department purchases services across the whole health care spectrum and this provides the opportunity to link with primary care and information. To meet these health and aged care needs, the Department's health programs are a mix of direct service delivery, purchase of health services, and information to clients and providers. In summary, health programs and purchasing include:

- general medical consultations and services which provide access to general and specialist medical and dental services;
- a range of allied health services;
- hospital services in both public and private sectors;
- pharmaceutical benefits which provide access to a comprehensive array of pharmaceuticals and wound dressings;
- residential aged care, including for those clients with dementia;
- community care and support which provide a range of community programs (for example Community Nursing and Veterans Home Care) to support clients to remain independent in their homes;
- counselling services including through the VVCS – Veterans and Veterans Families Counselling Service; and
- other services such as transport and rehabilitation services.

The Department also provides a range of education and training resources for clients and health service providers.

With the Department's responsibility for health care over a client's lifetime and its purchasing role across the health spectrum, there is incentive and opportunity to continue exploring how health resources can be effectively allocated, including in response to new evidence and treatments. This includes, for instance, support for early intervention and prevention and the potential for substituting services as new and more effective service delivery is developed.

For instance, the Department has funded memory rehabilitation services, including a mental health assessment and memory and cognitive screening evaluations. Early results indicate that early recognition and treatment may help prevent memory deterioration and help facilitate appropriate treatment, support and planning and entry to dementia care.

## **2. Why dementia is a significant focus for the veteran and ex-service communities**

The Department is responsible for providing and purchasing health services for some 240,000 clients across Australia. Of this health treatment population:

- 44 per cent are aged 85 years and over;
- clients who are aged 85 years and over also make up 1 in 4 (or 26 per cent) of all Australians in this age group; and
- Clients who are in residential aged care make up over 15 per cent of all residents.

Given the age structure of the health treatment population and the increasing likelihood of living with dementia in the very old age group, dementia is and will continue to be a significant priority for the Department.

Information on whether aged care residents have dementia can be derived from the Aged Care Funding Instrument used to determine the level of funding for aged care facilities. Attachment A sets out the mental and behavioural diagnoses for all residents, and for the Department's health treatment population in particular. This shows that the Department's treatment population has dementia at a similar level as other residents and that there has been no increase in the 18 months to December 2010.

There are however particular needs to be considered for the veteran community with regard to dementia, especially for any association between dementia and mental health risks arising from service including in warlike operations.

Recent research of the veteran population in the United States has found an association between Posttraumatic Stress Disorder and increased incidence and prevalence of dementia for veterans in later life. This issue is of increasing interest in the future for agencies supporting the health care needs of service veterans worldwide.

The Centre for Health Policy Programs and Economics, the University of Melbourne, received funding under the Department's Applied Research Program to investigate the relationship between Posttraumatic Stress Disorder and dementia in a sample of Australian veterans.

The objectives of the study, which was conducted from 2010 to 2011, were to describe behavioural and psychological symptoms of dementia in a group of veterans, and compare symptoms with non-veterans. It was designed to answer a number of research questions, including:

- a) What is the profile of these symptoms in veterans?
- b) Is the profile different in veterans and non-veterans?
- c) Is the profile different in veterans with Posttraumatic Stress Disorder and veterans without?

This is the first Australian study to explore the relationship between symptoms of dementia and Posttraumatic Stress Disorder. The Department will provide a copy of this report to the Inquiry as it becomes available.

### 3. How the Department has responded to the priority of dementia

The Department funds a number of programs such as Veterans' Home Care, Community Nursing, Social Health, Mental Health and Carer initiatives which have a role in relation to clients diagnosed with dementia, or providing early intervention and support. These programs are outlined below, with a focus on the Inquiry's particular terms of reference.

#### *Primary Care*

The Department purchases services from across the health spectrum, and this provides valuable linkages with primary care and therefore early diagnosis and treatment.

As with the Medicare Benefits Schedule more generally, the Department is able to provide funding for:

- older persons' health assessments that may be undertaken annually;
- comprehensive medical assessments in residential aged care facilities; and
- support for people living with chronic disease.

Given that the general practitioner is often the first point of contact in the health system for those with dementia, the Department considers these mechanisms to be an important part of the overall health response for those people living with dementia.

#### *Pharmaceutical programs*

The Veterans' Medicines Advice and Therapeutics Education Service (MATES) is designed to encourage best practice in veterans' medication management, particularly in chronic disease and complex medication regimes. The program is delivered through the Quality Use of Medicines and Pharmacy Research Centre at the University of South Australia. Veterans' MATES assists Local Medical Officers or general practitioners to meet best practice standards in prescribing medicines to veterans and war widows/widowers.

The MATES program uses health services payment data to identify patients who may be at risk due to their medication profile and health status. Based on this analysis, the program prepares a brief to support clinicians identify these patients and provide therapeutic information on specific topics. The program raises awareness of the particular medicines and the associated risks when used to treat a specific condition or when combined as a consequence of managing an individual with complex health care needs.

Two modules have been delivered targeting dementia related topics:

1. Module 12: *Antipsychotics in dementia*, was released in September 2007 focussing on the use of antipsychotics in the management of behavioural and psychological symptoms of dementia in veteran patients. Module material was distributed to GPs identified as the primary prescriber for targeted veterans and also to pharmacies. Material targeting veterans was prepared for GPs to provide to their veteran patients, carers and family at their clinical discretion.
2. Module 25: *Reducing the Load: Medicines best avoided in patients with dementia*, was released in November 2010 discussing the use of medicines with anticholinergic or sedative effects and their potential impact on veterans with dementia. It identified medicines best avoided and, where possible, suggested alternative medicines or strategies. Module material was distributed to GPs identified as the primary prescriber for targeted veterans, pharmacies and veterans. The module was also distributed to Directors of Care at Residential Aged Care Facilities to draw attention to the continuing use of the medicines that can play a part in cognitive impairment.

Further information on these modules and other program activities is available at a dedicated website, [www.veteransmates.net.au](http://www.veteransmates.net.au)

Whilst the Veterans' MATES program directly provides support for the veteran community, it contributes to building awareness in medication management for the broader community through its activities, including provision of readily accessible information on the dedicated website.

### *Veterans' Home Care*

The Veterans' Home Care program is a low level care program designed to assist eligible veterans and war widows/widowers who wish to remain living independently at home, but who need a small amount of practical help. The services provided under this program include domestic assistance, social assistance, personal care, respite care and safety-related home and garden maintenance services. The eligible veterans and war widow/widowers receiving these services include people with dementia.

The program uses an online assessment instrument to assess a veteran's or war widow's/widower's need for services. The online assessment instrument also identifies the potential need for other community care and health services outside of those services provided through the program. The questions asked within the online assessment instrument include an initial short assessment of cognition for all veterans and war widows/widowers with an additional longer cognition assessment undertaken, as required. The additional longer cognition assessment identifies whether a formal diagnosis of dementia has been made as well as the impact of this diagnosis on the need for services and the types of services required.

This assessment process can help support early diagnosis, and help carers and families link with appropriate services and networks for carer support.

The program provides respite services to carers who have responsibility for the ongoing care, attention and support of a veteran or war widow/widower or, when the veteran or war widow/widower, is the carer of someone else. These services provide an alternative form of care and enable carers to have a break from the caring role. This caring role includes the care of people with dementia as well as other health conditions.

The respite services provided through the program include both in-home and residential respite services. These respite services can be accessed both separately or in combination, depending on the individual needs of the veteran or war widow/widower, including those veterans or war widows/widowers with dementia.

### *Community Nursing*

The Department's Community Nursing Program assists eligible veterans and war widows/widowers to avoid early admission to hospital, hospice or residential facilities by providing access to community nursing services in their home.

On referral, a Departmental-contracted community nursing provider will conduct a comprehensive assessment of the clinical and/or personal care needs, including an assessment on mental health status, if required. Information is provided to the family regarding further resources, referrals or requests for support (e.g. specialised dementia support) available through the general practitioner or local community based services.

Veterans and war widows/widowers with higher level, complex care needs due to dementia, would have a further individual assessment upon application to the Exceptional Case Unit. Specific

information on dementia, short-term memory loss and confusion is assessed by a Clinical Nurse Consultant with the Unit specialising in gerontology, who assists the Departmental-contracted community nursing provider with negotiating the care requirements of a person living with dementia.

### *Day Clubs*

A Day Club is a group of people who meet regularly (usually weekly) in their local community to participate in a varied program of stimulating activities. Day Clubs provide social and recreational activities for veterans, their spouses, war widows/widowers and are also open to other members of the community.

The Department has supported day clubs for many years as a way of addressing social isolation. They are activity driven and volunteer led, and levels of community support for some clubs may vary over time.

Day Clubs aim to improve the quality of life of the participants by:

- providing an opportunity to develop new social contacts in the local community;
- fostering a sense of belonging through being connected to a group, and to the wider community; and
- providing a structured program of stimulating activities that enhance health and wellbeing.

Day Clubs are able to provide the opportunity to socialise, as well as providing mentally stimulating and interesting activities, including to those with a low severity of dementia, as well as support for carers.

Day Clubs provide a vehicle for enhancing the health of ageing members of the veteran community and most are sponsored by an ex-service organisation and operate with some assistance from the Department of Veterans' Affairs.

Day Clubs are run by volunteers and are not-for-profit organisations. It is not required that you be a member of an ex-service organisation or a veteran to belong to a Day Club.

### *Men's Health Peer Education*

The aim of the Men's Health Peer Education program is to improve the health of male veterans by encouraging them to accept a larger share of the responsibility for managing their own health.

Volunteers from the ex-service community conduct presentations on men's health at meetings of ex-service organisations, or on a one-to-one basis. This encourages veterans to take a greater interest in their health and increase their knowledge of the importance of lifestyle factors in maintaining good health. Volunteers also receive training on the importance of keeping the mind active, as an important step to reduce the risk of developing dementia, and the benefit of social participation.

In some states, Peer Education Volunteer groups have established a partnership with Alzheimer's Australia to deliver Mind your Mind workshops to ex-service groups.

There are currently over 360 Men's Health Peer Education volunteers in Australia and a magazine is produced three times a year to provide information and support to the network of volunteers. The program's magazine includes mind activity quizzes such as Sudoku and Find a Word in each issue.

The volunteers also assist in the planning, support and delivery of Veterans' Health Week events across Australia.

### *Veterans' Health Week*

Veterans' Health Week, which is normally held in October each year, helps raise awareness of healthy lifestyle options and promote programs which are aimed at improving the health of veterans and the broader veteran community.

This annual event is in its fourth year and aims to encourage participation in activities that promote and maintain health and wellbeing of not only veterans, but also their families and carers.

The theme for 2012, *Social Inclusion – Participate, Connect, Influence* will assist veteran clients, including those diagnosed with dementia, and their carers, link to community resources. Focus will be on influencing decisions that affect you and, importantly for carers of those with dementia, speaking up for those who can't for themselves.

This year, Veterans' Health Week aims to see activities conducted within the veteran community that align with the Australian Government's vision of socially inclusive society and builds on the themes of the past three Veterans' Health Weeks: Physical Activity (2009), Nutrition (2010) and Mental Wellbeing (2011).

### *Publications*

The Department produced the booklet, *Living with Dementia*, in 2006 to provide practical information to enhance understanding and to assist in making well-informed decisions about the future. The handy tips contained in this resource will assist people with dementia, including those with younger-onset dementia, and carers, manage the condition to try and assist in maximising quality of life. A copy of the book has been included as part of this submission.

In addition to the above booklet, which specifically addresses dementia, the Department has a range of resources for both its veteran client and health providers which in part, addresses elements of a range of issues around dementia. Examples of these resources include the *Managing Challenging Behaviours* reference book and flip-chart which have been specially designed to assist Departmental staff, informing about a variety of behaviours/situations (including confusion and dementia) that may be experienced when dealing with client and provides information about the most positive and constructive ways to respond.

The *Mental Health Advice Book* contains up to date information for GPs and providers of mental health care, on recognising, assessing and treating veterans, including information on dementia.



#### **4. New funding for veterans with mental health conditions in aged care.**

As noted earlier in this submission, a key priority for the Department is the particular needs for the veteran community with regard to dementia, especially for any association between dementia and mental health risks arising from military service including warlike operations.

In April 2012, the Government made an announcement on reforms to the way in which aged care is financed to ensure that older Australians including those in the veteran community will continue to be able to access the care that they need, when they need it. This includes greater availability of care places, especially community care.

As part of the package, the Government announced a new dementia supplement which will provide assistance to people receiving home care packages and those who are in residential aged care. This supplement applies to all Australians in care, including members of the veteran community.

In tandem with this new initiative is a veteran specific initiative called *More Support for Veterans in Commonwealth Home Care Packages and Residential Aged Care*.

The initiative is for those veterans with an accepted mental health condition who receive a home care package or residential care. This will improve access to appropriate care for those veterans with an accepted mental health condition, and will start in July 2013.

The initiative will be funded at \$114.8 million over five years in total spending, or \$96.6 million over five years in net spending over five years. This funding is sourced through the Departments of Veterans' Affairs and Health and Ageing.

The major conditions covered by these arrangements include post traumatic stress disorder, depressive disorder, anxiety disorder, alcohol dependence or abuse and adjustment disorder. The full list of conditions will be determined before the initiative starts.

Through this initiative, the Department intends that this will improve the opportunities for those veterans with accepted mental health conditions in residential care, and help address the issue of the connection between mental health disorder and dementia.

**Residential Aged Care: Mental and behaviour diagnoses recorded in the Aged Care Funding Instrument (ACFI), June 2009 and December 2010**

Mental and Behaviour Diagnosis	All Clients		Veterans' Affairs Client	
	Share in June 2009 (%)	Share in December 2010 (%)	Share in June 2009 (%)	Share in December 2010 (%)
None	-	22.6	23.8	24.9
Dementia, Alzheimer's disease including early onset, late onset, atypical or mixed type or unspecified	40.4	40.0	41.5	39.6
Vascular dementia e.g. multi-infarct, subcortical, mixed	5.5	5.6	5.5	5.7
Dementia in other diseases, e.g. Pick's Disease, Creutzfeldt-Jakob, Huntington's, Parkinson's, HIV	2.4	2.3	1.8	1.7
Other dementias, e.g. Lewy Body, alcoholic dementia, unspecified	4.6	4.8	4.3	4
<b>Sub Total of above four rows :</b>	<b>52.9</b>	<b>52.7</b>	<b>53.1</b>	<b>51.0</b>
Delirium	0.9	1.2	0.6	1.1
Depression, mood and affective disorders, Bi-Polar	33.2	36.6	32.9	33.9
Psychoses e.g. schizophrenia, paranoid states	5.4	5.3	2.4	2.3
Neurotic, stress related, anxiety, somatoform disorders e.g. post traumatic stress disorder, phobic and anxiety disorders, nervous tension/stress, obsessive-compulsive disorder	9.0	11.0	9.8	11.9
Intellectual and developmental disorders e.g. intellectual disability or disorder, autism, Rhett's syndrome, Asperger's syndrome etc	2.0	2.0	0.0	0.0
Other mental and behavioural disorders e.g. due to alcohol or psychoactive substances (includes alcoholism, Korsakov's psychosis), adult personality and behavioural disorders.	3.4	3.4	1.8	1.7
<b>Total number of clients</b>	<b>157,500</b>	<b>162,874</b>	<b>25,830</b>	<b>27,851</b>
<b>Percentage of all clients</b>			<b>16.4</b>	<b>17.1</b>

Approximately two thirds of those who are Department of Veterans' Affairs clients are women, with 6 out of 7 of these identified as widowed and most of the remainder married. This is similar to the overall population in residential aged care where 70 per cent are women.