

Townsville Health Service District response to the inquiry into dementia early diagnosis and intervention. The House of Representatives Standing Committee on Health and Ageing, Committee Chair and Member for Hindmarsh Mr Steve Georganas MP.

The number of people with dementia is predicted to increase with the ageing of the population. Projections from 2007 indicate that Townsville Health Service District had approximately 2,000 people with dementia in 2010. This number is predicted to increase to 7,000 people by 2050.

Townsville Health Service District has a model of care that supports the person with dementia through the continuum of care. This model is approved by the national Alzheimers Australia body but only partially funded. Current service provision consists of:

1. A small community Dementia Assessment Service of one Nurse Practitioner (NP) and 0.5FTE Clinical Psychologist. The target population is those with suspected symptoms of dementia, mild cognitive impairment, behaviours of concern or have a diagnosis of dementia. The NP triages all referrals to the service. This includes liaising with the client's GP and /or prescribing a range of laboratory investigations prior to undertaking further nursing and psychological assessment. The NP prepares and coordinates care management plans and initiates referrals to services as indicated within the care plan. The NP as indicated may require prescribing or recommending specific medications, liaising with the client GP and Gerontology Services based at the Townsville Hospital. The Psychologist undertakes psychological assessment at 3 levels – screening, exploratory assessment and diagnostic assessment to determine dementia sub type classification, as well as the stage of the disease.
2. A medical ward of 13 beds at The Townsville Hospital for people with acute illness and primary diagnosis of delirium and / or dementia.
3. Memory clinics at The Townsville Hospital – one Age Aware clinic and one telehealth clinic linking with rural sites per week. A Rehabilitation Memory clinic is open to all ages
4. Older Persons Mental Health Team - older persons' community mental health services are provided for individuals primarily over the age of 65 who have late onset mental illness, early onset severe mental illness complicated by functional impairments associated with ageing or severe mental illness as a complication of dementia or other age-related illnesses. 80 patient case load.
5. A 25 bed secure dementia area of Parklands Residential Aged Care facility, Kirwan and 13 bed secure area at Eventide Residential Aged Care Facility, Charters Towers. Both these facilities provide multidisciplinary services including diversional therapy and intergenerational activities. Eventide operates on the Eden principles.

Gaps

- Lack of knowledge and understanding of dementia by the community. The stigma attached to having dementia or caring for someone with dementia prevents acceptance by others and involvement in normal daily routines and recreational activities
- People with dementia and their carers often become socially isolated leading to negative health outcomes for both the person with dementia and the carers. Other than traditional respite and support programs there are few options in the community to establish social connections with others

- Carers often experience high levels of stress as a result of the caring role. There are few ongoing support programs specifically addressing carer stress in Townsville.
- Carers have little information about the nature of dementia, what to expect if a loved one is diagnosed, and what services exist to support the person and carers
- Carers are very unaware of effective strategies that may not involve medication that can help carers assist manage behavioural problems and rapid changes in person diagnosed with dementia.
- Limited Geriatricians in Townsville Health Service District. Currently there is one Geriatrician based at the hospital with a second due to start later in 2012
- Limited clinical neuropsychologists and clinical psychologists trained and/or experienced in the assessment, diagnosis and treatment of dementia. Currently only .50 FTE staff is employed by QH in Townsville to respond to the increasing demand for diagnostic assessment services.
- Limited carer support and residential respite leading to increased carer stress
- No appropriate residential options for people with younger onset dementia.
- Limited community services and support for younger onset dementia
- Limited EACHD packages available especially for Culturally and Linguistically Diverse and Aboriginal & Torres Strait Islander people.
- Lack of coordination across care and community packages
- Difficulty in timely diagnosis of dementia by GP. The GP is the central point of reference for ongoing health treatment and as such needs a knowledge and awareness of dementia and the services available.
- Lack of education provided to general practice staff to assist with identification of early signs of dementia.
- Lack of education provided to general practice staff to assist with navigating dementia support service pathways.
- Limited specialist services for dementia diagnosis, support and referral. This is particularly important when considering that an early diagnosis is crucial in assisting persons and carers to maintain quality of life.
- Difficulties in communication between service providers, GPs and hospitals
- Limited education of service providers. There is a need for specialised training about dementia of service providers. This will enhance their ability to identify the signs and provide appropriate behavioural intervention strategies.
- Limited case management or care coordination services. The person with dementia and their carers need ongoing support at key transition points to navigate the health and social service system.
- Lack of early diagnostic services
- Lack of knowledge of dementia in the acute system and appropriate behaviour management interventions
- Huge lack of respite dementia specific beds
- Very limited training opportunities for psychologists as the tertiary level in the specialised area of geropsychology. Although Prof Pachana (QLD University) in particular has made a substantial contribution to training standards in this branch of clinical psychology, Australian tertiary training institutions across the country have not translated the rapidly increasing demands for specially trained professionals to meet the needs of the ageing population.

Recommendations

- Develop a strong public relations campaign about dementia

- Support community services to promote integration of people with dementia into recreational activities and clubs to increase social connections and decrease social isolation
- Increase carer support services
- Introduce interventions to address carer stress such as relaxation, yoga and mindfulness
- Increase residential dementia respite services
- Increase dementia specific residential beds
- Design and implement residential facilities appropriate for younger people with dementia
- Increase support services appropriate for younger people with dementia
- Introduce mandatory dementia training qualification for people working with people with dementia
- Enhance and build on Alzheimers Australia education and training programs
- Develop and enhance existing education programs for GPs. Multifaceted multidisciplinary modular learning that includes GPs produces best dementia patient / carer outcomes
- Develop local referral pathways so GPs and other service providers can easily link the person with dementia into services
- Develop resources (education, information, referral pathways, guidelines) for Practice Nurses to identify dementia and assist the person with dementia and their carers access services
- Build flexibility into care packages so people with dementia do not have to change service providers with a change in packages received
- Increase case management and care coordination services
- Increase EACHD packages especially for CALD and Indigenous people.
- Develop communication strategies to link systems from service providers, community and hospital
- Develop electronic records for both community and hospital
- Increase public awareness of advanced care plans and powers of attorney.
- Encourage/promote tertiary level training to reflect health/mental health needs of our ageing population (e.g., provide discounts or subsidies to students undertaking geriatric training)
- Facilitate the development and availability of programs at university level including clinical placements (e.g., provide monetary incentives to practicum students)
- Increase the number of hours dedicated for diagnostic services.

References

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27 April 2012