

mal

Submission No. 081

(Dementia)

Date: 04/05/2012

Mercy Health

Submission to House of Representatives Inquiry into Dementia: early diagnosis and intervention

May 2012

Mercy Health welcomes this Parliamentary Inquiry into the early diagnosis and intervention of dementia. This document presents Mercy Health's comments and recommendations to the Inquiry.

Mercy Health is a Catholic community provider of care founded and wholly owned by the Sisters of Mercy. We offer acute and sub acute hospital care, aged care, mental health programs, specialist women's health, early parenting, palliative, home and community care, and health worker training and development.

Mercy Health's experience in caring for those with dementia includes the provision of;

- residential dementia specific care to over 200 residents across Victoria and NSW
- EACH-D packages
- home and personal care for clients in early stages or pre diagnosis
- National Respite for Carers Program (NRCP) in the Barwon region of Victoria.

Our submission details the following recommendations:

- Dementia be recognised as a National Health Priority Area.
- Greater investment in the Dementia Behaviour Management Advisory Services.
- Greater investment in community supports.
- National standardisation and regulation of the Certificate III in Aged Care.
- Financial resources be made available for the pay rates of Personal Care Assistants to be increased in line with disability sector workers.
- Increased supports for undergraduate and practising medical practitioners (in particular General Practitioners) in the diagnosis of dementia.
- Expand support for an integrated, multi-disciplinary health team response to the complex needs of those with dementia and their families.
- Increased training for care providers around the social and spiritual needs of people with dementia and their families, with a particular focus on those from culturally and linguistically diverse backgrounds.

As a partner in the Cooperative Research Centre (CRC) for Mental Health, Mercy Health also supports the submission made by this group.

Adjunct Professor Stephen Cornelissen
Chief Executive Officer
Mercy Health

Professor Fran McInerney
Professor of Aged Care
Australian Catholic University / Mercy Health

Importance of Early Diagnosis and Intervention

Early diagnosis of and intervention for dementia is likely to improve the prospects for both planning future care and enhancing quality of life, both while the affected person is able to more fully participate and after this time. However, it will also inevitably increase demand for resources. The recently announced Aged Care Reform Package, *Living Longer, Living Better* is predicated on current demand, and we would argue this does not go far enough in this respect; earlier diagnosis will demand a far greater response to this emerging priority, which we address in further detail below.

Resources

With dementia impacting so many Australians and their families, Mercy Health welcomes the recent support of the Australian Government with the announcement of \$268.4 million over five years to tackle dementia as part of the Aged Care Reform Package *Living Longer, Living Better*. However, we support Alzheimer's Australia's 2011 call for significantly higher funding, in recognition of both the increasing number of people with dementia (PWD) and their families, and the growing body of evidence identifying their accelerating and complex needs.

We support the recommendation being put to State and Territory Health Ministers that dementia be recognised as the ninth National Health Priority Area. Dementia's status as the third leading cause of death in Australia and the second largest cause of disability mandates such an inclusion and appropriate resourcing of related care.

The Dementia Behaviour Management Advisory Services (DBMAS) funded by the Commonwealth provides valuable clinical support to those caring for PWD, however our anecdotal evidence suggests that this important program struggles to meet demand. Mercy Health calls on the Government to make a greater investment in this program.

Expansion of EACH-D packages, both in numbers and what is provided, is also required. The \$123.3M supporting a new Dementia Supplement for eligible Home Care package recipients, representing an increase in funding of 10 percent, while again welcome, will arguably not be sufficient to address the higher costs of caring for PWD living at home, not to mention the high administrative costs frequently associated with such packages. The 'silent workforce' of family and friends who currently support such individuals assumes significant social and economic burden that this increased supplement is unlikely to redress.

Recommendation 1: Dementia be recognised as a National Health Priority Area.

Recommendation 2: Greater investment in the Dementia Behaviour Management Advisory Services.

Recommendation 3: Greater investment in community supports.

Workforce

The large majority of the workforce providing care to those suffering from dementia are Personal Care Assistants (PCAs). They are often lacking in understanding of dementia, and the varied symptoms of this chronic disease. This is due in part to the varied quality of the Certificate III training they receive and the small portion of this focused on dementia (notwithstanding that dementia afflicts a large proportion of their clients both in community and residential aged care).

We would urge the Government to mandate that all training courses include a greater emphasis on dementia care, and for such courses to be an approved program of study regulated by the Australian Health Practitioners Regulation Agency (AHPRA).

Workers within the disability sector recently received a pay rise and it can be expected that those within the aged care sector will demand a similar level of remuneration in the future, in recognition of the skills required to undertake this important role, for those with dementia and other older frail people. Financial resources for increased remuneration of the core workforce should be made a priority.

General Practitioners are a key resource in the health system. People with dementia and their families overwhelmingly seek assistance from their local doctor early in the dementia trajectory. Yet research indicates that medical practitioners both struggle to make the dementia diagnosis and to impart this diagnosis to the affected person and their families. This contributes to what can be years of delay in the person with dementia and their carers receiving adequate social and health supports. We would urge that GP training needs to include substantive content on dementia diagnosis, communication and care, and that practising GPs receive ongoing support and education around the value and processes of making and imparting the dementia diagnosis.

It is recognised that most chronic illnesses benefit from a multi-disciplinary approach to care. This is particularly relevant for the complex and disabling diseases that bring about dementia, and likely to become more so if as hoped we are able to diagnose and intervene earlier in the course of the condition. The current over-reliance on those arguably least skilled in health care to provide the broad array of services required by PWD and their families requires redress. Mercy Health would urge that attention be given to supporting an increased involvement of other health providers in the care of PWD, including gerontologists, neurologists, registered nurses, social workers, nutritionists, health and behavioural psychologists, speech pathologists, and occupational and physiotherapists, in order that a comprehensive, integrated and quality program of care can be provided to this group who are experiencing one of the most disabling conditions and who are in most need our support.

Recommendation 4: National standardisation and regulation of the Certificate III in Aged Care.

Recommendation 5: Financial resources be made available for the pay rates of PCAs to be increased in line with disability sector workers.

Recommendation 6: Increased supports for undergraduate and practising medical practitioners (in particular General Practitioners) in the diagnosis of dementia.

Recommendation 7: Expand support for an integrated, multi-disciplinary health team response to the complex needs of those with dementia and their families.

Caring for the Culturally and Linguistically Diverse (CALD)

Consistent with population changes indicating that between one quarter and one third of Australians were born in a country other than Australia, the current and future needs of ageing migrant and CALD communities needs to be an increased priority. For those living with dementia and their families, particularly in the urban centres of Australia, linguistic and cultural diversity assumes great significance. Social isolation, reversion to 'first' language, confusion exacerbated by unfamiliarity with prevailing Western cultural mores, and other factors pose unique and major challenges for communication with and assessment of such individuals. Compounding this situation is the reality that a significant and growing proportion of care workers in the aged care sector are themselves recent migrants; while this is potentially of benefit, it also may pose challenges to care provision, as the backgrounds of care providers and frail elderly recipients with dementia may not 'match'. We call for increased funding for cultural sensitivity programs, specifically addressing the social, psychological and spiritual needs of PWD and their families and related care for this growing and vulnerable group of special need.

Recommendation 8: Increased training for care providers around the social and spiritual needs of PWD and their families, with a particular focus on those from CALD backgrounds.