The Australian Psychological Society Ltd

Submission to the

Senate Community Affairs Reference Committee Inquiry into Workforce Shortages and Care Standards in Aged Care

From the Australian Psychological Society

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1 Executive Summary

Psychologists in Australia have a strong commitment to evidence-based interventions to assist the quality-of-life and the appropriate management of aging members of the community. They believe that aged care programs should facilitate increased access of community members to quality services and evidence-based interventions.

Evidence from both Australia and North America currently supports increased use of psychologists in the aged care system in general. For instance, current evidence suggests that the use of psychologists for dealing with behaviour problems in older people in residential care results in substantial cost savings, notably:

- a tenfold reduction in hospitalisation.
- a threefold reduction in drug side effects.
- halving of the number of visits by general practitioners.
- a quarter the number of visits by geriatric psychiatrists.

The following points are made in this submission:

- properly trained psychologists can deliver psychosocial treatments that have proven effectiveness.
- trained professional psychologists can objectively assess cognitive and behavioural functions in older people.
- despite these factors, psychologists have little current role in aged care.
- more psychologists need to be trained for the specialised work with older people through special programs.

The following recommendations are provided:

- psychologists with relevant experience and training be funded under Medicare for services provided to residents of long term care facilities funded by the Commonwealth. Both the Better Outcomes in Mental Health Care and MedicarePlus programs provide models for such services.
- more positions for psychologists be funded for Aged Care Assessment Teams in order to improve the accuracy of assessments that are provided by such teams, including cognitive, mood and competency assessments, and to provide skilled consultation on psychological factors affecting placements.
- the Department of Health and Ageing should establish a review to determine the needs for psychological services to be provided under the Home and Community Care program. The substantial number of cases of emotional and behavioural problems among older people in the community warrants an increase in the provision of effective, non-pharmacological psychological services.

2 Introduction

The Australian Psychological Society has a strong interest in, and commitment to, the various aspects of health care in Australia. Through its membership of psychologists (over 14,000), who function as practising clinicians, academic researchers and educators, managers and government advisors, it exercises considerable presence and influence in this domain. As a result, it has well-developed, research-based views on a number of the issues currently before this committee. It is grateful for the opportunity to represent its members and wider-community views to this Senate Committee.

The concepts that are the drivers of the Australian Psychological Society's views on health, and Aged Care policy in particular, centre on increased access to services and evidence-based practice in health care. The Australian Psychological Society concurs with the repeated position taken by many state governments and the Australian Government that universal access to services is a fundamental principle in health care policy. Australian psychologists are unique among health care providers in having grown as an allied health profession from an academic and research-oriented perspective. As a consequence, the principle of evidence based practice is a strongly held objective in all aspects of our work, but specifically in this case in aged care. Access to evidence-based interventions, then, is central to our concepts of quality services and quality management.

The *National Health Performance Framework Report* (National Health Performance Committee, Queensland Health, 2001) published by the Commonwealth Government under the auspices of the Australian Health Ministers' Conference identifies nine areas against which health performance can be assessed. The three most relevant to this submission are those of community member access to services, effectiveness and cost efficiency.

Access is one of the most important and easy to measure aspects of health service performance. It refers to the "ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background". It is one of the fundamental principles that drove the development of Medicare and continues to be one of considerable social and political sensitivity.

Effectiveness lies at the heart of basic performance management principles in modern management practices. It specifies that the "care, intervention or action achieves desired outcome". Most other dimensions of performance management are concerned with process issues. Effectiveness is perhaps the best, if not only, measure of real health outcomes that are central to whether the intervention has achieved what it set out to achieve. As such, it is a crucial measure in contributing to evidence based practice. Not surprisingly, it is also the hardest measure for which to generate accurate performance indicators.

Efficiency is normally treated as the domain of cost analysis. It is defined as "achieving desired results with the most cost-effective use of resources". From a government planning and health policy perspective, where gaining the best use of tax-payer dollars is a prime concern, programs that can demonstrate cost-effectiveness are of supreme interest, but as it will be shown, not always attracting governmental commitment.

What is central to the contribution of psychologists to the care of the aged population is that the interventions available from psychologists are both effective and cost-saving. The issue of access remains to be resolved.

3 Psychological Services for the Aged

There are a number of issues and problems experienced by older people for which psychological intervention has proven effectiveness. The major problems are discussed and examined below.

3.1 Mood and anxiety problems. Residents of aged care facilities and older people in the community could benefit from the increasing number of psychological interventions tailored to help such people that have proven to be effective (see, for example, Gatz, et al., 1998). Psychological disorders are present at much higher rates in residential care facilities than in the community (Rovner et al., 1990). Currently these problems are commonly treated through the use of psychoactive medication, which is expensive, frequently has undesirable side effects, and requires adjustment in order to deal with side effects and the other medical conditions that are often present in frail older people. Psychological interventions can provide lasting benefits and can help older people maintain their independence to the greatest extent.

While most such treatments are provided to individuals, the study by Leff et al. (2000) showed that couples therapy was superior to drug treatment for depression in terms of both symptom relief and dropouts from treatment. In addition, costs did not differ. Further, the effective use of these methods can delay the decision to place an older adult in an institution (Mittelman, Ferris, Shulman, Steinberg, & Levin, 1996).

It can be argued that, currently, older people do not use mental health services at the same rate as younger people. This is not due to age differences in attitudes towards mental health issues (Robb, Haley, Becker, Polivka, & Chwa, 2003) There is evidence that older adults do not, however, receive effective treatment to the same extent as younger populations (Burns, Wagner, Taube, Magaziner, Permutt, & Landerman, 1993). While there is some evidence that depression may be less frequent among older Australians than at younger ages ((McLennan, 1999), there is widespread evidence that depression in residential care is at much higher levels (Brodaty et al., 2001).

3.2 Physical Disorders. Psychological services for older adults are also provided for a wide variety of physical disorders. Psychological and behavioral methods have been shown not only to be effective with older adults for conditions such as incontinence (Burgio, 1998) and chronic pain (Cook,

1998). Recommendations for the management of pain in residential care facilities are being prepared by the Australian Pain Society and these include non-pharmacologic treatments www.apsoc.org.au/pdfs/Draft1APSRACPMG.pdf , accessed 9 April 2004). Many chronic physical conditions such as arthritis, heart disease, and obstructive lung disease have important psychological consequences that can interfere with both current medical treatment and impair the quality of life of those with such conditions. Psychological services can be of substantial benefit in these cases as well.

Rehabilitation programs are known to be effective in the improvement of functional state following acute injuries to older people, such as in stroke (Ponsford, 2004), and in the restoration of function in frail older people. The services that psychologists can provide in promoting enhanced active participation in rehabilitation, and the assessment and effective treatment of comorbid psychological disorders in rehabilitation programs are often not used to the extent of providing maximal benefits to older people.

3.3 Suicide prevention. The consequences for a lack of provision of adequate psychological services for older adults can be profound. For example, a recent study in the UK found that 80 per cent of older adults who were suicide completers had received no referral to mental health services, and 15 per cent completed despite being under a psychiatrists' care (Salib & El-Nimr, 2003). In this study, among those who had successfully committed suicide, older males and older adults who were widowed were less likely to be known to mental health services. Similarly, within the framework of the World Health Organization (WHO)/EURO Multicentre Study of Suicidal Behaviour, results showed that older attempters were characterized by a much higher rate of female attempters, hard (highly lethal) methods (especially among older males), and higher proportion of depressive and organic disorders. The authors point out that "the recognition and treatment of depression plays a very important role in suicide prevention in the elderly population, and adequate emotional and psychosocial support by family and health care systems seems to be essential" (Osvath, Fekete, & Voeroes, 2002, p. 3).

4 Cost saving and Behaviour Management Effectiveness in Residential and Home Care

Residents of care facilities are often ill or physically frail and many also show signs of one of the many forms of dementia, of which Alzheimer's disease is the most common. Behaviours such as wandering, verbal outbursts, physical aggression, and repetitive behaviors, including calling out and making noise, are frequently associated with dementia and lead to substantial increases in the cost of care, both within institutions and for those living at home. These costs are in the form of damage to facilities, physical injuries to staff and other residents, increased demands upon staff time to deal with such behaviours, time lost from work and WorkCover claims, and the costs of efforts to provide pharmacological treatment. Such costs are incurred, however, for only a disproportionately small number of residents of care facilities who have psychological disturbances (Burns et al., 1993).

When pharmacological treatment is supplied for behavioural disturbances, the medications used are frequently inappropriate or ineffective (Ramadan, Naughton, & Prior, 2003). Psychological interventions in aged care services are not only effective (Cohen-Mansfield, 2003; Opie, Rosewarne, & O'Connor, 1999), but also demonstrably less costly than conventional forms of treatment.

One example of this is provided by the study of psychosocial interventions for disruptive behaviour in dementia (Bird, Llewellyn-Jones, Smithers, & Korten, 2002). This study showed the efficacy of behavioural interventions in residential care facilities to deal with disruptive behaviours that were normally treated through the use of psychoactive medication. Over the course of the trial, those in the psychosocial group were hospitalised for a total of nine days compared with a total of 93 days for those who received conventional care, a tenfold reduction. Drug side effects were noted in 12 cases in the psychosocial group, and in 32 cases in the conventional treatment group, a threefold reduction. Visits by general practitioners to deal with behavioral problems were reduced by half, an average of 4.5 visits in the psychosocial group, and 9.4 visits in the conventional treatment group. Visits by consultant psychogeriatricians were also less common, an average of 1.2 visits in the psychosocial group, as against 4.8 visits in the conventional care group.

Costs for these services depend upon the salary rates for the relevant professions. Using standard rates for Medicare payments to medical practitioners, costs for services in the psychosocial program by general practitioners were less than half those of the conventional care group ($334 vs. $639). The psychosocial program also had lower costs for medical specialists: it showed one quarter the expense rate for psychogeriatrician visits ($161 vs. $651). Current government employee hourly salary rates for psychologists in New South Wales (where the Bird et al. study was conducted) range from $32-$39 per hour. Fees charged by private practitioners are in the same range as Medicare rates for initial visits by general practitioners at the low end to the rates for a psychiatrist home visit, approximately $90 to $140 per hour.

This cost estimate thus shows that the provision of specialist psychological services can result in lower overall costs of providing care. There is therefore substantial potential for significant cost savings to the costs of aged care services in Australia through the inclusion of properly trained psychologists as providers under the Medicare system.

5 Assessment of Dementia

A further example of how policy change in one area can provide incentives for psychologists in that area is illustrated by the introduction of effective drugs for cholinesterase inhibition and the placing of these drugs on the Pharmaceutical Benefit Scheme (PBS). Such drugs can lead to a substantial increase in the quality of life of an older person with dementia that is caused by Alzheimer's disease, as well as an increase in the length of time in which a person can remain at home in the community. This example raises the critical importance of correct diagnosis, since this class of drugs will work in cases of Alzheimer's

disease and very likely in cases of mixed dementia involving Alzheimer's disease, but in no other forms of dementia. The PBS currently mandates the use of the common Mini-Mental State Examination (MMSE), which is known to have significant variations in the procedures for its administration and scoring that affect the end score. Occurrences such as this are less likely with proper training of those who administer such tests. Standard forms of the MMSE exist, and proper training of physicians and others who use this test could reduce error rates substantially. Such training could be provided by experts in the field who are familiar with the standard forms, including geropsychologists, who are well versed in methods of assessment.

But a more serious flaw with the MMSE as a diagnostic tool is its superficiality and insensitivity to types of dementia. When a cognitive problem exists it may well be that a dementia can be detected by the MMSE , but the instrument is a poor discriminator of the specific types of dementia. For such a process, a more careful and thorough neuropsychological assessment is essential. For this reason, many of the CADAMs teams around Australia utilise clinical neuropsychologists to assist with more precise diagnosis. Combined with other neuro-clinical diagnostic procedures, very good levels of diagnostic accuracy can be achieved. Getting the diagnosis right the first time can be a significant cost saver in terms of treatment and management programs.

6 Current Utilisation and Training of Psychologists

Psychologists in Australia currently have a very limited to nonexistent role in aged care facilities (Snowdon, Ames, Chiu, & Wattis, 1995; Snowdon, Vaughan, & Miller, 1995) or with older people in general (Over, 1991), while their presence in other areas of aged care is limited. This situation exists despite the many services that psychologists can and do provide to older people in both the assessment and treatment of disorders in this age group.

Currently, there are some funded roles and positions for psychologists in limited areas of aged care. Some psychologists work with older people in Aged Care Teams. Others work with established memory clinics (eg, CADAMs) where individuals with suspected dementia may be properly evaluated. These roles display the specialised training that psychologists have in the objective assessment of cognitive and behavioural functions. There remains a shortage of well-trained psychologists who can complete the neuropsychological evaluations that are critical for the necessary diagnostic work in the pre-clinical stages of dementia.

There currently are also comparatively few properly trained psychologists who work with older people in other areas. Many who start such work feel a lack of appropriate skills and do not remain long in positions of work with older people in rehabilitation or geriatric programs. This is frequently attributed to the lack of proper training in psychological work with older people (e.g., Helmes & Gee, 2003).

Two programs have been started specifically to train psychologists for work with older people, the first at Edith Cowan University, which is no longer

active, and the second at James Cook University. The University of Queensland also has a strong commitment to training clinical psychologists and neuropsychologists in the basics of aged care practice, and offers a specialised postgraduate degree in this area. Other universities have similar developments occurring and yet others have been encouraged to start more training in working with older people, and some of these have begun to develop additional courses to help train psychologists.

There is thus a pool of resources in Australia that can provide the training that will orient psychologists to this field and provide them with the skills and confidence to work with older people. However, this pool needs to be expanded (Position Paper, Geropsychologists' Interest Group, Victoria). One example provided from Victoria is the North Western Mental Health Service in Melbourne, which employs 2 psychologists across the Service in the aged care sector, whereas there are 28 psychologists in one service for young people.

7 Psychological Services in Home and Community Care

The many agencies that provide services under the Home and Community Care (HACC) program largely concentrate upon home care and medical care services. Examples of such services are home cleaning and changing of dressings or the supervision of medication administration. Few agencies address the psychological needs of older clients, which means that this lack often leads to the provision of inappropriate and therefore ineffective services instead. Agency staff are frequently ill-prepared to detect the presence or onset of psychological disorders such as depression and anxiety, or even conditions such as personality disorder, substance abuse or psychosis. All of these are treatable conditions, and the availability of trained psychologists to HACC agencies would lead to the detection of conditions at earlier, more treatable stages and the prevention of the provision in appropriate services.

8 Recommendations

8.1. Psychologists with relevant experience and training be funded under Medicare for services provided to residents of long term care facilities funded by the Commonwealth. Both the Better Outcomes in Mental Health Care and MedicarePlus programs provide models for such services.

8.2. More positions for psychologists to be funded for Aged Care Assessment Teams in order to improve the accuracy of assessments that are provided by such teams.

8.3. The Department of Health and Aged Care should establish a review to determine the need for psychological services to be provided under the Home and Community Care program. The substantial number of cases of emotional and behavioural problems among older people in the community warrants an increase in the provision of effective, non-pharmacological psychological services.

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