

MENTAL HEALTH COORDINATING COUNCIL

AAG & ACS Regional Conference –
5 March 2014





**If you have come to help me,
You are wasting your time...
But if you have come because
your
liberation is bound up with mine,
Then let us work together.**

Lilla Watson
Aboriginal Educator

Represent
sector
views

Research

Advocacy

Training

the mental health
coordinating council

30 YEARS
working for
mental health

Build
capacity

Support
sector

Facilitate
change



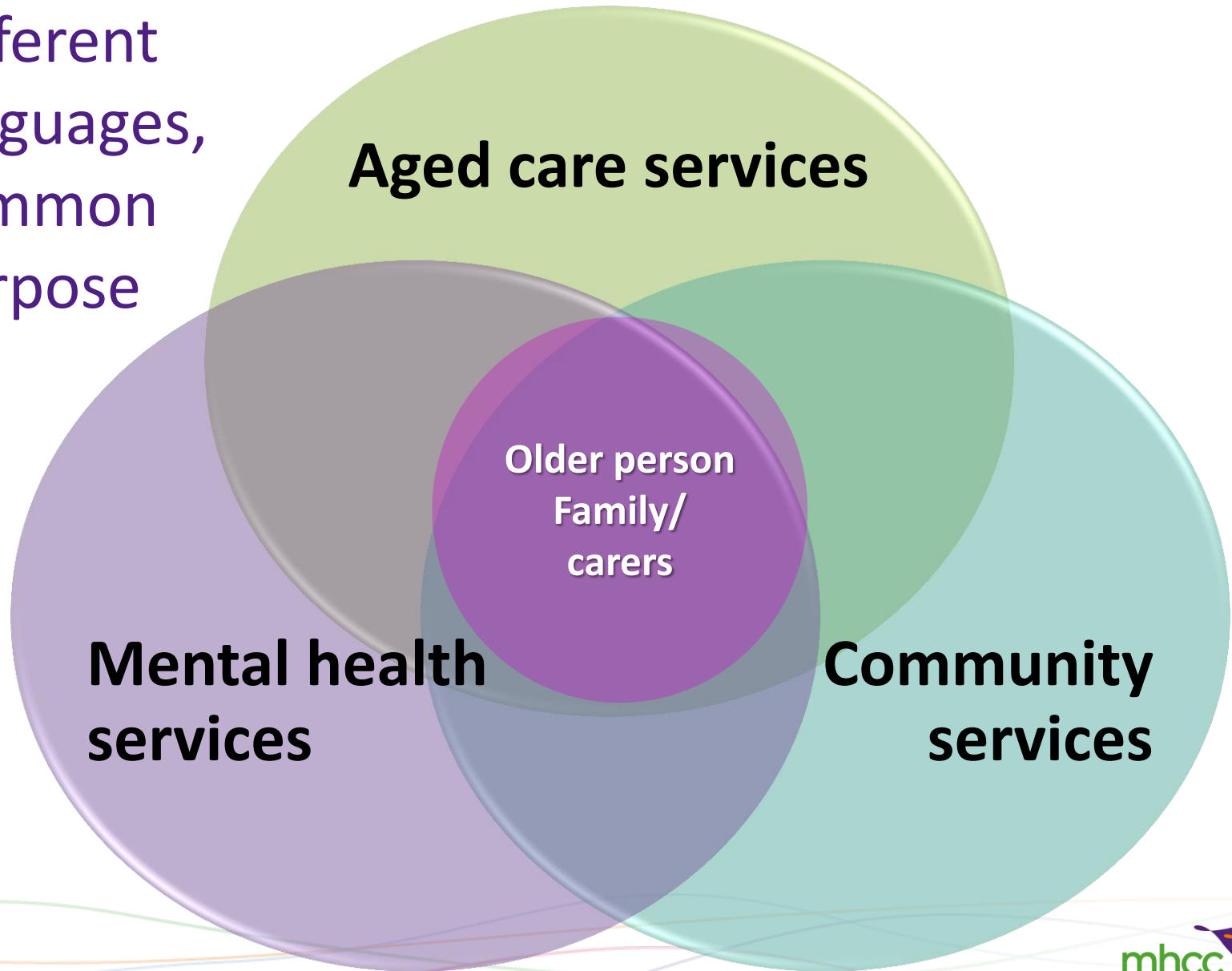
**MENTAL HEALTH OF
OLDER PEOPLE:**
*Connecting
Sectors*
2 November 2012

FORUM SUMMARY REPORT and RECOMMENDATIONS

Mental Health Coordinating Council (MHCC)
in partnership with
Aged and Community Services Association of NSW & ACT (ACSA)

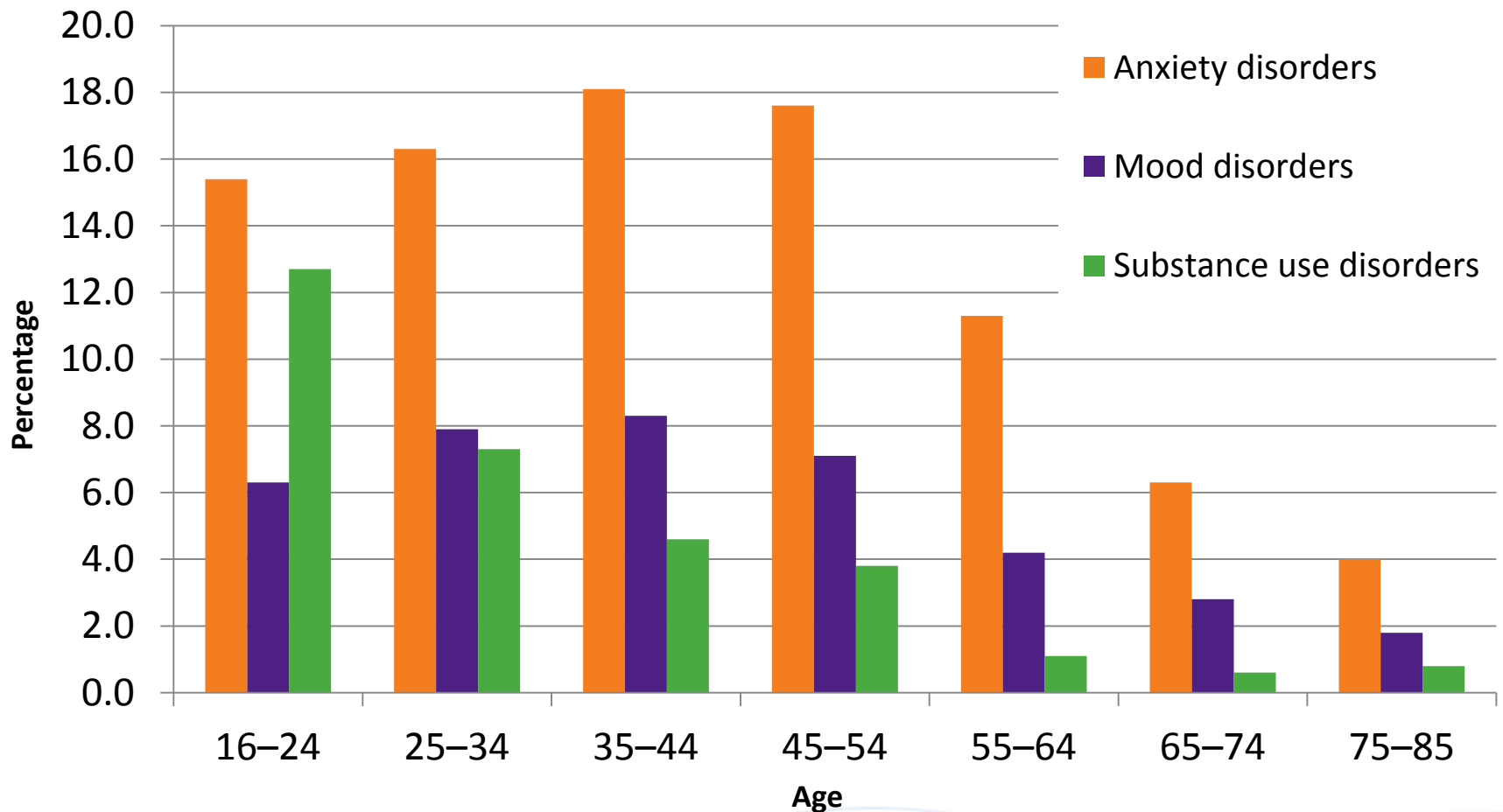


Different
languages,
common
purpose

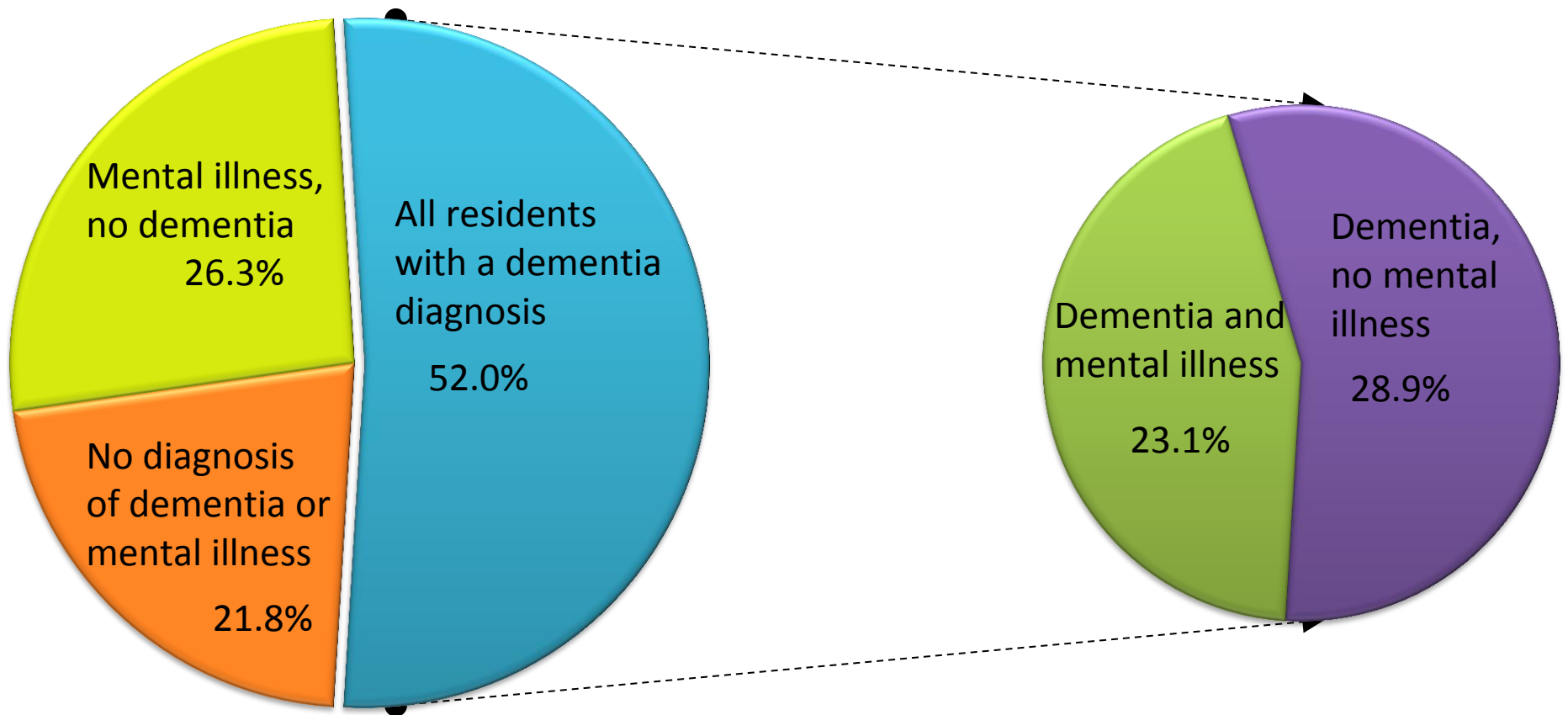


Mental health problems in Australia

in the previous 12 months, by disorder group and age

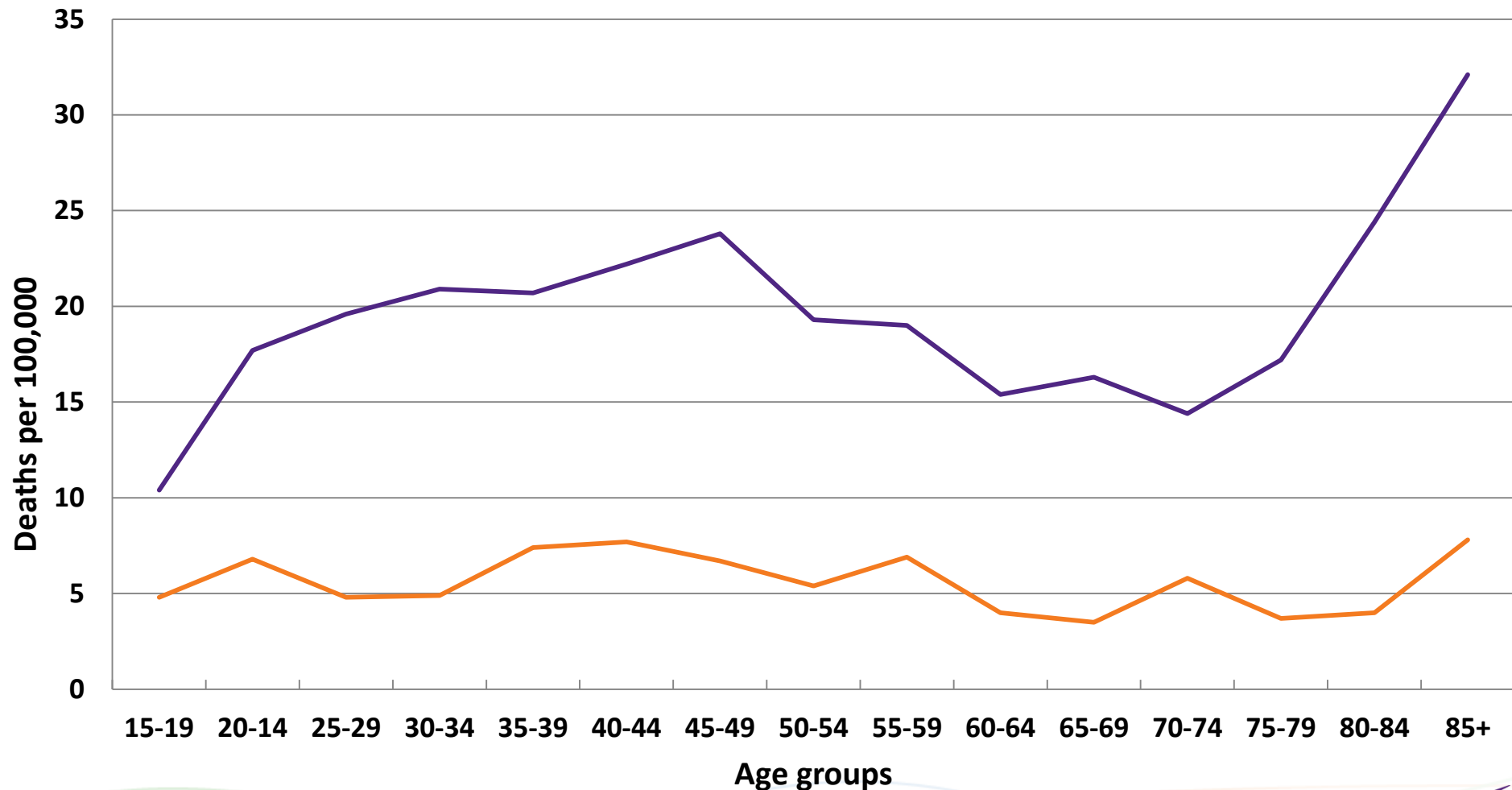


Diagnosed dementia and mental illness for permanent aged care residents, 2010 - 2011



Suicide rates in Australia, 2011

— Male
— Female



8

ABS 2011 data (released March 2013)

What impacts on mental health for people aged 65 – 80+

- **Retirement;** loss of social networks and role
- **Deterioration;** in physical capability and health, falls
- **Changing environments;** moving home, residential care
- **Losses;** social networks, significant others, perceived belonging, sense of purpose and loss of independence, fear of losing independence
- **Loneliness and social isolation**
- **Caring for someone;** who is frail or has a disability
- **Facing end of life;** dealing with bereavement, death and dying

Survivors of institutionalisation and deinstitutionalisation

- Impact of coercion, forced treatment, seclusion, restraint
- Impact of long-term marginalisation and discrimination
- Losses related to lives lived with mental health problems
- Chronic health issues earlier in life, iatrogenic effects
- Age related changes in 'symptoms'
- Changes to previously effective medications (e.g. due to age-related changes or drug interactions)
- Prospect of 're-institutionalisation' (residential aged care)

Janet Meagher 2012

Mental Health Of Older People: Connecting Sectors Forum

Potentially re-traumatising in aged care for trauma survivors

- Aged care assessment
- Personal care
- Medical procedures
- Food provision
- Prospect of entering residential care

Residential aged care:

- Environment
- Others around the person dying



Who do you support?



- people with no history of mental health problems?
- later onset mental health problems
- people with past experience of mental health problems who've had no reoccurrence of 'symptoms'
- life long or recurring experiences of mental health problems?

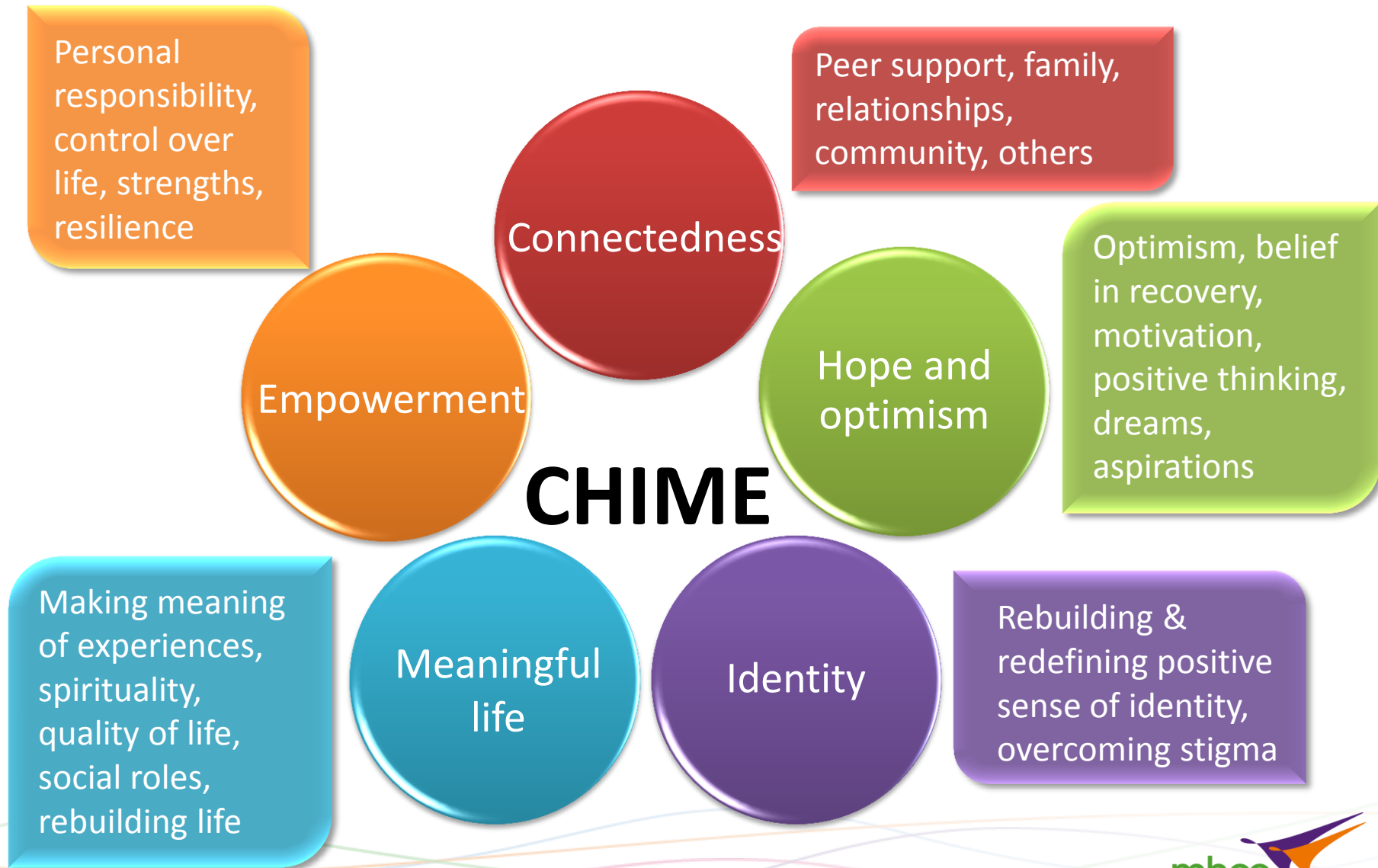
What is 'recovery'?

- self defined, self directed
- a unique and personal journey
- a normal human process
- an on-going experience, not an end point or cure
- a journey rarely taken alone
- non-linear; interspersed with achievements and setbacks.



Traditional approach	Recovery oriented approach
Professional accountability	Personal responsibility
Control/compliance oriented	Oriented to choice
Scientific, randomised controlled trials	Humanistic, guiding narratives
Pathology	Biography
Psychopathology	Distressing experience
Diagnosis	Personal meaning
Treatment	Growth and discovery
Focus on this disorder	Focus on the person
Illness-based	Strength-based
Person adapts to the provider	Provider adapts to the individual
Rewards passivity and compliance	Fosters empowerment
Care coordinators	Self-management
Return to normal	Transformation

Common processes in recovery



Recovery and older people

Identity:

Older person in their life

Impact:

Illness
Losses
physical illness
Dementia

Making sense of the experience:

Acceptance
Personal responsibility

Dealing with the 'illness':

Personal strategies
Supports

Recovery of self:

"Returning to being me" or,
"Continuing to be me"

'Continuing to be me'

Supporting recovery in older people

- Focus on supporting the maintenance of identity ('continuing to be me')
- Promote empowerment, agency and self-management ('remaining in control')
- Support existing networks, roles, activities, friendships
Support older people to manage the impact of co-existing physical health problems
- Taking a staged approach to supporting recovery in older people with dementia
 - Changing experience over time
 - Support from others

Mental Health Connect AGED CARE



- Created in consultation with aged care, SMHSOPs, consumers, carers and others
- Catalyst to bring together aged care, mental health and lived experience
- Utilises real experiences of mental ‘illness’ and recovery
- Recognise the impact of trauma
- Insights on duty of care and risk
- Practical hands-on skills to CONNECT and communicate
- In-house, flexible delivery and partnership options

For more information <http://www.mhcc.org.au/learning-and-development.aspx>

THANK YOU FOR COMING

Would your organisation
benefit from MHCC training?

Enquire today:
info@mhcc.org.au