



# Aged Persons Mental Health Past, Present and Future

Kuruvilla George

Director of Aged Persons Mental Health and

Director of Medical Services, Peter James Centre and  
Wantirna Health, Eastern Health

Deputy Chief Psychiatrist – Aged Persons Mental Health



# History of Aged Persons Mental Health

- ◆ PSYCHOGERIATRICS
- ◆ AGED PSYCHIATRY
- ◆ OLD AGED PSYCHIATRY
- ◆ PSYCHIATRY OF OLD AGE
- ◆ GERIATRIC PSYCHIATRY
- ◆ GEROPSYCHIATRY
- ◆ AGED PERSONS MENTAL HEALTH



# Why APMHS

- ◆ Rising numbers of older persons
- ◆ Combination of psychological, physical and social factors requiring expertise
- ◆ Need for longer periods of assessment and treatment
- ◆ Needs of older citizens have historically been subordinated to the younger adults. They have equal rights to appropriate care



# Scope of APMHS

Psychiatry of 'retired people' and includes the full range of mental illness.

1. Those with long standing mental illness and who have grown older
2. Those with functional psychiatric illness developing in later life
3. Those with behavioural and psychological symptoms of an organic syndrome



# Current Services

## General Principles

- ◆ Catchment based service
- ◆ Multidisciplinary
- ◆ Comprehensive/Integrated
- ◆ Community based assessment
- ◆ Case Management



# Current Services

## Parts of Service

- ◆ Community teams
- ◆ Day Hospitals
- ◆ Out Patient Clinics
- ◆ Consultation-Liaison
- ◆ Acute Inpatient Units
- ◆ Extended Care Units



# Current Services In Victoria

9 Metropolitan and 8 Regional Services each with a component of

- ◆ APATT – based on weighted population
- ◆ Acute inpatient beds – 0.45 beds per 1000 population 65+
- ◆ Extended care beds – 11 beds per 10,000 population 65+



# How Effective are our Current Services

## ◆ Treatments

Data indicate that while there is consistent evidence of the efficacy of some treatments of depression and dementia in old-age, the degree is only moderate with incomplete symptom resolution, treatment resistance, adverse reactions to drugs, and high relapse rates





# What is Effective

- ◆ There is stronger evidence that interventions for dementia care-givers that include education, skills training and emotional support are effective in reducing care-giver stress and delay placement and institutional care



# How Effective?

- ◆ There is good evidence to support the effectiveness of multidisciplinary, individualised community services; primary/specialist care collaborations for treatment of late life depression; outreach services to residential care; integrated post discharge services and treatments to prevent delirium in medical wards



# How Effective?

- ◆ There is limited evidence to support consultation/liaison services to medical wards.
- ◆ There is weak evidence to support day hospitals, combined general adult and old age mental health wards, old-age mental health wards or combined old-age mental health and geriatric wards



# Future Challenges

## Rising tide of the elderly

- ◆ Victorian population – 4,830,508 (**ABS, 2001**)
- ◆ 830,033(17%) aged 60 years and over
- ◆ Metro – 570,368 – 16% of Metro population
- ◆ Regions – 259,665 – 19% of Regional population
- ◆ **By 2021** - 1,336,212 or 25% over 60 years
- ◆ Metro – 897,776 – 23% of Metro population
- ◆ Regions – 438,436 – 31% of Regional population



# Future challenges

## Rising numbers of dementia sufferers

- ◆ 2001- 160,000 Australians with dementia
- ◆ 2040 - 500,000 Australians with dementia
  
- ◆ 2001 - 41,000 Victorians with dementia
- ◆ 2021 - 65,500 Victorians with dementia



# Future Challenges

## Manpower/Skills Shortage

- ◆ Health Sector
- ◆ Mental Health Sector
- ◆ Aged Mental Health Sector
- ◆ Aged Psychiatry Residential Care Sector
- ◆ Special problems of the Rural/Regional Sector



# Future Challenges

Rising expectation of the community

- ◆ Consumers
- ◆ Increasing voice of carers
- ◆ The changing demands especially of baby-boomers



# Future Challenges

## Political Issues

- ◆ Increasing cost of health care
- ◆ Privatisation
- ◆ Reducing share of the cake for the public sector
- ◆ Reducing share for mental health
- ◆ Reducing share for aged care





# Future Challenges

Increasing public concern regarding psychiatric treatment and practices

- ◆ Psychotropic medication
- ◆ ECT
- ◆ Restraint
- ◆ Seclusion



# Future Directions

- ◆ Get rid of the two tier system of funding health care in Australia.
- ◆ Be more flexible in the use of manpower
- ◆ Innovative use of resources/services
- ◆ Acute Units to be based in General Hospitals



# Future Directions

- ◆ Mainstream care of patients with dementia.
- ◆ Reduce the admission of patients suffering dementia to acute psychiatric units.
- ◆ Strengthen supports for residential aged care sector
- ◆ Use the aged psychiatry residential care facilities for our ageing graduate population



# Future Directions

- ◆ Improve Access and Responsiveness
- ◆ Continue to develop community teams to assess and manage elderly in the community
- ◆ Encourage earlier discharges from hospital by strengthening post-discharge services including ambulatory care in aged psychiatry



# Future Directions

- ◆ Greater emphasis in the principle of least restrictive care in the elderly especially the use of Restraint and Seclusion.
- ◆ Improve communication with consumers and carers.
- ◆ Enlist the help of carers.
- ◆ The provision of information including discharge summaries and letters to consumers and carers if appropriate.



# Future Directions

Research and Academic activities should be part of the core business of all services

- ◆ Staff who are interested should be encouraged and facilitated to do research
- ◆ Improves recruitment and retention of staff
- ◆ Improves the morale of the service when there are academic activities and students



# Future Directions

- ◆ Sharing of resources between services
- ◆ Sharing of information and data between services.
- ◆ Sharing of resources with developing nations for the ultimate development of aged persons mental health



# Psychiatry of Older Persons

- ◆ A for Age
- ◆ B for Boom and Bottom
- ◆ C for co-morbidity, complexity and chronicity
- ◆ D for delirium, dementia, depression and delusional disorders