



Discussion Paper

Older Tasmanians Mental Health and Wellbeing Forum October 2011



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Acknowledgement

The Mental Health Council of Tasmania (MHCT) and Council on the Ageing (COTA) Tasmania (TAS) would like to thank the older Tasmanians who attended the *Older Tasmanians Mental Health and Wellbeing Forum* and the older Tasmanians who attended the Glenorchy Branch of the Tasmanian Pensioners Association September 2011 meeting.

The discussions derived from these meetings formed the basis of this report. Without these valuable contributions this report would not be possible.

Executive Summary

According to the Australian Bureau of Statistics (ABS) at 30 June 2009, there were 76,900 people aged 65 years and over in Tasmania, making up 15.3% of the population. This was the second highest proportion of older people of all the states and territories in Australia¹. The number of people aged 65 years and over in Tasmania is projected to reach 22-23% of the population by 30 June 2021². Currently there is limited information available on older Tasmanians mental health and wellbeing. This provided the opportunity for the MHCT and COTA TAS to enable older Tasmanians to identify ways of staying connected to their communities; identify barriers which prevent them being connected to their communities; and provide solutions on how to overcome these barriers. This is a start of a conversation with older Tasmanians, which will allow them to have a voice in shaping their future in regard to their mental health and wellbeing. The MHCT and COTA TAS goal is to provide a report on older Tasmanians' mental health and wellbeing, which will be presented to the Tasmanian Government during 2013. This discussion paper contributes to this process.

Recommendations

- 1) The MHCT and COTA TAS recommends the Tasmanian government develop and implement a prominent destigmatisation community campaign in mental health. Social marketing campaigns utilising well known public identities living with mental illness have been found to improve social knowledge about, and acceptance, of mental illness.³ Internationally, such social marketing campaigns have also been found to deliver a cost saving to the government because they reduce the workload for providers of expensive emergency care and minimise the costs of other forms of down-stream service provision. In the See Me

¹ Australian Bureau of Statistics, 2009, 3235.0 – Population by Age and Sex, Regions of Australia, 2009.

² www.abs.gov.au/ausstats/abs@nsf/mf/3222.6

³ Vaughan G, Hansen C. 2004. 'Like Minds, Like Mine': a New Zealand project to counter the stigma and discrimination associated with mental illness. *Australasian Psychiatry*, 12(2), 113-117.

Scotland campaign⁴ every \$3 spent on the campaign there is an economy wide saving of more than \$24. **(Refer page 5, Policy and Research Context and page 15, Discussion)**

- 2) The MHCT and COTA TAS recommends Statewide and Mental Health Services (SMHS) review the eligibility criteria for people to access Community Sector Organisation (CSO) recovery based programs. Currently the eligibility criteria are for those aged 18 – 65 years. This policy implies people over the age of 65 years cannot or are not entitled to recover from their mental illness. **(Refer page 6, Policy and Research Context)**

- 3) In reference to research into effective prevention and early intervention strategies the MHCT and COTA TAS recommend Statewide and Mental Health Services (SMHS) expand the Promotion, Prevention & Early Intervention (PPEI) Strategy, *Building the Foundations for Mental Health and Wellbeing*⁵ document suite to include older Tasmanians. **(Refer page 6, Policy and Research Context)**

- 4) The MHCT & COTA TAS seek further funding to hold consultations in the North and North West regions of Tasmania.

- 5) Given the figures from the ABS for Tasmania (estimated 23,000 older Tasmanians will be diagnosed with a mental illness during 2021), the MHCT and COTA TAS recommend the Commonwealth Government prioritise older people in the area of prevention and early intervention in the Fifth National Mental Health Plan (2015-2020). **(Refer page 6, Policy and Research Context)**

Introduction

The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

Council on the Ageing (COTA) Tasmania (TAS) is the primary organisation representing the rights of older Tasmanians. COTA TAS has been the voice of older Tasmanians for 60 years. While individual issues may have changed over that time, the determination and commitment of the organisation to ensure that the voices of older Tasmanians are heard has not.

COTA TAS is for an inclusive community which values, supports and recognises the contribution of all older people. COTA TAS champions the rights and interests of older people in Tasmania, promoting

⁴ Refer See Me Scotland – www.seemescotland.org.uk

⁵ Source: www.dhhs.tas.gov.au/mentalhealth

and supporting social inclusion to encourage people to think positively about ageing and older people.

The MHCT partnered with COTA TAS to facilitate an all day workshop for more than 70 participants, who comprised of older people, carers, service providers and policy makers, to promote positive mental health and wellbeing for older Tasmanians. This gave the opportunity for older Tasmanians to voice their experiences, concerns and ideas in how they maintain their positive mental health and wellbeing.

Policy and Research Context

Figures released by the Australian Bureau of Statistics (ABS)⁶ show that the ageing of Tasmania's population will continue. By 30 June 2012, the number of people aged 65 years and over is projected to be at least 50% greater than that at 30 June 1999, increasing from 13% of the population at 30 June 1999 to 22-23% by 30 June 2021. The highest annual rate of growth for this age group will occur in 2011-12 when the large cohort born in 1947, part of the post World War II 'baby boomer', turns 65.

The 85 years and over age group numbered 6,400 (1.4% of the total population) at 30 June 1999. This group is projected to reach between 11,600 and 12,000 by 30 June 2021. At 30 June 1999, the 85 years and over age group was dominated by women, who made up 70% of the group. This proportion is projected to fall to 64-65% by 30 June 2021, reflecting the increase in life expectancy of men and the narrowing gap in life expectancy between men and women.

One in five people will be diagnosed with a mental illness within a twelve month period.⁷ Given the above figures from the ABS, the MHCT can estimate 23,000 older Tasmanians will be diagnosed with a mental illness during 2021. A report by the Australian Institute of Health and Welfare (AIHW)⁸ revealed older people's self reporting a mental health condition increased from 6% in 1995 to 11% in 2004-05, with 9.5% of older people reporting at least one long-term mental health problem.

Statistics released by the Australian Institute of Health and Welfare (AIHW)⁹ reveal more than 11,000 service users reported having an informal carer aged 65 years or over, and 65% of these carers were a parent of the service user. Mothers made up 55% of all carers aged 65 and over, 16% were spouses and 10% were reported as other family. Mothers aged 65 years or more comprised three-quarters of all older carers of service users aged between 25 and 44 years.

Fathers aged 65 years and older were less likely than mothers to be identified as a carer, accounting for less than 10% of service users with an older carer.

Over half (60%) of service users aged 65 years or more with an older carer reported that their spouse was their informal carer. Spouses were identified as the informal carer for nearly one in six users with an older carer.

⁶ www.abs.gov.au/ausstats/abs@nsf/mf/3222.6

⁷ www.sane.org.au

⁸ Australian Institute for Health and Welfare, 2007, *Older Australians at a Glance*, Canberra.

⁹ Australian Institute for Health and Welfare, 2011, *Disability support services 2008-09: report on service provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*, Canberra.

A recent study by Wesley Mission Victoria¹⁰ outlines the policy and service delivery challenges arising from Australia's ageing population. It is estimated that by 2056 between 23-25% of Australia's population will be aged over 65¹¹. This means pressure on existing services as demand grows; pressure for more flexible and diverse services; an increasing preference for community care; and growing pressure on the general workforce as more workers retire and specifically on the labour needs of the aged care workforce.

There is a policy shift towards 'active ageing' which recognises and aims to support the desires of older people to continue to work, socialise, participate, contribute and engage with the community as they age. Active ageing is "the process of optimising opportunities for physical, social and mental wellbeing throughout the life course, in order to extend healthy life expectancy, productivity and quality of life in older age"¹². According to the World Health Organisation (WHO), the rights, needs, preferences and capacities of older people should be central to active ageing policies and these should be framed by a life course approach to ageing¹³.

However, there remain concerns about the ability of existing services to meet the specific needs of groups such as people who are socially isolated and excluded. Other groups of concerns include Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CaLD) backgrounds, homeless people, people in rural and remote areas and people who have a low income.

Central to the concept of active ageing is understanding ageing in the context of a person's life course. A life course approach to ageing frames social exclusion and isolation in the context of the life of a person has lived. It can be cumulative. For example, an older person who has had a low income throughout their adult life has had access to fewer financial resources in older age and is at greater risk of social exclusion. This may involve exclusion from the service system, exclusion from participating in the community, loneliness and isolation.

Social isolation has been linked to a decline in physical and mental wellbeing¹⁴. Australia's aged care system has been under scrutiny recently with the release of the 2011 Productivity Commission Report on Caring for Older Australians¹⁵. This report recommended major reforms to Australia's aged care system, yet there was very little focus on addressing the social needs of older people. This raises the question of whether the aged care system is based on an assumption that the majority of older people have existing and sustainable social networks to provide support and social engagement. Unfortunately for older people, this is not the case.

The Fourth National Mental Health Plan¹⁶ identifies social inclusion and recovery in priority area one. The outcome of this priority identifies the community will have a better understanding of the importance and role of mental health and wellbeing, and recognises the impact of mental illness.

¹⁰ Wesley Mission Victoria, 2011, "*It's a wellbeing thing – understanding how socially isolated older people perceive and contribute to their own wellbeing*"

Source: www.wesley.org.au/images/stories/research/wellbeing%20report_2011.pdf.

¹¹ ABS 2008. Populations Projections, Australia 2006 to 2101. In: Australian Bureau of Statistics Catalogue Number 3222.0. Canberra: Australian Bureau of Statistics.

¹² Australian Institute for Primary Care 2008. The Active Service Model. A conceptual and empirical review of recent Australian and International literature (1996-2007). Melbourne: La Trobe University Faculty of Health Sciences.

¹³ WHO 2002. Active Ageing. A Policy Framework. Switzerland: World Health Organisation.

¹⁴ WHO 2002. Active Ageing. A Policy Framework. Switzerland: World Health Organisation.

¹⁵ Productivity Commission Inquiry Report, *Caring for Older Australians*, No.53, 28 June 2011

Source: www.pc.gov.au/data/assests/pdf_file/0016/110932/agec

¹⁶ Fourth National Mental Health Plan. An agenda for collaborative government action in mental health 2009-2014

Source: www.ag.gov.au/cca

People with mental health problems and mental illness will have improved outcomes in relation to housing, employment, income and overall health and are valued and supported by their communities. Service delivery will be organised to deliver more coordinated care across health and social domains.

The Fourth National Mental Health Plan outlines a number of actions that will occur in order to achieve this outcome. These include:-

- Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.
- Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.
- Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap around' service provision.
- Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.
- Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people living with a mental illness in the community.
- Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.

The Fourth National Mental Health Plan also highlights prevention and early intervention in priority area two. The outcome of this priority identifies people will have a better understanding and recognition of mental health problems and mental illness. They will be supported to develop resilience and coping skills. People will be better prepared to seek help for themselves, and to support others to prevent or intervene early in the onset or recurrence of mental illness. There will be greater recognition and response to co-occurring alcohol and other drug problems, physical health issues and suicidal behaviour. Generalist services will have support and access to advice and specialist services when needed.

The Fourth National Mental Health Plan outlines a number of actions that will occur in order to achieve this outcome. These include:-

- Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.
- Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.
- Expand community based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.

- Implement evidence based and cost effective models of intervention for early psychosis in young people to provide broader national coverage.
- Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.
- Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.
- Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents living with a mental illness.
- Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.

The MHCT and COTA TAS notes the priority area of prevention and early intervention focuses on children and young people. It is disappointing the Commonwealth Government has omitted older people in this area. Given the figures from the ABS for Tasmania (estimated 23,000 older Tasmanians will be diagnosed with a mental illness during 2021), it is imperative the Commonwealth Government prioritise older people in the area of prevention and early intervention in the Fifth National Mental Health Plan (2015-2020).

The Tasmanian context focuses on Promotion, Prevention and Early Intervention (PPEI) through Statewide and Mental Health Services (SMHS) PPEI framework, *Building the Foundations for Mental Health and Wellbeing* that was released October 2009.¹⁷ The set of actions listed under five priority areas in the framework provides a very real opportunity for the Tasmanian government to make considerable inroads into preventing the development of serious mental illness, and thus reducing the burden on the health system and the state's finances. The five priority areas are:

1. Promote mental health and wellbeing across whole of government and whole of community
2. Build capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing
3. Invest in the early years and families
4. Consolidate and further strengthen reorientation of Mental Health Services and Community Sector Organisations to support mental health and wellbeing
5. Reduce mental health inequalities

In the 2006-07 Budget, the Tasmanian Government established the Demographic Change Advisory Council (DCAC), bringing together all sectors of the community to plan for Tasmania's future demographic change. In October 2007, after consulting with the Tasmanian community, DCAC released an issues paper, *Demographic Change in Tasmania: challenges and opportunities*¹⁸, which provided a comprehensive account of the major challenges and opportunities surrounding

¹⁷ The series of policy papers and frameworks for SMHS PPEI strategy are available here: www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

¹⁸ Demographic Change Advisory Council, 2007, *Demographic Change in Tasmania: challenges and opportunities*. Hobart: Tasmanian Government.

population ageing in Tasmania. One of the key challenges identified in the issues paper associated with ageing is enabling older Tasmanians to remain engaged and included in society.

In May 2008, DCAC released *Demographic Change in Tasmania: Strategies for addressing challenges and opportunities*¹⁹. This paper identified key initiatives that Tasmania could introduce into the future. This was a prime opportunity for the paper to address mental health and wellbeing initiatives for older Tasmanians; however it did not deliver in this area.

In August 2008, COTA Victoria released a report²⁰ to respond to the needs of the growing number of older people experiencing life long or emerging mental health issues. COTA Victoria recommendations include:

- Develop targeted mental health promotion, prevention and early intervention initiatives for older people.
- Have a greater focus on programs, services and facilities appropriate for older people within mental health service settings.
- Address barriers for older people with mental health issues and illnesses in accessing aged care, community support and supported accommodation services and improve care options within mainstream services.
- Undertake research for effective prevention and early intervention strategies for older people.

In 2009, Professor David Adams, Tasmania's Social Inclusion Commissioner, released *A Social Inclusion Strategy for Tasmania*²¹, which summarised research and evidence relevant to social inclusion in Tasmania and outlined how those barriers can be tackled. The report provides a context in which the issues and challenges facing older Tasmanians can be addressed to ensure that they are empowered to participate in and contribute to their communities. Older people's wellbeing is influenced by advantages and disadvantages accumulated over a lifetime. These influences shape their sensitivity and resilience to crises.

The following factors contribute to positive ageing and social inclusion:

- adequate income and material assets;
- appropriate and affordable housing;
- access to good quality health services;
- access to support and care according to need;
- access to transport;
- an age-friendly built environment;
- community attitudes of respect and acceptance;
- community connection and social networks;
- feeling safe; and
- opportunities to participate in all aspects of life.

During 2009 Anglicare Australia recommended the Australian Government Social Inclusion Board to commission research on social inclusion and older people to increase an understanding of the nature of social inclusion and older Australians and to use this research base to develop a strategy on social inclusion and older people as part of its broader social inclusion framework.²² The MHCT and COTA TAS are unaware if this recommendation has commenced or been completed.

¹⁹ Demographic Change Advisory Council, 2008, *Demographic Change in Tasmania: Strategies for addressing challenges and opportunities*. Hobart: Tasmanian Government.

²⁰ COTA Victoria, August 2008, *Because Mental Health Matters*

²¹ Adams, D., 2009, *A Social Inclusion Strategy for Tasmania*. Hobart: Department of Premier and Cabinet.

²² Anglicare Australia, 2009, *Keeping Connected in the Community: A report for Anglicare Australia*

In late 2009 COTA TAS received funding from the Social Inclusion Unit to undertake participatory research to understand the meaning of social inclusion for older Tasmanians. Two methodologies were used – *Have Your Say* Postcard and COTA Champion²³ consultations in the municipalities of Southern Midlands, Huon Valley, Kingborough and Hobart. The data collected has been made available in the report *A Sense of Belonging: Social Inclusion Issues for Older People in Tasmania*, September 2011.²⁴ The areas of participation, social connections, accessibility to information, transport, input into decision making, feeling valued, and access to support services were identified by older Tasmanians as important in making them feel connected to their community.

Dr Gerry Naughtin, Chief Executive Officer from Mind Australia²⁵ addressed a national roundtable forum in Melbourne on "Mental Health, Social Isolation and Older People" on 14 November 2011. From a policy perspective Dr Naughtin stated that mental health, social isolation and older people are not on the national agenda. Dr Naughtin said issues for older people experiencing mental health issues are similar to issues for mentally well older people, thus recommended the government needs to apply a population based policy approach. Dr Naughtin has been working in the area of older people and social isolation for a considerable period of time and has conducted extensive research²⁶ in this area. He recommends that in order to combat social isolation in older people it is important to focus on early intervention and preventative measures. This in turn will minimise social exclusion for older people.

4C Consulting recently conducted a survey on older Victorians during November 2011²⁷. The survey outlines the key challenges and opportunities in addressing social isolation amongst older people. Lack of access to transport was identified as the predominant response to the key challenges older people encounter in addressing social isolation. Other key issues that emerged include:

- We should not presume that all older people want to be socially connected.
- Sometimes older people are not valued for their contribution to the making of the current social society.
- Physical disabilities cause a range of challenges and can have a big impact on someone becoming socially isolated.
- There are many issues carers face including their own support and respite needs.
- There can be a lack of access to activities.
- Depression can cause an individual to become socially isolated.
- An individual's financial situation can restrict the amount they are able to socially include themselves.
- Not all people want to go to structured groups; there is a need for flexibility and to create a range of different opportunities to cater to a wider variety of people.
- Individual personality traits such as social attitudes and shyness can make an individual reluctant to meet new people.
- It can be very difficult actually finding socially isolated older people.
- Accessible and relevant information.

Source: www.anglicare.asn.au

²³ COTA Champions are volunteers who seek opinions from and listen to the needs and issues of older Tasmanians in their local community and provide this information back to COTA TAS.

²⁴ Source: www.cotatas.org.au/action-advocacy/social-inclusion-report

²⁵ Source: www.mindaustralia.org.au

²⁶ Naughtin, G., *Social inclusion and older people; setting the context*, Proceedings from the Social Inclusion and Older People Workshop, Brotherhood of St Laurence, 3 December 2008

Source: www.bsl.org.au/pdfs/Naughtin_paper_3Dec08.pdf

²⁷ 4C Consulting, 2011, *Social Isolation and Older People. Delphi Survey Responses*

Source: www.4clivingwell.com

- Understanding that not all older people are prone to social isolation.
- Bringing older people, who seek new contacts, together in a group will not result in lasting relationships. People need to have things in common other than loneliness.
- Communities need to establish their own programs and not have them imposed on them, and older people need to be engaged in the planning process.
- Isolated older people need to be provided with a single point of entry to services and help.
- Available funding and transport to support programs will be a challenge.

The majority of respondents indicated that there are two main opportunities to address social isolation amongst older people. Firstly, that older people need to be consulted and treated as equals in the discussion of social isolation. Secondly, that it is important to build on resources that already exist and to utilise informal networks. Other key themes that emerged include:

- It is important to offer a variety of activities and programs to suit the different interests and needs
- Transport is always an important issue that needs addressing.
- Many people suggested creating intergenerational opportunities for older and younger people to mix.
- To provide more information to older people about the variety of services available.
- To increase awareness of community groups such as U3A and consider expanding the groups that is working.
- Better utilisation of volunteers.
- Encourage linking into services that already exist.
- Develop whole of community approaches.
- Consider how technology can be used innovatively to reduce social isolation amongst older people.

Methodology

Older Tasmanians were encouraged to attend and participate in the *Older Tasmanians Mental Health and Wellbeing Forum*, which occurred on 7 October 2011 at the Glenorchy Civic Centre. The MHCT and COTA TAS disseminated information through their respective networks. These included newsletters, websites, e-mail distribution, and word of mouth at various organisations.

At the forum participants heard from older Tasmanians, carers, and the COTA Champion consultations results. These consultations were conducted in the Southern Midlands, Hobart, Huon Valley and Kingborough municipalities, whereby older Tasmanians were asked several questions about their mental health and wellbeing. These included:-

- When you are feeling stressed/down or life seems a little hard, what do you do about it?
- Do you seek support?
- If so, from whom?
- Is there a reason why you do not seek support?
- Other comments

During the forum participants had the opportunity to answer the following questions:-

1. What type of things do you do to stay connected to your community?
2. What issues or barriers do you experience, which may prevent you from being connected to your community?

3. What could be done in your community to assist older Tasmanians to be socially connected and engaged in meaningful activity?

The MHCT was invited by the Glenorchy Branch of the Tasmanian Pensioners Association to attend their monthly meeting during September 2011. A brief consultation was conducted, whereby attendees were asked the above questions. The responses have been included in the findings. Attendees were also encouraged to attend the forum on 7 October 2011.

Professor David Adams, Tasmania's Social Inclusion Commissioner, was to present at the forum on research findings on older Tasmania's mental health and wellbeing. Unfortunately Professor Adams had to withdraw at late notice. The Hon Cassy O'Connor, Minister for Community Development, closed the forum and looks forward to the findings.

Findings

This section outlines the results from the small group discussions which occurred at the forum on 7 October 2011; the COTA Champion consultations; and how caring for someone living with a mental illness affects the carer's mental health. This section also outlines a CaLD perspective from someone caring for a family member living with a mental illness.

Small Group Discussion

- **What type of things do you do to stay connected to your community?**
 - Technology; website; internet
 - Volunteering – neighbourhood centre/fire fighting
 - Member of various clubs
 - Engage with a support group
 - Walking; knitting; maintain fitness; Tai Chi; Lawn Bowls
 - Family – looking after grandchildren
 - Singing; Theatre Company; Dancing; Art; Craft
 - Men's Shed
 - Driving – car pooling
 - Local radio
 - Progress Association
 - U3A
 - Read newspapers and community newsletters
 - Accessing services in area
 - Visit friends
 - Entertain people living in residential care
 - Bus trips
 - Gardening
 - Pets

- **What issues or barriers do you experience, which may prevent you from being connected to your community?**
 - Being a carer
 - Working commitments
 - Transport – cost and availability
 - Money

- Technology
- Difficulty locating information on what is available in local area
- Difficulty for older people to make new contacts
- Little consultation with older people on what they need
- Current services seem to make 'one size fits all' – not accommodate different needs, for example the culturally and linguistically diverse communities
- Moving house – relocation problems
- Maintenance of the home
- Lack of appropriate and affordable accommodation
- Lack of support packages of care for older Tasmanians experiencing mental health problems
- Low fixed income – need to increase aged pension rates
- Isolation – disconnected from family
- Health problems – for example, pain and depression

➤ **What could be done in your community to assist older Tasmanians to be socially connected and engaged in meaningful activity?**

- Improved promotion/information on services/activities available in local area – through various modes (e.g. local newspaper/leaflets/media/website/easy to locate in phone book)
- Amalgamation of information from one source – 'Age Well' website in Kingborough. This is an initiative of Kingborough Council's Positive Ageing Plan²⁸. It includes program and events, useful community links and the Positive Ageing Plan 2008.
- Age Exchange – reminiscence by old and young people
- School and older people links and programs
- Arts Access
- Better transport access for older Tasmanians – improved bus services; in Wellington (New Zealand) people over 65 years receive free public bus transport; Rural areas need more transport options; Subsidised taxis
- Opportunities for engagement with communities through schools/kindergartens being linked with residential care and independent living units
- Older Tasmanians to be involved in local planning
- Improved Home and Community Care (HACC) services
- Locally based community nurses to evaluate older Tasmanian's needs – one nurse for all services, to reduce multiple 'assessments'
- Continuity of services – same 'faces' across packages of care
- Increase knowledge base to General Practitioners (GP) about services available for older Tasmanians in the local area
- Expand Seniors Week activities into the rest of the year
- Provision of more support for volunteers, e.g. fuel vouchers and meal allowance
- Facilitated network connections – 'buddy'/peer support for new people attending a group/activity
- Voluntary radio station engage older Tasmanians to be involved in running the station
- Increase supports/resources for carers
- Availability of peer support groups

²⁸ Source: www.kingborough.tas.gov.au/site/page.cfm?u=536

COTA Champion Consultations

➤ **When you are feeling stressed/down or life seems a little hard, what do you do about it?**

- Engage in physical activity – walk, garden
- Pray
- Talk about the issue with spouse/friends/family/community nurse/volunteer
- Listen to music
- Meditation
- Nothing
- Ring Lifeline
- Visit the GP
- Go shopping
- Have a massage
- Go to the hairdresser

➤ **Do you seek support?**

- No
- Rarely
- Sometimes – friends often stop calling
- Support from friend was forthcoming before were asked
- Not from professionals – confidentiality issues
- From family and friends
- Men from rural areas tend not to talk with anyone
- Not believe a counsellor would be any help – as not been through similar experience
- 'What happens in the family stays in the family'
- Not seek support from family – for fear of losing independence and being 'put' in residential care.

➤ **If so, from whom?**

- Spouse
- Community organisations
- Significant value of the Men's Shed for men
- GP on a few occasions

➤ **Is there a reason why you do not seek support?**

- Do not want medication for problems
- Not believe government agencies can provide assistance
- Feel uncomfortable sharing personal problems with a stranger
- Prefer to work out things themselves
- Embarrassment
- Need to contextualise personal situation
- Not want to burden others
- Difficulty acknowledging/realising that have a problem
- Not knowing where to go

- Belief of nobody cares
- Perception nothing is done when has sought assistance
- People hearing without listening
- Waitlist for service provision – lots of information available, however no follow through provided
- Nobody will do anything – all too busy

➤ Other comments/suggestions

- Need to continue to raise the profile of mental illness – reduce stigma
- Acknowledge the importance of conversation
- Important to be socially connected to your community
- Support for carers need to be readily available and accessible
- Some people do not feel able to go to social activities and events by themselves – may be shy or nervous. Suggestion of a 'buddy/mentor' program.
- Limited mobility closely linked with depression – lack of opportunity to partake in social activity outside the home.
- Relocation of residence resulted in fewer visits from friends
- **Suggestion:** Chats Lifeline program be rolled out to regional hubs across Tasmania
- **Suggestion:** Expansion of the Still Gardening Project
- **Suggestion:** Overhaul of the GP system – remove GP referral to social activities
- **Suggestion:** Need to look at causes of depression, which will bring about solutions
- **Suggestion:** Need to address stigma associated with mental illness

Carer Perspective

➤ Impacts of being a carer

- Impacts on own mental health and well-being, which can result in poor mental health.
- On occasions there can be a crossover of either being a carer of someone living with a mental illness and experiencing issues with own mental health.

➤ What can be done?

- Carers need to be listened to, respected and included as part of the care team.
- Carers find the fragmentation of services difficult to navigate. They need integrated services for their family member, tailored to meet particular circumstances.
- They want knowledge and information about the illness and also about what services exist for their family member, how best they can perform their role as carers and what supports are available for them.
- Stigma is a major issue. Carers want to be able to talk about what is happening to their family member, but often disclosure is met by silence, lack of empathy and negative reaction by others.
- **Systemic Changes:** Greater respect by mental health professionals for the role carers' play and having a better understanding of the challenges they encounter. Much improved access to appropriate, timely and recovery-orientated services for family members, both clinical and community-based.

- **Personal changes:** Seek out carer services. Learn and engage in stress-reduction and relaxation techniques. Keep in touch with family and friends. Make time for yourself. Find a way that suits you to bring issues to the attention of policy-makers and service providers. Carers have a voice – they need to be heard!

➤ **Culturally and linguistically diverse (CaLD) carers**

- For most people from CaLD backgrounds the term 'carer' is one of the most misunderstood concepts.
- To minimise stigma associated with mental illness, people in southern Italian communities use the term 'suffering from nerves'.
- "What happens in the family stays in the family". Hence disclosure of mental health problems is low in CaLD communities.
- Somatic symptoms mask mental illness, which result in misunderstandings with people living with a mental illness labelled 'complainers'.
- Supernatural theories of causation of mental illness include fate, magic, and the 'evil eye', violation of taboo or moral 'wrong doing'.
- Typical treatment of 'nerves' may include prayer, efforts to adopt a better attitude or seek change in the social or physical environment.
- Causal beliefs about mental illness in older people of Southern European cultures have included witchcraft, demonic forces and supernatural explanations.
- There is a belief that a visit to the GP is only successful if the older person is given a prescription. However, older CaLD people who have low English language do not understand the nature and use of medications. This may result in negative attitudes to taking medication.
- It is also not uncommon for older CaLD people to offer prescribed medication to others whom they believe to have the same medical condition.
- **Suggestion:** Clinicians and community mental health workers need to convey treatment information, including the rationale for treatment and the actions of the medication in a simple and clear manner and ensure the older CaLD person has understood the information. It is important that clinicians and community mental health workers use the services of a professional interpreter in these situations.
- **Suggestion:** Clinicians and community mental health workers will need to involve immediate or extended family members in the treatment plan of the older CaLD person, as this may increase treatment adherence and compliance.

Discussion

When reviewing the results from the findings there are several linkages between older Tasmanians' responses and the policy and research context.

'Active Ageing'²⁹, which is "the process of optimising opportunities for physical, social and mental wellbeing throughout the life course", was occurring for some of the older Tasmanians who attended the forums and COTA Champion consultations. The MHCT and COTA TAS see this as an

²⁹ Australian Institute for Primary Care 2008. The Active Service Model. A conceptual and empirical review of recent Australian and International literature (1996-2007). Melbourne: La Trobe University Faculty of Health Sciences.

opportunity for the State government to build upon, to enable older Tasmanians to engage with their local communities. Some of the suggestions provided by older Tasmanians include rolling out existing social engagement programs (i.e. Lifeline Chats Program) across regional hubs throughout Tasmania, and the expansion of the Still Gardening Project.

The first priority area outlined in the Fourth National Mental Health Plan³⁰ is to “improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy”. This area was identified by older Tasmanians through the COTA Champion consultations. They suggested there needs to be a social marketing campaign to reduce the stigma associated with having a mental illness. The area of stigma was also raised from a carer’s perspective, whereby it is still recognised as a major issue. Carers want to be able to talk about what is happening to their family member, however often disclosure is met by silence, lack of empathy and negative reaction by others.

Another area outlined in the Fourth National Mental Health Plan is to “expand the level and range of support for families and carers of people with mental illness and mental health problems.” This area was identified by carers at the forum, whereby they suggested changes to the mental health system was required. Specifically, greater respect by mental health professionals for the role carers’ play and having a better understanding of the challenges they encounter. There needs to be much improved access to appropriate, timely and recovery-orientated services for family members.

Another area outlined in the Fourth National Mental Health Plan is to “work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.” In the small group discussion section of the forum, older Tasmanians suggested there is an opportunity for schools and existing social inclusion programs for older people to link. This would allow conversations to occur between older and younger Tasmanians, which would enable older Tasmanians to be socially connected and engaged in meaningful activity in their community.

Professor David Adams’ report *A Social Inclusion Strategy for Tasmania*³¹ outlines a number of factors which contribute to positive ageing and social inclusion. Several of these factors were identified at the forum as barriers which may prevent older Tasmanians being connected to their communities. These include inadequate income; lack of access to appropriate and affordable housing; lack of access to good quality health care; and lack of access to timely and affordable transport.

There are many similarities in the findings of the social isolation survey conducted with older Victorians during 2011³² and this consultation for older Tasmanians. These include carers’ support; access to services; low/fixed income; reluctance to engage with services; access to relevant information; older people need to be consulted and treated as equals in the discussion of social isolation; build upon existing resources; access to appropriate and affordable transport; and exploring the use of technology to reduce social isolation.

³⁰ Fourth National Mental Health Plan. An agenda for collaborative government action in mental health 2009-2014
Source: www.ag.gov.au/cca

³¹ Adams, D., 2009, *A Social Inclusion Strategy for Tasmania*. Hobart: Department of Premier and Cabinet.

³² 4C Consulting, 2011, *Social Isolation and Older People. Delphi Survey Responses* Source: www.4clivingwell.com