Counties Manukau District Health Board

Mental Health Services for Older People (MHSOP) Health Services Plan

February 2008

1.0 Current Services

The Health of Older People Strategy aims to develop an integrated approach to health and disability support services that is responsive to older people's varied and changing needs over time.

This approach is often called an integrated continuum of care. It encourages positive aging through an increased focus on the individual as the centre of care, requiring seamless service delivery models across a variety of settings, including hospitals, residential aged care, primary healthcare services, community health services and disability support services.[1]

At a national level the leading challenges for the mental health and addiction sector for the next decade focus on improving whanau ora, recovery and wellness for people, families, whanau and communities affected by mental illness and addiction[2].

The challenge for CMDHB is to respond to these challenges within the context of the population it serves where service demand will soon outstrip supply of the range of services available.

The Counties Manukau population is aging significantly and the proportion of older people and particularly the very old people will notably increase, while the number of working-age people and informal carers is projected to decline.

A 270% increase in the proportion of Maaori aged 65 and over and a more than 400% increase in the proportion of Pacific people aged 65 and above are expected over the next 50 years. The number of older Asians and other migrants similarly will increase.

Older people have complex and interacting needs and often require treatment from a range of professionals, carers and services. Intersectorial collaboration is needed to ensure integrated, quality service delivery with substantial cultural and conceptual paradigm shifts at national and local levels in a number of organisations and agencies, including CMDHB.[3]

Whilst there are a range of mental health disorders experienced by older people, dementia is of particular significance due to the volume and complexity in service delivery and the burden of care for the family/whanau. It is estimated that currently 70% of all people with dementia are cared for at home. Many need help with a wide range of activities of daily living and often require interventions and support from a range of professionals, carers and services. Gaps and fragmentation of care, and lack of coordination are common between services and currently it can be hard to access and make effective use of current services and systems.[4]

The aim for the future is that older people and their families, whānau and others who could benefit from specialist health services have timely access to a quality, culturally appropriate services and advice. The rationale underpinning this aim is that adequately resourced, culturally competent and appropriately skilled specialist health services for older people will improve the health and wellbeing of older people, enabling them to have a better quality of life, and as a result, reduce overall health and disability costs for this age group.[5]

2.0 Key Issues

There are currently 15 MHSOP beds at Middlemore Hospital and a small community team based at Middlemore Hospital that services the entire Counties Manukau population. Although there has been significant investment and development of the community service over the past two years, the service needs considerable ongoing investment and support to implement changes around the model of care. Changes to the model of care within the community service are essential if we are to avoid the need for a proportional increase in bed numbers into the future.

1 Health of Older People Strategy, MOH, Wellington 2001

2 Te Tāhuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan, MOH 2005

3 Dementia and Delirium Service Provision : An Issues Paper, Fitzgerald & Associates, Feb 2007

4 Dementia and Delirium Service Provision : An Issues Paper, Fitzgerald & Associates, Feb 2007

5 Guideline for Specialist Health Services for Older People. Wellington: Ministry of Health, Wellington, 2004

The area occupied by the MHSOP inpatient service currently is poorly configured and provides an inadequate therapeutic environment for contemporary service delivery.

CMDHB Mental Health development team and MHSOP are already working within regional and national forums and taking a leadership role to ensure alignment and integration of future services for older people in Counties Manukau. These teams have been working hard to support the MHSOP sector to face our current reality and to involve everyone in designing new and improved services. Within the provider arm development will be supported by closer collaboration between the CMDHB Rehabilitation Service (which includes Services for the Elderly) and Mental Health Services for Older People (MHSOP). This will be facilitated by Mental Health Services for Older People inpatient beds being adjacent to the Manukau Rehabilitation Centre on the Manukau Campus, promoting the sharing of allied health, nursing and support services across both Rehabilitation and MHSOP.

A small number of MHSOP patients will be physiologically unstable and require the acute care services available at Middlemore Hospital. These patients will be accommodated within the ATR wards at Middlemore Hospital until they are suitable for transfer to Manukau campus.

With the proposed new continuum of care there is an expectation that:

- Older people with MH&A problems will most appropriately live in private dwellings, supported living or residential care with clinical supports provided by primary care teams, Health Services for Older People and/or specialist MHSOP teams.
- Early diagnosis and intervention of MH&A problems in older people aims to minimise the severity of a mental illness and prevent disability.
- Primary care, specialist services and agencies working in an integrated way to support family/whanau or residential providers to care for older people with MH&A conditions.
- Reducing boundaries between primary care practitioners and specialist MHSOP staff through robust communication processes and ease of access for primary care teams to specialist services.
- Ongoing training for primary care teams and other services in the identification and effective management of older people with MH&A conditions.
- Specialist MHSOP teams provide care in different settings and across several components of care. Specialist teams can contribute by confirming diagnosis (by GP or HOP physician), assisting to develop a plan of treatment and care, or by reviewing a patient's condition, care or treatment to achieve optimal patient wellbeing.
- Specialist MHSOP services play an important consulting role to other services where the Mental Health condition is not the primary purpose for needing healthcare but may be a contributing or complicating factor. This may occur in primary care or specialist settings, including private residential, general hospital inpatient and ambulatory settings.

The Health Services Plan process creates a framework for ongoing development of Mental Health Services for Older People (MHSOP) within CMDHB. The MHSOP Continuum encompasses CMDHB direction in to several key documents that inform the direction of MHSOP in New Zealand including:

- Health of Older People Strategy[6]
- Guideline for Specialist Health Services for Older People[7]
- Mental Health Blueprint For Mental Health Services[8]
- Te Tahuhu: Improving Mental Health 2005-2015[9]

People who access mental health services for older people have a range of mental health conditions including:

- MH&A problems that can occur at any life stage e.g. bi-polar disorder, depression that may or may not have been present during adulthood.
- Severe and enduring MH&A problems e.g. late onset schizophrenia.
- Significant behavioural and psychological problems associated with dementia.
- Delirium from a variety of causes.

6 Health of Older People Strategy, MOH, Wellington 2001
7 Guideline for Specialist Health Services for Older People Wellington: Ministry of Health, 2004.
8 Mental Health Blueprint For Mental Health Services Wellington: Mental Health Commission 1998
9 Te Tahuhu: Improving Mental Health 2005-2015Wellington: Ministry of Health 2005

Most people who access mental health services for older people have significant co-morbidities, either more than one mental health issue (e.g. depression and dementia), or mental illness and physical illness.

MHSOP services within CMDHB are facing a number of significant challenges:

- Population growth, with major increases in the numbers of elderly and very elderly, driving demand for increasing MHSOP.
- Ensuring an integrated robust service configuration across the care continuum and care settings.
- Workforce capacity and development across specialist, primary care, residential care and NGO sector to meet the needs of older people with Mental Health conditions.
- Facility development across both hospital and community settings to ensure a therapeutic environment for older people with Mental Health conditions who require assessment and treatment in settings other than their own home.
- Supporting the "aging in place" strategy, with a community based, mobile and multidisciplinary specialist workforce.
- Management of interfaces with other services.

Core linkages already exist between the many components of the Care Continuum - GP practices, NGOs, Residential Care, Specialist MHSOP Service Teams, Home Health Care services, specialist rehabilitation services (including physicians for the elderly) and specialist medical and surgical services. Better integration across those linkages will improve the care provided to patients and their family in a service that will be expanding to address large demand growth.

Care across the continuum is supported by CMDHB Home Health Care Teams integrating general home-based care between Specialist MHSOP services and primary care teams.

As within the Rehabilitation Continuum, residential care patients live in the community under the medical care of their GP. The Specialist MHSOP Service in the future will provide an increased range of supported services to primary and residential care in the form of specialist clinics and domiciliary consultation/care provided by psychogeriatricians, nurses and allied health staff. Services will be focused on keeping patients in their familiar living settings and avoiding hospital admission whenever possible.

The current and proposed Models of Care for MHSOP have a strong resemblance to the continuums of both Adult Mental Health Services, and the Rehabilitation Continuum (which includes the Health Services for Older People). This compatibility of Models of Care supports integration of care across the margins of all services, supports seamless care, supports the integration of care for the large number of older people with both mental and physical illness, and avoids the duplication of care delivery systems where this is appropriate.

Cultural responsiveness of MHSOP will be increasingly important as more Pacific, Maaori and Asian Peoples move into older age groups and develop mental illness associated with older age. MHSOP will increasingly be delivered in appropriate therapeutic environments, with an emphasis on consumers remaining at home and in community settings that reflect people's choice, and with access to appropriate acute assessment and treatment facilities when needed

The CMDHB MHSOP team is charged with providing leadership across Counties Manukau in the development of MHSOP - including working with health sector agencies, non-government organisations and intersectorial agencies.

The direction of the future MHSOP Model of Care in Counties Manukau is shaped by a number of key principles:

- Whole of society approaches to MHSOP.
- Supported self/whanau care for people recognising the unique issues that arise in providing care for older people with mental illness.
- Services provided mainly for people living in community settings, with interventions and support that allow older people to remain in the homes of their choosing.
- General Practitioners acting as the primary medical specialist for patients, with access to specialist MHSOP services to help manage the mental health needs of patients with chronic conditions.

- A relatively small part of the MHSOP service continuum provided through high quality, acute inpatient settings, and only when assessment and treatment cannot be provided in community based settings.

Background to MHSOP Service Planning

Mental Health Services for Older People within Counties Manukau are less well developed than Adult Mental Health Services or Health of Older People Services. MHSOP consists of a small community focused MHSOP specialist team a small acute inpatient MHSOP unit that is seriously inadequate for current and future needs. The need for further development of more comprehensive community services and the serious inadequacies within the inpatient facility are serious issues that will need to be addressed in the future.

The current inpatient ward at MMH (Ward 22) has 15 beds and is old and poorly configured to support modern service delivery for elderly patients with Mental Health conditions. This is an acute assessment and treatment unit that currently mixes patients with functional mental illness (e.g. depression or schizophrenia) with patients who have serious behavioural and psychological symptoms of dementia, creating an environment that is not therapeutic for either group, and adds significant risk to the provision of treatment and care.

The proposed development of the Rehabilitation Centre at the Manukau campus provides the opportunity to develop new MHSOP facilities that will act as the hub for MHSOP development within Counties Manukau. Through refocusing MHSOP services into community-based settings, the growth rate of inpatient secondary-care hospital beds to cope with major increases in the number of elderly, will be minimised. In addition to sharing some specialist staff across both Rehabilitation and MHSOP inpatient and outpatient settings, an advantage of adjacent co-location with the Rehabilitation Centre is the ability to use inpatient beds flexibly at the margin across both units when patient numbers fluctuate in either the short or long term.

Providing appropriate assessment, treatment and support for the group of people who have dementia highlights the need for an integrated sector approach. CMDHB commissioned a review of Dementia and Delirium Services in 2006/2007[10] to help inform planning for this group and to clarify roles and responsibilities from the various services, including HSOP, MHSOP, NGO sector, primary care and other community agencies.

While the CMDHB Specialist Team has a leadership role to provide in the MHSOP continuum, many components of the care delivery system for MHSOP would be more appropriately delivered by other health and disability providers (particularly personal care, home help, residential care and support agencies). Future development of community based service provision by NGO’s will be necessary.

MHSOP services need to be developed to increasingly support clients to live within their own homes or community setting of choice, and to have changes in their condition able to be managed within those environments by primary or specialist services. Frequently this will involve complex planning and the development of strategies that improve a patient’s wellbeing. Where older people with Mental Health Conditions are living with a spouse or other family member(s), expanded and enhanced services need to be put in place to maintain the wellbeing of the caregivers who enable the patient to avoid residential care.

3.0 Trends and Future Directions

- Increasing provision of ambulatory and community-based MHSOP with increasing recognition that hospitalisation is seldom a therapeutic environment for assessing, stabilising or treating Older People with Mental Health conditions.
- Increases in the proportion of elderly people within the population of Western countries, driving increases in the number of older people with Mental Health conditions, This includes those who have had ongoing persistent or recurrent mental illness throughout adulthood and those who develop mental illness for the first time as older adults.
- Acceptance that efficient and effective MHSOP will result in benefits for individuals, their family and society.

[10] Dementia and Delirium Service Provision – A Discussion Paper , CMDHB February 2007

- Development of comprehensive community-based specialist services with better transition processes from hospital to home - and back to hospital or specialist care if appropriate.
- Increasing awareness of the prevalence of elder abuse in institutions or in private homes, and the need to address the problem.
- Increasing need for better coordination between health and social agencies to support individuals with a Mental Health condition to live as independently as possible.
- Increased need for a Multi-Disciplinary Team (MDT) approach to address patient complexity, chronicity and increasing comorbidities of elderly people with Mental Health conditions. As an individual moves into old or very old age, the likelihood of developing Mental Health conditions related to old age increases considerably, and they are more likely to have co-existing physical disease.
- Increasing integration of providers across settings and components of care along the full care continuum.
- Ongoing development of evidence-based practice, guidelines for the management of clinical conditions and a focus on safety and audit across hospitals and residential care.

Given that the plan has a 20 year timeframe, what is considered best practice today is likely to evolve and change over the coming years.

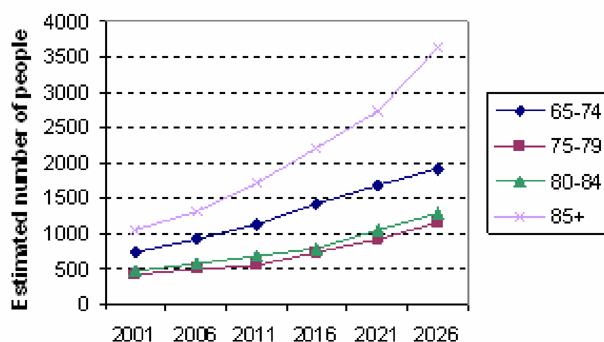
3.1 Increasing Service Demand

Between 2001 and 2026, the population over age 65 is forecast to grow by 172% from 33,790 to 91,970. As the population ages, a higher percentage of the adult Mental Health population will move into older peoples services. This will result in to higher numbers of older people with existing mental health conditions, in addition to the dementias associated with older age. This increased pressure on MHSOP will be exacerbated by the dramatic increase in the numbers of the very old (greater than 85) who have the highest rates of dementia associated with ageing.

3.2 Table 1: CMDHB projected population growth by age, 65 years of age and over[11]

	65-74		75-84		85+		Sub-total 65+		Total Pop Growth
Year	**No**	**% #**	**No**	**% #**	**No**	**% #**	**No.**	**% #**	**No.**
2001	19,560	5.0%	10,940	2.8%	3,290	0.8%	33,790	8.6%	393,710
2006	23,850	5.4%	13,160	3.0%	4,130	0.9%	41,140	9.3%	443,170
2011	29,940	6.2%	15,080	3.1%	5,370	1.1%	50,390	10.4%	484,080
2016	37,560	7.2%	18,670	3.6%	6,940	1.3%	63,170	12.2%	518,700
2021	44,130	8.0%	23,710	4.3%	8,570	1.5%	76,410	13.8%	553,780
2026	50,520	8.6%	30,170	5.1%	11,330	1.9%	92,020	15.6%	589,000
% Change 2001-2026	158%		176%		244%		172%		50%

Table2 : Estimated number of older population in CMDHB with dementia (2001-2026)[12]



[11] SNZ median growth assumptions Sept 2004

If the estimate, stated in the CMDHB Dementia and Delirium Service Provision – an Issues Paper, that 30% of people with dementia require some form of specialist support is correct, then the number requiring specialist support would be expected to increase to around 2,500 by 2026. These increases will prove increasingly challenging and will drive the need for more early intervention and community-based services to control the potential increase in demand for specialist inpatient beds.

The Dementia & Delirium Review indicates that dementia beds are already almost at capacity and there is wide agreement that there are not enough secure dementia beds within CMDHB.

Hospital bed capacity is already higher than expected in 2006. Rest home service users now number 808. Both hospitals and rest homes may reach full capacity within the next few years. Between 60–70% of all residents are expected to have dementia.

Implementation of the Health of Older People Strategy[13] will drive the need for more community-based services to manage inpatient demand and maintain a reduction in inpatient bed utilisation.

3.3 Social Deprivation

High levels of Socio-Economic Deprivation result in higher levels of mental health illness in younger populations. Approximately 94% of all Pacific, 77% of all Maaori and 37% of people defined as Other, aged 65 years and over, in Counties Manukau reside in the two most deprived areas (Quintiles 4-5).[14]

Poor financial security in these areas is an increased burden for families and compromises access to and effective utilisation of a range of available clinical and social supports. It also complicates service coordination and delivery for agencies caring for a person seriously affected by dementia and their family/whanau.

3.4 Diverse Ethnic Composition[15]

The ethnic diversity amongst the older Counties Manukau population will increase with the largest increases in the proportion of over 65 years occur in Asian ethnic groups , followed by Maaori, Pacific and then Other.

Increasingly the older population within Counties Manukau will become more diverse due to:

- Increasing life expectancy of Maaori and Pacific peoples
- The aging cohort of 1970’s and 1980’s Pacific migrants
- Asian migrants of the last ten years moving into older age groups
- The high number of refugees living in Counties Manukau as the result of more affordable housing and local refugee services.

Maaori

Approximately 8% of the Counties Manukau population aged over 65 will identify as Maaori and this group will comprise 7% of the total Counties Manukau Maaori population. This is a 349% increase (4-fold) in the number of Maaori aged 65 years and over. Increasing numbers of Maaori will be living to older ages with those aged 65-74 being the greatest proportion of Maaori over 65 years.

Maaori, for a range of reasons, have a different profile to non- Maaori as far as mental illness is concerned. Late presentation for treatment is not uncommon and MHSOP access rates for older Maaori are consistently low. When they do present, the current service is not well positioned or resourced to respond to the challenges of delivering effective services reflecting all Maaori dimensions of wellness.

Recent developments in Maaori mental health clinical practice within CMDHB and elsewhere have highlighted the importance of cultural identity as an essential component of health care and the need for Maaori to develop the capacity to deliver services to their own communities.[16]

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[12] SNZ median growth assumptions Sept 2004
[13] NZ Positive Aging Strategy, MSP, Wellington 2004
[14] Health of Older People in Counties Manukau: Population Health Needs Analysis April 2006

[15] Statistics in this section from Health of Older People in Counties Manukau: Population Health Needs Analysis April 2006
[16] Te Puäwaitanga: Maaori Mental Health National Strategic Framework, Wellington: Ministry of Health, 2002

Pacific

It is projected that the Counties Manukau Pacific population aged 65 and over will have increased by a further 286% by 2026. Older Pacific peoples are projected to comprise 8% of the total Counties Manukau Pacific population by 2026, The percent change for the period 2001-2026 will be greatest for those aged 75-84 (332%) and 85+ (413%) .

Unemployment, low income, poor housing, breakdown of extended family networks, cultural fragmentation, and rising alcohol and drug problems are having an increasing impact on the mental health of Pacific peoples who are more likely to be 'at risk' for poorer mental health .[17]

Pacific approaches to mental illness differ markedly from Western medical model approaches and the cause of mental illness may well be viewed as being either spiritual or inherited and may be treated in a traditional way by traditional healing practices. Pacific beliefs about mental illness often allow greater tolerance for unusual or even bizarre behaviours and some mental illness may not be recognised.

Pacific peoples are a little less likely to use MH&A services than any other group in New Zealand but compared with the total population, rates of mental illness are generally higher among Pacific older people. There is some evidence to suggest that Pacific people are more likely to interact with other services, such as general practitioners. It is therefore important to build and maintain links between non-mental health services, such as Primary Health Organisations (PHOs) and general Pacific health services, and the mental health sector.

Services provided to older people with Mental Health conditions, particularly patients with dementia, must deliver culturally appropriate care to create a therapeutic environment.

Asian

In 2001, 2320 people aged 65 years and over self-identified in the Census as belonging to an Asian ethnic group – Chinese and Indian being the most significant.

Despite being the fastest growing ethnic group in New Zealand, health services remain in general under-prepared to deal with Asian clients. There is huge cultural and ethnic diversity within the Asian communities in Counties Manukau. The specific history of their immigration to New Zealand and the conditions they faced prior to leaving their homeland is reflected in the diversity of issues that become apparent once they are resettled in NZ. Substantial variation is also evident between Asian people who have been born or grown up in New Zealand and those born overseas.

Currently there is little local research conducted on the mental health needs of older migrants and refugees however international literature suggests that elderly Asians may be particularly vulnerable to depression because of their poor English language skills, limited support networks and involvement outside the home. They may also encounter great difficulties gaining access to mental health services.

Emotional states such as depression are more frequently described by Asian people in physical or somatic terms rather than in emotional or cognitive terms and this may lead to referral to physical health services with a failure to identify the importance of the emotional or mental health issue.

In addition, the stigma associated with mental illness is very strong within Asian communities, strengthening the tendency for somatic presentation of mental or emotional difficulties.

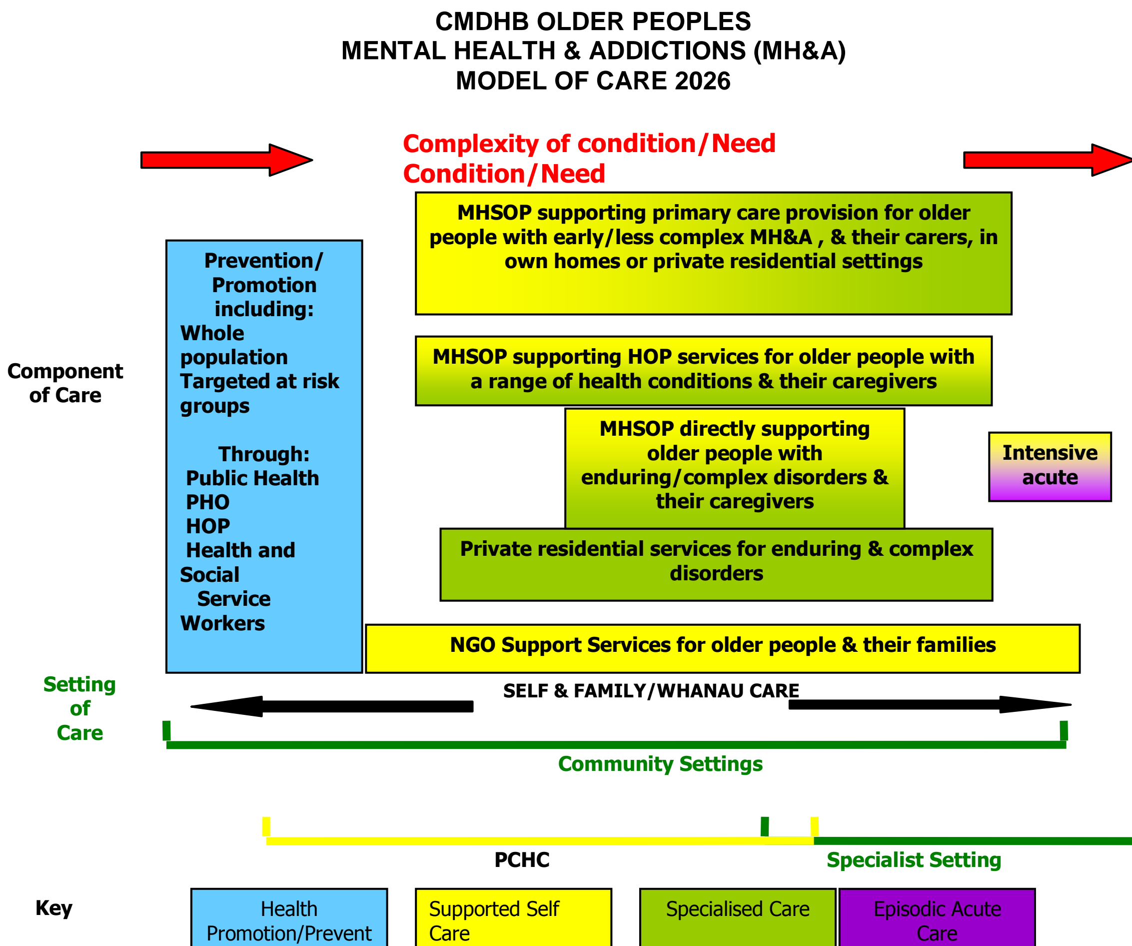
Some of the Indo-Chinese refugee population who have settled in Counties Manukau have suffered severe trauma prior to resettlement. The effects of these pre-migration problems can be very long-lasting and may include mental disorders such as post-traumatic stress disorder (PTSD), depression, and psychosomatic problems. Specific services have been established to respond to the MH&A needs of refugees but with the significant growth of the aged Asian population in Counties Manukau, there is a need for mainstream services to become skilled in identifying and managing the future mental health needs of older Asian people.

[17] Te Orau Ora Pacific Mental Health Profile , Wellington: Ministry of Health, 2005

Mental Health Services for Older People – Continuum of Care

The MHSOP Continuum of Care (Table 4) illustrates the interdependencies between all the components of the care continuum, and the close synergies between residential, community-based and hospital-based services. This model itself, along with the quality of the services that are involved in implementing it, will be subject to continual review and redesign involving the whole MHSOP including people who use the services and their families over the coming years.

Table 4



Key features of the MHSOP continuum are:

- An expectation that older people with MH&A problems will most appropriately live in private dwellings, supported living or residential care with clinical supports provided by primary care teams, Health Services for Older People and/or specialist MHSOP teams.
- Early diagnosis and intervention of MH&A problems in older people aims to minimise the severity of a mental illness and prevent disability.
- Primary care, specialist services and agencies working in an integrated way to support family/whanau or residential providers to care for older people with MH&A conditions.
- Reducing boundaries between primary care practitioners and specialist MHSOP staff through robust communication processes and ease of access for primary care teams to specialist services.
- Ongoing training for primary care teams and other services in the identification and effective management of older people with MH&A conditions.
- Specialist MHSOP teams provide care in different settings and across several components of care. Specialist teams can contribute by confirming diagnosis (by GP or HOP physician), assisting to develop a plan of treatment and care, or by reviewing a patient's condition, care or treatment to achieve optimal patient wellbeing.
- Specialist MHSOP services play an important consulting role to other services where the Mental Health condition is not the primary purpose for needing healthcare but may be a contributing or complicating factor. This may occur in primary care or specialist settings, including private residential, general hospital inpatient and ambulatory settings.
- Specialist clinical advice , related to MH&A issues, in End of Life Planning

4.0 Key Directions

Health promotion and illness prevention

Good health and wellbeing is more than the absence of mental illness or addiction; it is vital to individuals, families and societies. Good health, well being and whanau ora are fundamental contributors to good mental health.[18]

Evidence of an association between physical health conditions e.g. diabetes, hypertension, high cholesterol levels with organic brain conditions is currently limited but is the focus of ongoing longitudinal studies. It is anticipated that further work in this area may well establish some connections. Alcohol abuse is currently the main addiction know to lead to longer term mental health conditions however the longer term effects and implications of current drug abuse patterns within Counties Manukau are unknown. CMDHB support of population promotion and prevention strategies to minimise drug and alcohol abuse in its population should contribute to reducing longer term demand on MHSOP and support services.

Mental health promotion and mental illness prevention programmes, targeted at the population as a whole, will continue to be developed and often delivered nationally. These programmes include multi-agency initiatives that help address the broader social and economic determinants of mental health such as those promoting positive and proactive approaches to aging and those that reduce the social isolation of older people.

It is anticipated that local initiatives promoting mental health and wellbeing in older people within specific Counties Manukau ethnic groups e.g. older Asian women (initiatives to promote social inclusion and address loss and grief issues) and Pacific males, will be developed at a local or regional level and will be delivered locally by NGOs, PHOs and HOP services.

Expansion and support for such initiatives will be based on evidence of their effectiveness in reaching targeted population groups, increasing the mental wellbeing of the Counties Manukau population and minimising the incidence and impact of mental illness and addictions on older people within the community.

Current initiatives driven by the CMDHB mental health development team and targeted at adults experiencing serious mental illness are expected to have an impact on reducing the level of disability and minimising the longer term clinical and social supports that will be required when this group moves into the

[18] Te Kokiri: The Mental Health and Addiction Action Plan 2006-2015

older age bracket.

Key Directions

- ✓ *Support for population-based health initiatives and programmes that promote health and wellbeing in older age and the social inclusion of older people.*
- ✓ *Support for and participation in programmes that enable older people, their families and whanau to make well-informed choices about options for healthy living, health care and/or disability support needs. This includes drug and alcohol abuse.*
- ✓ *Support for and participation in programmes that increase awareness of mental illness and addictions in older people and reducing the discrimination against those who experience MH&A problems in later life.*
- ✓ *Ongoing development and/or support of culturally relevant health programmes that are shown to improve the mental health status of older Maaori.*
- ✓ *Ongoing development and/or support of culturally relevant health promotion programmes that improve the mental health status of the diverse ethnic populations of Counties Manukau, including Pacific and Asian communities.*
- ✓ *Ongoing participation/support of national and local programmes to prevent and minimise addictions that are likely to impact on older population groups.*
- ✓ *Continue current initiatives in adult mental health services e.g. Intensive Community Team, Community Living Services, to reduce the severity of illness and disability in current adults with serious mental health problems.*

Early Detection and Intervention

The CMDHB Continuum of Care strategy promotes improved early detection and intervention strategies for patients aimed at minimising and managing symptoms of Mental Health conditions affecting older people, and reducing downstream demand for residential care and specialist hospital services.

In the diverse ethnic population of Counties Manukau, different cultural groups need to be encouraged to seek early detection and treatment within the health systems. Disadvantaged populations may be reluctant to access health services except for acute conditions, and frequently accept mental health conditions in older people as being the normal ageing process. This can limit access to early diagnosis and treatment that could make a significant difference to patient and family wellbeing.

Early detection of dementia and depression in the elderly is promoted through programmes that increase community awareness of mental illness (e.g. depression and dementia) and addictions (mainly alcohol) in older people. These populations based programmes, mainly developed nationally and delivered locally through existing organisations such as The Mental Health Foundation and Alzheimer's Association will be expanded with new providers that have influence in culture specific communities' e.g. Pacific churches promoting early interventions within their specific communities.

Primary health care practitioners are generally the first point of contact for diagnosis either when the patient or their family raises issues around the older persons deteriorating Mental Health, or when this is suspected by a GP during a routine visit for a physical illness. GPs generally make the initial diagnosis and initiate treatment and a plan of care.

Ongoing training and development for primary care teams, including those for specific cultural communities in Counties Manukau, in the screening for early detection and optimal early management of mental health conditions affecting older people will help reduce the impact of the disease on the patient (and hence the family).

Primary care will be provided with additional capacity (tools, skills and access to MH&A specialist resources) to enable them to diagnose and provide optimal management early in the course of MH&A conditions. It is anticipated that culturally based providers will have an increasing role in providing a range of services that

will enable their communities to intervene early and support their older people within their own cultural context e.g. marae based programmes for Kaumatua and Kuia.

The majority of older people who experienced MH&A problems at a younger age will already be identified and will have been supported to develop and update 'maintenance of wellness plans' that can be monitored in collaboration with peer supports or primary care providers This will support early intervention for any deterioration in their condition and minimise the risk of subsequent medical issues, significant disability, social isolation and dependence on clinical services.

There is growing evidence that some medications may assist in the management of some dementias. It is anticipated that the effectiveness and availability of these medications will increase and their use will assist in reducing the severity of some of the symptoms of the illness, particularly behavioural disturbances that increase the burden of care for caregivers.

Key directions

- ✓ *Promoting early intervention at the onset of MH&A problems in older people to limit the severity of the disease, and improve patient wellbeing.*
- ✓ *Promotion of early identification and intervention programmes within health and wellness programmes for Maaori, Pacific, Asian and refugee communities to encourage earlier presentation for older people with symptoms of MH&A conditions.*
- ✓ *Building the capacity and expertise of primary care practitioners for early identification, and intervention in MH&A problems affecting older people.*
- ✓ *Building the capacity and expertise of culture specific practitioners and services for early identification, and intervention in MH&A problems affecting older people.*
- ✓ *Diagnosis and the commencement of treatment for Mental Health conditions of older people will continue to commence in primary care with referral for specialist consult if required.*
- ✓ *Specialist MHSOP and HOP specialist teams integrated with primary health care providers to support timely and appropriate advice and intervention for older people with MH&A problems.*
- ✓ *Specialist community based MHSOP teams acting as a conduit for primary care or secondary specialists (e.g. Surgery, Medicine) to access specialist MH&A assessment, treatment planning and support services.*
- ✓ *Effective alignment with NGO and other social agencies that can provide support to family/whanau early in the course of illness, in their normal living environment or cultural context.*
- ✓ *Support for the development, funding and utilisation of new medications for dementia.*

Supported Self Care

Supported self care is promoted across the MH&A continuum for older people in the presence of a rapidly ageing population with the potential for increasing levels of serious, long term and recurrent MH&A problems and disability, a higher incidence of organic brain disease, and a growing number of older people with dementia needing ongoing supported living.

Coordination of Care

The General Practitioner is the primary physician for older people with Mental Health conditions living in the community - whether at a private home or in residential care. In addition to coping with health problems that directly relate to a mental health or addiction problem, these patients are at an age and stage in life where there is heavier utilisation of health services for wider physical conditions.

It is anticipated that General Practices will continue to be the key coordinators of health services input required to support people living at home or in residential care within their community. It is also anticipated that some primary care organisations in Counties Manukau will be culture based and that some family/whanau will have their healthcare needs coordinated and a range of services delivered by these providers, within an appropriate cultural context. These may be based or affiliated with specific marae or churches.

On discharge of an older person with MH&A problems from specialist hospital care, the medical duty of care is transferred from a specialist physician back to the patients GP or other primary care organisation except where there are indications that the complexity of care requires longer term coordination by either HOP or MHSOP.

Specialist Supports for Primary Care

GP's in Counties Manukau have access to a range of Primary Care initiatives including Primary Options for Acute Care (POAC), Frequent Acute Medical Admissions (FAMA) and Careplus. Primary care will soon be able to access the Chronic Care Management (CCM) Programme Depression module to assist in providing early and appropriate treatment for older people with depression. Similar CCM programmes for other MH&A problems in older people are anticipated and these will increase the recognition of MH&A issues, in primary care settings and increase the timeliness and efficacy of appropriate interventions.

The CMDHB Home Health Care (HHC) service is composed of District Nursing and Allied Health staff and provided through five geographically based teams. Services straddle primary care and secondary care, meet both personal health and disability needs, and provide care for patients with both acute and longer term conditions. These specialist services staff work within a team philosophy delivering care in homes and will increasingly become more skilled at providing additional support and advice to assist residential care providers in the management of people with MH&A problems, providing early intervention and proactive crisis resolution, thereby avoiding hospital admission. Direct referrals to Home Health Care can be made by general practices and specialist health service teams, or occur as part of a discharge process following a hospital admission.

Specialist MH&A nurses and/or those that are specialised in the care of older people will be integrated into some larger primary care teams. This will assist coordination between community-based health and disability providers and enhance the development of effective interfaces with MHSOP specialist services when required (see section 5.4).

Support Services Provision

The Needs Assessment and Services Coordination (NASC) provided locally by CMDHB assesses and coordinates care for people over 65 years of age with Mental Health conditions affecting Older People. Most caregiver support services are delivered by private provider organisations with NASC managing access to funded residential care services where home based care is no longer appropriate. NASC will be expanded and have a close alignment with geographically based HSOP and MHSOP. Funding models need to be streamlined and applied on a needs basis (rather than age) ensuring that integrated and holistic care is provided in a rational manner particularly for those people under 65 years with conditions that more commonly occur in over 65 years age group.

CMDHB will be active in ensuring that intersectorial initiatives at both government and local level provide integration, creativity and alignment in the funding of services to adequately support family/whanau to care for their older people in their homes and reduce the demand for community residential and specialist inpatient beds.

Private providers and NGOs are the largest groups of paid caregivers in the community and their role will be enhanced with increasing demands for home-based support services. These organisations provide a wide range of valuable support, coordination and advocacy services to older people, including those with MH&A problems, and their family/whanau. Their services are key to providing a holistic approach to the support needs of older people and their family/whanau, enabling ongoing community tenure for most people with MH&A problems and reducing the potential demand for long term specialist residential and inpatient care.

As well as providing supports within the home, NGOs and some private providers will be positioned to provide day or short term respite care for people outside the home (currently MOH funded 28 Day Carer

Support). This will enable carers to take regular breaks from a caring role that may extend over several years, limiting their flexibility to fulfil other roles in life and potentially impacting on their own mental health. NGO based carers providing support within the home during times of crisis may also avert potential admissions to alternative residential or inpatient facilities.

Given their vital and substantial role in the future service provision for older people it is anticipated that the number and range of NGOs that respond to the needs of older people will expand and existing providers (e.g. Alzheimer Society and Age Concern) will in the future attract a more robust and stable funding base from vote health and other sectors involved in social services provision.

One possible model of support service coordination is the NGO based Community Living Service model of support service provision aligned with geographical or specialist clinical teams. This model has proved effective in coordinating and providing support services for adults with serious mental illness and subsequent reduction of their dependence and utilisation of inpatient and community clinical services. This would provide a holistic community based model for the coordination of support services for older people with a range of disorders and disability support needs.

Cultural providers may well lead the way in the development of other models of care within our community that respond to the changing needs across the full life spectrum of family/whanau. It is anticipated that these services will include expansion of provision of home based supports for Maaori & Pacific peoples and residential services for older people based around marae and churches.

Future kaupapa Maaori service developments need to build on the successes of current CMDHB providers or services for adults with MH&A , for the benefit of older Maaori , whilst mainstream service models also need to develop a workforce and service styles that can engage with and respond more effectively to the particular needs of Maaori whanau. MH&A services for older Maaori need to integrate and coordinate their service delivery more effectively with other providers in the wider health sector and also with agencies/services in the wider Counties Manukau communities, including iwi and marae based services.

NGO providers who have already provided support to people with serious and enduring MH&A problems during their adult years will be supported to enhance their services and skills range to maintain service provision as their clients move into older age. In order to provide this continuity of service NGOs will require closer integration and alignment with primary and secondary services that provide for physical health needs as well as MH&A needs.

Key Directions

- ✓ *Primary healthcare teams becoming increasing skilled at coordinating and treating MH&A problems in older people.*

- ✓ *Improving range of specialist supports to primary care providers including integration of specialist MH&A workers within primary care settings.*

- ✓ *Increased provision of support services for family/whanau in the community with an expanding range of community-based providers.*

- ✓ *Integrated health care and disability support services for older Maaori and their whanau.*

- ✓ *Ensuring timely and responsive access to specialist MHSOP, primary care, crisis and community care services to support key caregivers, maximise patient wellbeing in community care settings and avoid hospitalisation.*

- ✓ *Improving the knowledge of the public, health consumers and health providers of the services available to support people living in community settings, and to avoid residential care or hospital admission where appropriate.*

- ✓ *Community and non-government organisations will continue to play a major role in supporting people to remain in the community –in the direct provision of care, and in integrating care services.*

- ✓ *Expanding "Ageing in place" strategies will continue to play an important role in supporting elderly and disabled people to live in the community. e.g. Meals on Wheels; Respite Care access via NASC funding.*

- ✓ *Increasing community responsibilities and strategies for keeping older people with Mental Health conditions able to participate in their community. Increasing community development with recognition of existing structures and organisations that can play a vital community support role e.g. Pacific churches, marae.*

- ✓ *Promoting high quality residential and home-based care for older people coping with Mental Health conditions through workforce development for community based providers, responsive specialist service support within the community sector, and managing compliance and capacity of the residential care sector.*

Specialist MHSOP

Older people who have mental health and addictions problems should have timely access to specialist mental health and addictions services as part of their continuum of care pathway.
Key roles of specialist MHSOP are:

- Early identification and assessment of medical and psychiatric conditions that can either be reversed or their progression slowed by treatment and/ or rehabilitation.
- Developing and implementing treatment and rehabilitation plans with the older person and their family, whānau and appropriate others.
- Collaborating with other services or health practitioners to provide integrated services for older people and the family or whānau.

For many people with mental health or addiction problems, there are often problems in achieving early (or appropriate) diagnosis and appropriate treatment for both their physical and mental health and addiction problems. These problems occur both in primary care and following referral to a secondary care service. Innovative early detection strategies aimed at primary care providers, supported by robust specialist MHSOP liaison within ambulatory and inpatient hospital settings, should enable timely and effective interventions before conditions become more complex or disabling.

The cultural context of MHSOP service delivery will be increasingly important as more Pacific, Maaori and Asians move into older age groups and bring with them existing mental health problems or develop new MH&A conditions. Spiritual differences, primary languages, different cultural values are additional stressors, particularly when the person is in an unfamiliar environment. MHSOP need to be delivered in an appropriate cultural and/or environmental context wherever possible, whether in an acute inpatient, residential care or private home setting. Additional supports need to be provided when the person is required to change from their familiar environment eg an acute admission to hospital for a medical problem.

Community MHSOP

Four geographically based specialist MHSOP community teams will and care provide consultation and treatment services to primary care and other service providers, family/whanau and patients living within their communities of focus – either in private homes or residential care.

Expanding the numbers of specialist nurses, occupational therapists, social workers and psychologists will support appropriate, timely and effective care planning and delivery in community residential or private homes. These teams will be further enhanced with culture specific support workers (based on community cultural profile). These enhanced teams will have the capacity to provide additional clinical supports in times of crisis, including episodes of challenging behaviours due to MH&A issues, minimising the need for admission to residential and acute inpatient beds wherever possible.
The specialist services aim to maintain older people with MH&A problems at their optimal level of health and wellbeing, and to assist caregivers with managing the symptoms of the Mental Health condition. This can be achieved by community MHSOP working in a variety of models.

Outpatient clinics provided by specialists MHSOP physicians in primary care settings, including all PCHC's, across the Counties Manukau catchment area. These clinics will provide a comprehensive range of diagnostic, assessment, treatment and consultation services, within the primary care provider setting,

facilitating optimal communication with these providers and the provision of an integrated, holistic and seamless service to older people and their family/whanau, who receive most of their treatment coordination in the primary care setting.

Community Teams provide outreach assessment, care planning and treatment services to private homes and residential care, including at the request of GP's and residential care providers.

Following hospitalisation as a result of, or impacting on their mental health, patients can be followed up by the MHSOP team until they are well enough to be referred back to primary carer for ongoing follow up of their mental illness, whilst people with more complex or enduring MH&A problems may continue to receive treatment from MHSOP longer term, in consultation with the patients primary care provider.

For older people with a more complex range of physical healthcare needs HOP specialist services may be the lead provider of supports and interventions within a community environment, with input from MHSOP as required. Where there are complex MH&A problems, MHSOP may be the lead provider with input from HSOP as required. There will be a high level of interdependency with many patients requiring the expertise of both teams.

These flexible models of integrated working, depending on the range and complexity of individuals needs, may see one of these services (HSOP or MHSOP), a primary care provider, or a community support service taking the lead in the coordination of service delivery and other services providing consultation and advice to this 'lead' team.

Close linkages and effective interfaces between Primary Care providers and all specialist services (provided by CMDHB) are necessary to ensure rapid changes in patient condition can be addressed by prompt patient review and the addition of further support services within the care package to avoid hospital admission.

Crisis Intervention

A rapid response is required from MH&A specialist services to assess and advise on crisis care management for older people with mental illness who become acutely unwell in the community setting. Avoiding hospital admission if possible will aid in both the assessment and recovery and will require responsive specialist assessment as well as timely access to essential investigations.

One of the roles of the specialist MHSOP community team is to develop individualised crisis plans for service users with MH&A problems. This will include a MH&A crisis resolution action plan that can be implemented 24/7 by carers, utilising a range of additional support from other services (e.g. primary care providers, HHC, NGOs, HOP, MHSOP or the CMDHB after hours crisis service) where necessary. In most Counties Manukau areas the local MHSOP team will be positioned to respond to unexpected crises situations within hours.

These additional supports in response to a MH&A crisis will include the option of increased MH&A specialist contact (including short term home or residential based treatment for part/all of 24 hours) and increased NGO based support services in the home that will enable key caregivers to return to work or take time out or day care provision outside the home. As many older people experiencing a MH&A crisis may also have physical health problems that need to also be taken into consideration, efficient interfaces with HOP community teams and local primary providers are critical for effective crisis management.

Community based MHSOP teams will also be supporting other services, including primary care providers, by helping to develop individualised 'maintaining wellness plans' for people in their care. This may include older people whose primary conditions are related to their physical health but are vulnerable to a deterioration in their mental state (e.g. had MH&A problems in earlier life) should they experience significant life trauma e.g. sudden death of a spouse. These plans will include individualised responses to any deterioration in mental state that can be implemented by the person or their caregivers.

The MHSOP teams will also ensure that service providers in their area are familiar with crisis options and will be available to respond to new service users who present in crisis in any community setting, including primary care and residential settings.

After hours support will be provided by the mobile CMDHB Adult Mental Health Service crisis service that will have enhanced expertise in the management of older people, access to appropriate clinical records and specialist MHSOP clinicians if required.

A responsive and enhanced Psychiatric Liaison Service, with specialist knowledge of MH&A in older people, will work with acute Medical and Surgical inpatient teams to support the care of older people with Mental Health conditions admitted to Medical and Surgical Wards for a physical condition requiring treatment. This will include development of specific pathways of care for people with dementia and delirium to maximise recovery, to minimise deterioration of the person's mental condition as a result of their physical illness and hospitilisation and to support early return to the community.

The Psychiatric Liaison Team is also the link to the persons appropriate community based MHSOP team for further support in care planning and interventions and will also have access to specialist clinicians e.g. Clinical Nurse Specialist of the MHSOP team. This ensures that an integrated care plan addressing both the immediate physical and mental health needs of the person can be implemented in a timely and effective manner, minimising LOS in outpatient or inpatient settings and following designated care pathways that will ensure a coordinated response to ongoing needs on discharge.

Specialised Residential/Inpatient Services

Despite the development of robust supports to enable people to remain and be supported in private homes or community residential settings, a significant number of people with MH&A problems will still require a specialised residential/inpatient care in either the short or longer term. This requires access to range of alternative settings that are as "home like" as possible and at the same time are able meet a range of complex and challenging mental health needs.

Specialist residential services may be the optimum environment of choice for some older people, at some stage. This includes:

- People who have experienced serious MH&A problems during adult life and have not engaged well with services during this time and present with complex MH&A disorders, possibly with coexisting physical health issues.
- People with serious and enduring mental illness and associated challenging behaviours.
- People with dementia accompanied by severe behavioural and psychological disturbances.

It is proposed that a regional approach continues to the provision of an inpatient service for the first group i.e. older people who have experienced serious MH&A problems during adult life and have not engaged well with services during this time and present in older age with complex MH&A disorders.

However due to the wide geographical spread of Counties Manukau it is probable that more local and appropriately sized specialist residential services will be provided across the Counties Manukau catchment area. These services will provide for people with varying levels of dementia, up to and including those people who have associated severe behavioural disorders.

Acute Inpatient Care

Currently there are 15 beds at Middlemore Hospital for MHSOP patients that require acute inpatient assessment and/or treatment. The area currently occupied by the MHSOP inpatient service is poorly configured and provides an inadequate therapeutic environment for contemporary service delivery. Increased demand for MHSOP will also necessitate change around the Model of Care to avoid the need for a proportional increase in bed numbers into the future.

In the future problems with the physical environment of the acute inpatient facility will be addressed by the relocation of MHSOP inpatient beds to the Manukau Campus adjacent to the Manukau Rehabilitation Centre, promoting the sharing of allied health, nursing and support services across both Rehabilitation and MHSOP. However, consideration needs to be given urgently to the deficits of the current facility with an interim solution developed to manage the increasing risks of service provision in this environment.

In the future the MSHOP acute inpatient ward functions will be relocated to the Manukau campus and located adjacent to the Rehabilitation Centre. This will have a number of advantages including:

- Good access to specialist Health of Older Persons services for consultation and shared care.
- Sharing of allied health staff resource across Health of Older People and Mental Health Services for Older People.
- Better physical layout within a new facility for expanding inpatient MHSOP bed numbers if required – dependent on the effects of changes in Models of Care to control the growth in bed numbers by increasingly providing an early assessment and intervention service.
- The footprint of the Browns Road development will support any future inpatient expansion.
- The MSHOP facility at Browns Road will be able to provide support to the elective surgery centre for the growing number of older people with Mental Health conditions undergoing surgery.

Further modelling will need to be done to forecast the number of beds that will be required in 2025. This work will need to take into account projected population growth along with proposed changes to the model of care aimed at driving down the demand for acute inpatient services.

Access to inpatient beds will be through the geographically based MHSOP community teams who will coordinate admission for short term assessment and treatment when this is required.

A small number of MHSOP patients will be physiologically unstable and require the acute care services available at Middlemore Hospital. These patients will be accommodated within the AT&R wards at Middlemore Hospital until they are suitable for transfer to Manukau campus.

The community based MHSOP specialist teams will continue to lead the inpatient care and treatment, providing continuity and integration across both settings. Some staff, including psychogeriatricians, will work across both community and inpatient settings.

The community team will be supported by a MHSOP inpatient team including inpatient specialist nurses, physiotherapists, occupational therapists and psychologists providing additional assessments and interventions that may be difficult to implement in other environments. For some patients this will involve clinical support investigations that are difficult to obtain in primary care (e.g. CT) to rule out other pathologies and to assist diagnosis.

Key Directions

- ✓ *The key physician in the management of older people with Mental Health conditions is the General Practitioner with support from their primary health care team.*

- ✓ *Increasing range of interventions available to GP's e.g. screening tools, psychiatric medications.*

- ✓ *Shared care initiatives that enable people with MH&A issues to have both physical and mental health care from primary providers.*

- ✓ *Home Health Care services provided by District Nurses will develop closer links Primary and Community Health Services, increasingly act as a linkage between Primary Care Teams, caregivers and Specialist MHSOP teams, and will assist primary care and residential care to maintain complex patients appropriately within community settings.*

- ✓ *Specialist MSHOP will continue the transfer of service delivery to a community rather than hospital inpatient care model.*

- ✓ *Expanded geographically aligned Specialist MHSOP Teams will provide early and prompt access to consultation and treatment in community based settings to avoid hospital admission.*

- ✓ *Closer relationships developing between Specialist MHSOP and Rehabilitation Services with more patients having shared care or cross-consultation.*

- ✓ *Services will be coordinated at primary care level for people with mild to moderate mental health conditions and configured around the needs of the patient to provide a safe and effective therapeutic environment.*

- ✓ *Wherever practicable and appropriate, primary care or specialist assessment and treatment will be provided in the patients normal living environment to avoid hospitalisation.*

- ✓ *Development within specialist teams of skills and expertise in delivering community-based programmes and care to people from diverse ethnic groups within CMDHB as the number of older Maaori, Pacific and Asian people with Mental Health conditions increases.*

- ✓ *Relocation of inpatient MHSOP services to a purpose built facility at Manukau campus - adjacent to the Rehabilitation Centre and with the capacity for additional inpatient bed development in the future.*

- ✓ *Three small community based specialist inpatient/residential centres that provide for people with severe dementia.*

End Stage Conditions

CMDHB is proposing to introduce an Advanced Life Planning programme to minimise futile interventions and prolonged poor quality of life. This programme will be multidisciplinary, across all settings and services. The Specialist MHSOP team is well positioned to work in collaboration with primary care and specialist medical and surgical services to support the appropriate implementation of this programme.

Key Directions

- ✓ *The Specialist MHSOP team will work with primary care and specialist medical and surgical services to implement an Advanced Care planning programme to Counties Manukau supporting quality decision-making around end-stage conditions.*

	General Population	Population at Risk of Condition	Population with an early condition and minimal co-occurrences	Population with advanced condition and multiple co-occurrences	Populations with an end stage condition
Prevention	Active MH&A sector involvement in national, regional & local Building Healthy Communities initiatives. Targeted and culturally appropriate programmes that raise awareness of the general population regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Culturally appropriate programmes that promote social inclusion of the elderly, reduce social isolation & reduce the stigma of mental illness/addiction problems in the elderly. Targeted and culturally appropriate suicide prevention & addiction programmes for older people.	Active MH&A sector involvement in national, regional & local Building Healthy Communities initiatives. Education of NGO sector,& other agencies regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other clinical services. Targeted and culturally appropriate programmes that prevent social isolation & the development of mental illness e.g, elderly Asian, people who live alone Targeted and culturally appropriate suicide prevention & addiction programmes for older people. Management of risk factors and intervention based on clinical	Active MH&A sector involvement in national, regional & local Building Healthy Communities initiatives. Targeted and culturally appropriate programmes that raise awareness & reduce the stigma of MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Targeted and culturally appropriate programmes that prevent social isolation & the development of mental illness e.g., elderly Asian, people who live alone Targeted and culturally appropriate suicide prevention & addiction programmes for older people. Education of NGO sector,& other agencies regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Specialist nurses and educators available to PCHC's, PHO's, iwi		

		guidelines eg people with serious physical health problems, people with existing/previous mental illness or addictions. Early intersectoral communication and sharing of information NGO support services provide culturally appropriate assessment & linkages to community programmes & services that support people to remain in their own environment, keeping them engaged with their existing supports & community resources.	services, residential service providers & other clinical services. Management of risk factors and interventions based on clinical guidelines eg people with serious physical health problems. Early assessment and diagnosis by GP's and referral for specialist assessment. Early intersectoral communication and sharing of information NGO support services provide assessment & linkages to culturally appropriate programmes that support people in their own environment, keeping them engaged with existing supports & community resources.		

Early Detection	Active MH&A sector involvement in national, regional & local Building Healthy Communities initiatives. Active intersectoral communication and sharing of information Targeted and culturally appropriate programmes that raise awareness of	Education of NGO sector,& other agencies regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Early intersectoral communication and sharing of information Targeted and culturally	Education of NGO sector,& other agencies regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Early intersectoral communication and sharing of information Specialist nurses and educators available to		

	the general population regarding potential signs of MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Culturally appropriate programmes that promote social inclusion of the elderly, reduce social isolation & reduce the stigma of mental illness/addiction problems in the elderly. Targeted and culturally appropriate suicide prevention & addiction programmes for older people. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED.	appropriate programmes that prevent social isolation e.g., elderly Asian, people who live alone Targeted and culturally appropriate suicide prevention & addiction programmes for older people. Screening by GPs during routine consultation for conditions, particularly where there has been a history of previous MH&A issues or has a genetic predisposition. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other clinical services. Access to Specialist MHSOP for specialised assessment, advice & consultation. Management of risk factors and intervention based on clinical guidelines eg people with serious physical health problems, people with existing/previous mental illness or addictions.	PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Early assessment and diagnosis by GP's and referral for specialist assessment. Management of risk factors and intervention based on clinical guidelines eg people with serious physical health problems, people with existing/previous mental illness or addictions. Rapid access to investigations and neurology consults Mobile MHSOP for specialised assessment, advice & consultation.		

Supported Self-Care		Early intersectoral communication and sharing of information Education of NGO sector,& other agencies regarding potential MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, elder abuse. Screening by GPs during routine consultation for conditions, particularly where there has been a history of previous MH&A issues or has a genetic predisposition. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Access to Specialist MHSOP for specialised assessment, advice & consultation. NGO support services provide assessment & linkages to culturally appropriate programmes that support people in their own environment, keeping them engaged with existing supports & community resources.	Own Community Living Environment or Community Residential Setting Strong intersectoral communication and sharing of information NGO support services coordinate & provide targeted and culturally appropriate programmes that support older people & their families, in their own environment, keeping them engaged with existing supports & community resources. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED GP/PHO provides general clinical oversight & service coordination Mobile Specialist MHSOP clinicians available for specialised assessment, advice & consultation to GP's, other service providers & family/whanau.	Own Community Living Environment or Community Residential Setting Strong intersectoral communication and sharing of information NGO support services coordinate & provide targeted and culturally appropriate programmes that support older people & their families, in their own environment, keeping them engaged with existing supports & community resources for as long as possible. Education of NGO sector,& other agencies regarding management of MH&A issues of the elderly e.g., alcohol & gambling addictions, depression, dementia. GP/PHO provides general clinical oversight & service coordination Mobile Specialist MHSOP available to provide oversight & specialised assessment, advice & consultation.	Own Community Living Environment or Community Residential Setting Strong intersectoral communication and sharing of information NGO support services coordinate & provide targeted and culturally appropriate programmes that support older people & their families, in their own environment, keeping them engaged with existing supports & community resources for as long as possible. Specialist nurses and educators available to assist PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services (eg medical, ED) in the management of significant MH&A issues . GP/PHO/other clinical service provides care coordination Mobile Specialist MHSOP provide specialised assessment, advice & consultation on MH&A issues.

Specialised Care		Robust intersectoral communication and sharing of information Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Mobile Specialist MHSOP available for specialised assessment, advice & consultation in community based settings, including home, residential settings & PCHC. Mobile Specialist MHSOP clinicians available for specialised assessment, advice & consultation to GP's, other service providers & family/whanu. Strong Multidisciplinary Team approach to assessment and treatment.	<u>Own Community Living Environment or Community Residential Setting</u> Robust intersectoral communication and sharing of information Education of NGO sector,& other agencies regarding management of MH&A issues of the elderly e.g., alcohol & gambling addictions, depression. Mobile Specialist MHSOP clinicians available for specialised assessment, advice & consultation to GP's, other service providers & family/whanau. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Strong Multidisciplinary Team approach to assessment and treatment. GP/PHO usually provides clinical oversight & service coordination MHSOP provides clinical oversight & service coordination for some conditions MHSOP provides specialist and complex investigations	<u>Own Community Living Environment or Community Residential Setting</u> Robust intersectoral communication and sharing of information Education of NGO sector,& other agencies regarding management of MH&A issues of the elderly e.g., alcohol & gambling addictions, depression. Mobile Specialist MHSOP clinicians available for specialised assessment, advice & consultation to GP's, other service providers & family/whanau. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Strong Multidisciplinary Team approach to assessment and treatment. Specialist DHB Case management for some conditions MHSOP provide specialist and complex investigations	<u>Own Community Living Environment or Community Residential Setting</u> Robust intersectoral communication and sharing of information Education of NGO sector,& other agencies regarding management of MH&A issues of the elderly e.g, alcohol & gambling addictions, depression. Mobile Specialist MHSOP clinicians available for specialised assessment, advice & consultation to GP's, other service providers & family/whanau. Specialist nurses and educators available to PCHC's, PHO's, iwi services, residential service providers & other DHB clinical services eg medical, ED Strong Multidisciplinary Team approach to assessment and treatment. Specialist DHB Case management for some conditions MHSOP provide specialist and complex investigations

Day Stay Admission				Some specialist clinical procedures eg ECT, provided when appropriate as Day Stay option at Manukau	
Episodic Inpatient Admission			Admission for crisis interventions, where the primary concern is a deterioration in mental state & care cannot be provided in an alternative community based setting. A significantly enhanced inpatient facility on the Manukau campus. Adjacent to inpatient rehabilitation & medical services facilitating a holistic & coordinated approach to care & treatment. Close alignment with MHSOP community teams to facilitate timely discharge.	Admission for crisis interventions, where the primary concern is a deterioration in mental state & care cannot be provided in an alternative community or residential setting. A significantly enhanced inpatient facility on the Manukau campus. Adjacent to inpatient rehabilitation & medical services facilitating an holistic & coordinated approach to care & treatment. Close alignment with MHSOP community teams to facilitate timely discharge.	Admission for crisis interventions, where the primary concern is a deterioration in mental state & care cannot be provided in an alternative community or residential setting. A significantly enhanced inpatient facility on the Manukau campus. Adjacent to inpatient rehabilitation & medical services facilitating an holistic & coordinated approach to care & treatment. Close alignment with MHSOP community teams to facilitate timely discharge.
Palliative Care				Coordinated care across all settings and components of care	Coordinated care across all settings and components of care

Integration

Improved integration of care for older people with Mental Health conditions will be achieved through a number of key strategies.

- Enhanced interfaces between all parts of the intersectoral services for older people.
- An integrated intersectorial approach to service delivery for all stages of dementia including more accessible and integrated services for people under 65 years.
- Health of Older People to take a lead role in the management of the population, but working closely with Mental Health Services for Older People (MHSOP) services as needed.
- Enhancerd linkages between MHSOP and Assessment, Treatment and Rehabilitation services (AT&R) including monthly management and clinical liaison, shared triage, and collaborative District Annual Planning.
- Streamlined access to integrated clinical and comprehensive needs assessments e.g. the INTER RAI assessment, will provide consistent shared comprehensive and specialist assessments to improve coordination and reduce duplication.
- Intensive case management that has been shown to allow other patients to remain at home longer, improve social contacts, reduce carer stress and improve activities of daily living need to be extended to older people with MH&A problems.
- Enhanced supports for EC, medical and surgical wards.
- Supporting most care coordination remaining with GP/primary care but providing easier access and high levels of specialist supports to primary care teams.
- Use of technology to support key interfaces e.g. collaborative electronic record keeping, videoconferencing to support primary care providers in rural locations.
- Development of clear care pathways for key MH&A issues.
- Effective crisis resolution responses to enable people to continue living in their usual place of residence.

Workforce Development

The large growth in the numbers of older, and very old, people living within CMDHB will increase the number of older people who have Mental Health conditions. This will necessitate an increase in the workforce across all care settings, health professionals and community health workers. Working with older people with Mental Health conditions is challenging and is not a popular field of subspecialisation for health professionals. Significant care is provided by family members or community health workers with minimal training. In addition, older people with Mental Health Conditions are a vulnerable group of patients at additional risk of poor physical health resulting from their Mental Health condition. Workforce issues are therefore of particular significance.

An increase in the number of medical specialists will be required to support the higher number of elderly patients in the community. Increasingly services will be more community-focused with more input from the specialist teams into maintaining patients in the community and avoiding hospital admissions. Specialist Mental Health Physicians for the Elderly, nurses and Allied Health Practitioners will need to be trained to focus on a Model of Care that is community rather than hospital focused. Specialist services will have a responsibility to support the training and development of GPs, primary care teams and Home Health Care (HHC) to provide care for increasingly complex elderly people with Mental Health conditions living in residential care or their own homes.

Increases in residential care beds will require considerable increases in the number of trained caregivers – people with the necessary skills and training to care for a challenging and vulnerable group of residential care clients.

The growing pressure on residential care due to high population growth amongst the elderly and a Model of Care that supports the Ageing in Place strategy will ensure that that support level required by patients living in residential care will remain high. Staff in residential care settings will increasingly require higher skill levels to cope with the growing number of people who have a mental illness or addiction, especially those that are accompanied by challenging behaviours. Providing greater support from specialist MHSOP staff in residential and home settings will be key to promoting safe, high quality care through advising and supporting care delivery across the sector with these teams linking across specialists or multidisciplinary teams.

Increases in the numbers of specialty-trained MHOSP nurses and allied health specialists will support both additional MHSOP inpatient beds and the “in-reach” into acute medical/surgical wards to ensure that older patients with Mental Health conditions receive appropriate care of the Mental Health condition while in hospital for a medical/surgical illness.

In order to grow workforce capacity, rotation positions for junior doctors and allied health professionals provide an opportunity to attract and steer staff with the necessary aptitude into specialising in MHSOP. The increased focus on community based care requires health practitioners with sound decision-making skills who can work autonomously but as part of the larger MHSOP multidisciplinary team.

Key Directions

- ✓ *Significant increases in the number of community health workers trained to provide high quality community-based care for older people with Mental Health conditions.*

- ✓ *Significant increases in the numbers of trained allied health, nursing and medical staff experienced in MHSOP and skilled in working across residential, community, inpatient MHSOP and Medical/Surgical care settings.*

- ✓ *Ongoing education and support for GPs and primary care teams to manage the increasing number of elderly patients with complex Mental Health conditions living at home or in residential care.*