

Aged Persons Psychosocial Rehabilitation in Mental Health (February 2005)

Replaces previous guidelines dated June 2003

Psychiatric Disability Rehabilitation and Support Services (PDRSS) create opportunities for recovery and empowerment for people with a psychiatric disability. They are a core component of a comprehensive and integrated network of mental health services in Victoria. Generally PDRS Services have not focussed on older people.

A pilot rehabilitation program in psychosocial rehabilitation for older people with a mental illness commenced in 2003-04 in response to *New Directions for Victoria's Mental Health Services The Next Five Years*, the current policy document for Mental Health. *New Directions* identifies providing additional services for older people with a mental illness as a service expansion priority in recognition that more specialised psychosocial rehabilitation approaches are required if older people with a mental illness are to overcome social isolation and associated health problems. The policy identifies that the expansion of psychosocial activity programs to older people should take place within the PDRSS sector.

This document outlines the broad parameters of the pilot program.

1. Introduction

Older people with mental health issues may include those: ¹

- with longstanding mental illness that is complicated by the conditions of aging.
- who develop disorders such as depression for the first time later in life.
- who develop psychiatric symptoms and behaviour disturbances associated with organic brain disorders such as dementia.

It is proposed that older people with mental health problems have some needs in common with other older people but they also have unique needs and would benefit from different strategies and programs to support psychosocial rehabilitation². Older people with a psychiatric disability may present with challenging and aggressive behaviours, reluctance to accept help and difficulty trusting services. They may appear dishevelled or have poor personal hygiene and home care skills. They may also fluctuate in their mental state and cognitive abilities³. Because of these issues it is proposed that older people with mental health problems require intensive case management, more assertive advocacy, assistance with medication and flexibility in the way they interface with and access other services than older people without a mental illness³.

Several issues have been identified as barriers to providing services to older adults with mental health issues⁴. Attitudes, systemic negative stereotyping and lack of family support are identified as significant factors. The co-existence of medical conditions and provision of service and supports that are uncoordinated and not adequately flexible have also negatively impacted on the way older people with a mental illness are provided with treatment and care.

¹ Department of Human Services (2002) *New Directions for Victoria's Mental Health Services: The Next Five Years*. Victorian Government Department of Human Services, Melbourne.

² Chui E, Yastrubetskaya O, Williams M (1999) Psychosocial rehabilitation of the elderly with mental disorders : a neglected area in the psychiatry of old age *Current Opinion in Psychiatry*, 12(4), 445-448.

³ Reynolds A, O'Brien A (2001) *Older People Living with a Psychiatric Disability Improving Service Responses*, Prahran Mission.

⁴ Hatfield A (1999) Barriers to serving older people with disability. *Psychiatric Rehabilitation Journal*, 22(3), 271-276.

Programs specifically tailored to older people with a mental illness have been noted to have the following benefits for participants;

- improved quality of life⁵ following participation in a psychosocial activity program.
- improved functioning⁶ following skills training.
- a decrease in generalised anxiety following participation in a cognitive behavioural therapy (CBT) program and further improvements with an enhanced version using memory and learning aids⁷.

The needs of older people with long term mental illness have been less prominent than other groups, such as those with dementia⁸. A psychosocial rehabilitation program targeted to older people with long term mental illness will potentially increase the range of services accessible to this group. It will also provide a process to further refine approaches in the psychosocial rehabilitation of older people and better meet need.

2. Objectives

The objectives of the program are:

- To enhance the options of relevant and appropriate psychosocial support available to older people within the PDRSS sector.
- To identify the needs of older people with a serious mental illness with regard to psychosocial rehabilitation.
- To enhance the capacity of the PDRSS sector to meet the psychosocial rehabilitation needs of older people with a serious mental illness.

3. Background

3.1 Service Context

Mental health services for older people are provided within the context of other services such as:

- Health services provided by general practitioners, private psychiatrists and the private and public hospital system providing acute, subacute, rehabilitation and specialist services.
- Commonwealth and State funded initiatives aimed at helping older people to maintain their independence within their local community eg. Home and Community Care (HACC) and associated Linkages packages.
- Commonwealth funded initiatives such as Community Aged Care Packages (CACAP) and Extended Aged Care in the Home (EACH). Both CACAP and EACH target frail older people living in the community who would otherwise be eligible for residential care.

Mental health services in Victoria are provided through 21 Adult Area Mental Health Services (AMHS), 17 Aged Persons Mental Health Services (APMHS) and 13 Child and Adolescent Mental Health Services, each developed to provide a comprehensive range of services to the local population. The Victorian specialist public mental health service system comprises clinical services for all ages and psychiatric disability rehabilitation and support services⁹ that are generally available to consumers of Adult Area Mental Health Services.

Clinical mental health services provide assessment, diagnosis, treatment, rehabilitation and clinical case management services to people with a serious mental illness. Clinical services seek to provide treatment in the least restrictive environment with a focus on community treatment.

⁵ Accordino M, Rosenthal D, Freund R (2000) Effects of treatment participation on quality of life of elders with a serious mental disorder. *Psychiatric Rehabilitation Journal* 23(4), 353-358.

⁶ Paterson T et al (2003) Functional Adaption Skills Training (FAST) :A pilot psychosocial intervention study in middle aged and older patients with a chronic psychotic disorders. *American Journal of Geriatric Psychiatry*, 11(1), 17-23.

⁷ Mohlman J et al (2003) Standard enhanced cognitive behavioural therapy for late-life generalised anxiety disorder, *American Journal of Geriatric Psychiatry*, 11(1), 24-32.

⁸ Hall K (2000) Discrimination against older Australians who suffer from mental illness. National Healthcare.

⁹ Department of Human Services (2003) *Psychiatric Disability Rehabilitation and Support Services Guidelines for Service Delivery*.

Aged Persons Mental Health Services (APMHS) provide services to people:

- o who are 65 years or older; and
- o who have or appear to have a severe mental illness; and/or
- o whose behaviour cannot be managed in the community or by aged care services in a less intrusive manner.¹⁰

The APMHS comprises aged persons community mental health teams, acute inpatient services and residential care.

Psychiatric Disability Rehabilitation and Support Services (PDRSS) are designed to complement the clinical services in the mental health system. They provide psychosocial assessment, rehabilitation and support and are managed by non-government organisations in the community.

The PDRSS sector is focused on promoting quality of life and self esteem through recovery oriented approaches which assist people to manage their psychiatric disability and refocus their life in the community. The sector has not had a significant role with older people in Victoria.

This pilot in Aged Persons Psychosocial Rehabilitation will develop models of psychosocial rehabilitation for older people. It is likely that both outreach and centre based models will be trialled.

4. Program Statement

4.1 Aims

The Aged Persons Mental Health Psychosocial Rehabilitation Program aims to:

- Promote the development of programs jointly funded by the Mental Health Branch and Commonwealth, State, local government and/or other funding sources.
- Pilot several psychosocial rehabilitation models within the PDRSS sector, or in partnership with the PDRSS sector, for aged people with serious mental illness. The pilots should provide a service via an outreach model but may also provide centre based programs.
- Examine the psychosocial rehabilitation needs of older people with a serious mental illness within the pilot services.
- Identify the potential of piloted models to support older people in psychosocial rehabilitation and any limitations.
- Develop and implement strategies to build the capacity of generic community services to meet the needs of the clients of the pilot service.
- Identify gaps in the psychosocial rehabilitation opportunities offered to older people with a serious mental illness within the pilot PDRSS services.
- Identify ways to support the PDRSS sector in developing approaches that will enhance capacity to meet the psychosocial rehabilitation needs of older people with a serious mental illness.
- Report on the pilot by analysing available data, providing a descriptive account of pilot programs and interpreting findings to make a set of recommendations.

5. Scope

This is a three year pilot program, commencing in 2003-04 to be delivered via an outreach or centre based model. The program will be further developed and refined in response to evaluative findings.

5.2 Target Group

People 65 years and over with a psychiatric disability arising from serious mental illness.

¹⁰ Health and Community Services (1996) *Victoria's Mental Health Service The Framework for Service Delivery Aged Persons Services*. Victorian Government Department of Health and Community Services, Melbourne

5.3 Referral

Referrals are expected to be made by practitioners providing mental health treatment and support. A high proportion of consumers will be referred from the Aged Persons Mental Health Service system and PDRSS sector.

5.4 Pilots

The program will pilot relevant psychosocial recovery oriented models (outlined in Appendix One), or model configurations, for older people with a mental illness. Pilot projects will participate in developmental activities described below.

- Community development - activities will be undertaken that are aimed at accessing and developing supportive community infrastructure, partnerships and collaborations with a range of generic services in the community.
- Information sharing – representatives of pilot projects will meet intermittently to share ideas, exchange information and report on progress.
- Evaluation - all pilots will be expected to participate and contribute an evaluation. The Quarterly Data Collection Tool, which collects information on all PDRSS services will provide base data, although further information will be collected to describe, report and monitor the pilot programs.

6. Service Requirements

Pilot services are expected to:

- Be an existing PDRSS service or be in a partnership/consortium arrangement with a PDRSS as a lead agency.
- Provide services consistent with the PDRSS Guidelines for service delivery¹¹.
- Have a service approach that responds to the rehabilitation and recovery needs of the consumer.
- Involve family members and others in a caregiving role with the consent of the consumer.
- Facilitate consumer access to and participation in the most appropriate community support programs and activities.
- Develop and /or maintain partnerships with the mental health service system as well as the mainstream community service system and aged care sector.

7. Resources

The pilot will be conducted for three years from 2003-04.

It is anticipated that staffing requirements would be based on 1 EFT for each 10 to 15 clients participating in the program. This will include a time allocation for evaluation activities, data collection and community linking and development.

¹¹ Department of Human Services (2003) *Psychiatric Disability Rehabilitation and Support Services Guidelines for Service Delivery*.

APPENDIX ONE

The following models are relevant to the Aged Persons Psychosocial Rehabilitation Pilot:

Outreach

Home-Based Outreach Support (HBOS) aims to reduce social isolation, assist with learning the activities of daily living, the development of social skills and the facilitation of access to community services¹².

In the Aged Persons Psychosocial Rehabilitation Program it is envisaged that HBOS will be relevant in two ways:

- Short term: to link persons with mainstream services where the requirement for ongoing specialist PDRSS support is not anticipated.
- Longer term: when developing trust and rapport with the worker is the primary goal prior to identifying other goals in psychosocial rehabilitation.

Centre Based

Centre Based Programs create a sense of belonging, providing peer support in an atmosphere where a range of social and living skills can be learnt. Day programs may sometimes take place in local community partnerships or be delivered by the day program with other community services¹⁵.

In the Aged Persons Psychosocial Rehabilitation Program it is anticipated that these programs will only be required where links with mainstream services are not possible or feasible because of the person's mental state.

¹² Victorian Department of Human Services (2003) *Psychiatric Disability Rehabilitation and Support Services Guidelines for service delivery*. Available at www.dhs.vic.gov.au.