New South Wales Nurses and Midwives' Association

Supplementary feedback to the Mental Health Commission

NSW Consultation:

Living Well in Later Life

Case for Change and Consensus Statements

May 2017

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes Assistants in Nursing (who are unregulated), Enrolled Nurses, Registered Nurses and Midwives at all levels including management and education.

The NSWNMA has approximately 62,500 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and aged care services.

We currently have over 10,000 members who work in aged care and 2,500 who identify as being employed in mental health services. We consult with them on matters that are specific to their practice. We wish to acknowledge the contributions made by our members in preparing our comments.

We welcome the opportunity to provide a brief supplementary response to this consultation.

This response is authorised by the elected officers of the New South Wales Nurses and Midwives' Association

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How could the Case for Change document be improved?

There are a number of key areas for action identified. However, we perceive there are gaps in the following areas and suggest that focus be given to the issues outlined in our feedback against each question.

Are there any significant gaps in the issues covered?

Strengthening local action

This section focuses on support in the community. However, we know that as many as 80% of residential aged care places are taken up by people with some form of mental illness, mainly dementia related. NSW has the highest number of residential aged care facilities across Australia[1]. Therefore approaches aimed at integration of people within their community must include residential aged care facilities. It is well documented that aged care residents have high levels of depression and loneliness. Therefore it is imperative that people living in residential aged care are included within community strategies.

Providing access to web-based resources is suggested. However many older people, particularly those from culturally and linguistically diverse communities have difficulty navigating online resources. People living in rural and remote areas may also experience unreliable internet coverage. Whilst supportive of the development of web based resources we would suggest that these are supplementary to core provision and that resources in other formats are also accessible.

Recovery-informed policy and practice

We would suggest that more focus is placed on the needs of those living in residential aged care. There are a shortage of specialist residential services for younger people with mental health issues. Often they are inappropriately placed

[1] AIHW (2016) http://www.aihw.gov.au/aged-care/

within aged care facilities designed for older people through lack of alternative community-based resources. Our members often raise concerns about inappropriate placement of younger adults in residential aged care. A unified approach is needed to ensuring that there are appropriate integrated residential facilities for those unable to live independently.

Residential aged care is viewed as a place of no return; often these are staffed by unlicensed care workers with minimal training on how to support re-enablement. Our members tell us they are caring for people with mental health needs as young as 20 in residential aged care facilities. There is no legislation determining minimum staffing ratios and skills mix. Similarly there are no minimum training requirements for these workers. For re-enablement programmes to be effective there must be appropriate lobbying of Federal Government around this issue. Specialist registered nurses with mental health competencies should be available to provide appropriate care to people and to supervise carers. Unlicensed care workers should also be set mandatory training requirements in this area.

Service Gaps

Disparate services and lack of long term care coordination through the user pays system means that people often fall between the gaps or are unable to afford appropriate long term healthcare. Often the stigma attached to mental illness is already a barrier to accessing health services. Many people with mental illness live a transient lifestyle furthering the lack of long term planning and care coordination. The dilution of public health services in the community with the privatisation of community nursing services means there is more opportunity to fall between the gaps when seeking multiple services.

Shift to Community

We are concerned about the privatisation of community nursing services. Public health services ensure that workers are suitably skilled; however this is not the case for privately employed workers who often lack access to appropriate training.

We are also concerned about the emerging presence of *Uber* platform care agencies being established to meet the projected demands of a consumer based market. These agencies have seen huge growth over the past two years and provide an alternative care option for older people seeking community care services. With the introduction of consumer directed care funding this marketplace will likely increase. However, we have concerns that platform providers supply a largely peripatetic and unregulated workforce with few regulatory safeguards.

The proposed model of aged care regulation through a *Single Aged Care Quality Framework*[2] excludes these services, since they are not funded by the Commonwealth. However, people with mental illness may be socially isolated form their community support networks and lack advocacy so are vulnerable to exploitation and abuse. Unless protective legislation is extended to all workers providing direct care, people may not be provided with well-coordinated, safe and skilled healthcare. This system already provides effective safeguards in the UK regulatory system[3]. Legislation should be extended to include regulation of independent care workers operating in the community as a means of increasing public protections.

Medication and poly-pharmacy

We have recently consulted our aged care members regarding the issue of medication management in residential aged care facilities. They suggest that the lack of registered nurse oversight and inadequate ratios of workers contributes to the over-prescribing of medications. Poly-pharmacy is a major risk factor in aged care and this requires specialist knowledge which can only be provided by a registered nurse or enrolled nurse acting under their direction. Often unlicensed care workers are asked to make complex decisions regarding peoples' medication owing to this gap. This is particularly concerning for people with cognitive impairment who require advocacy in this area.

[2] https://consultations.health.gov.au/aged-care-access-and-quality-acaq/single-quality-framework-assessing-performance/

[3] Care Quality Commission (2015) *The scope of registration: Registration under the Health and Social Care Act 2008*. London: CQC

"Our dementia unit was always the Assistant in Nursing's responsibility even though these residents are unable to assist with taking their own medications or even know what they were taking and why. Some tablets were crushed and sprinkled into supper sandwiches, which to me seems more like administration, not assisting. I was the only person with a certificate IV with a medications unit who could actually assist with administration of medication. All other staff with level IV did not have this competency unit, and therefore should not have been giving medications in the dementia unit."

Assistant in Nursing/Care Worker, Aged Care Facility – NSWNMA member

"Poly- pharmacy is a major concern as is the use of psychotropic medication."

Registered Nurse, Aged Care Facility – NSWNMA member

Housing and Homelessness

People living with mental illness in metro areas can often have financial insecurity. When the time comes for them to seek residential aged care this often requires them to move out of their known community due to the high presence of for-profit residential aged care facilities which charge extra service payments and require high bond payments. This is due to the high land values in metro areas. This further isolates the person from their community and exacerbates mental ill health. The issue of housing affordability and older people's mental health are therefore inextricably linked.

Rural and Remote NSW

The issue of availability of registered nurses in rural and remote locations is an important one. In NSW specifically, the NSW Government cited the potential financial disadvantage for residential aged care providers that requiring registered nurses in such locations as the rationale for removing the legal requirement for registered nurses to be on site at all times in facilities where people have high care needs. However, we fundamentally oppose this. It is our view that people must have access to healthcare expertise at all times if assessed and funded as needing this, and that financial burden should not be a barrier to equity of access for such people.

There needs to be more emphasis on the rural and remote populations especially farmers. They are isolated in many ways and their suicide rate is high. As well as being geographically isolated, they can be isolated in relation to web access so don't have access to the on-line supports others in metropolitan areas can use to help themselves. The web is also a way of interacting with neighbours and friends but if there is no or problematic access to emails, Skype etc, there is further disengagement and distance from help through informal support structures.

The mental health of older farmers and their partners is impacted by:

- The need for succession planning when they have to decide when they leave the farm and who will take over causing a mix of anxiety and depression
- When moving from the farm, they are lost, have nothing to guide them as to what they should do and when. The seasons have dictated activities in the past but suddenly there is nothing resulting in anxiety and depression

Investing in our workforce

It is imperative that minimum ratios of registered nurses, enrolled nurses and assistants in nursing are available at all times in high care residential aged care facilities. This will ensure those people complex mental health needs have access to an appropriately skilled workforce to provide restorative care.

Are there significant gaps in available evidence?

Responding to Elder Abuse

We draw your attention to the current Australian Law Reform Commission inquiry into elder abuse which is due to report in May 2017. Indications are that this will provide good insights into the required actions to reduce the risk of elder abuse; particularly for those people with cognitive decline.

https://www.alrc.gov.au/inquiries/elder-abuse

Build the capacity of services to respond therapeutically

Residential aged care cannot be underestimated in terms of its importance for older people, particularly given the number of people residing with dementia related conditions and complex co-morbidity. There is a move towards creating dementia friendly environments in the style of the Hogeweyk Care Concept[4] . However, these care models focus on the importance of employing generic 'home-makers' with peripatetic registered nurse consultants. This further diminishes the day to day registered nurse oversight of direct care and is concerning given the absence of legislated minimum training requirements for unlicensed care workers.

In NSW the State Government has stated its intention to remove long-standing legislation contained within s104 of the *NSW Public Health Act (2010).* This removes the requirement for NSW high care facilities to employ a registered nurse, or director of nursing. The Australian College of Nursing advise that as a minimum of one registered nurse employed at all times[5]. The Australian Nursing and Midwifery Federation recommend a skill mix consisting of 30% registered nurses, 20% enrolled nurses and 50% assistant in nursing/ care workers to enable safe residential aged care to be delivered.[6]

However there are no legislated minimum staffing skills mix and ratios in Commonwealth aged care legislation which means that NSW aged care providers will be able to determine their own staffing. In a market-based system this will likely mean further reductions to the number of registered nurses on site at all times. This will have a direct impact on the ability of the workforce to facilitate restorative care. For any mental health strategy to be effective there must be engagement with the Commonwealth around this concerning issue.

The lack of training and skills in residential aged care is concerning. Our members constantly tell us of situations where they lack knowledge and support, both

[4] http://hogeweyk.dementiavillage.com/en/
[5] Australian College of Nursing (2016) Position Statement – The role of the RN in residential aged care.
[6] ANMF (2016) Staffing and Skills Mix Project: Victoria, ANMF.

internally and externally to manage people with mental health needs. Rapid Dementia Response Teams are an excellent initiative, but are no replacement for clinical on-site services. Similarly, even when registered nurses are employed, they are often caring for multiple people across two or more sites. This is not conducive to safe clinical and restorative care and leaves both residents and staff vulnerable[7].

"I have experienced a situation where a resident who had severe mental health issues and was strong was physically endangering other residents. No help was forthcoming from any source, when a serious incident occurred and the person was sent to the acute care hospital so that they could get mental health services to meet their needs. The hospital did not even get a mental health team to review the person and tried to send them back hours later in the middle of the night to the nursing home that did not have the facility to meet his need nor keep other frail elderly safe."

Registered Nurse, Aged Care Educator – NSWNMA member

"Our facility is Dementia Specific and our residents have no ability to recognise or understand the medication they are given. If someone is unwell or refuses medications AINs/Careworkers do not have enough knowledge to know and understand the implications for the resident."

Registered Nurse, Facility Manager – NSWNMA member

"Residents who have cognitive impairment are unable to verbalise the pain they are experiencing. This is why RNs, through their training and assessment skills, are required in aged care."

Registered Nurse, Aged Care Facility – NSWNMA member

"There is pressure to prioritise desk or computer duties in preference to direct care. This is detracting from resident's time with nursing staff due to adverse impacts on availability of staff on the floor to provide care; particularly of concern in locked dementia wards where residents are at the highest falls risk."

Registered Nurse, Aged Care Facility – NSWNMA member

[7] NSWNMA (2015) Who will keep me safe? Elder Abuse in Residential Aged Care. Waterloo: NSWNMA

Are there any examples of good practice that you would like us to include?

Strengthening local action

Alzheimers Australia have a Dementia Friendly Communities programme to support integration of people within their immediate community and to raise awareness. They have links to useful tools and resources at https://www.dementiafriendly.org.au/

"In Port Macquarie NSW a Dementia-Friendly Community project has been underway since 2011. Throughout this project Alzheimer's Australia NSW and the Port Macquarie Dementia-Friendly Community Steering Committee have constantly had people living with dementia and family carers involved in the project. These past 12 months has seen a large degree of change in the project with greater dementia and dementia-friendly community awareness and the first dementia-friendly businesses." ***Alzheimers Australia NSW Annual Report 2015/16***

Are there any other comments that you would like to make?

Ageism in the workplace is a factor in older peoples' mental health and we draw your attention to the findings of the recent consultation undertaken by the office of the Australian Human Rights Commission to inform this area[8].

"Applied for carer's position, but employer prefers younger person which would be cheaper."

Registered Nurse, Aged Care – NSWNMA member

"In a public hospital I applied for permanent day shifts as there were already permanent night shift staff. I was aged over 50. Admin. refused so I left."

Registered nurse – NSWNMA member

[8] Australian Human Rights Commission (2016) Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability. Available at: https://www.humanrights.gov.au/our-work/disability-rights/projects/willing-work-national-inquiry-employment-discrimination-against

Climate change and the cost of power/energy are also factors in optimising mental well being. Increasing extremes in temperature is isolating older people, limiting socialisation. The cost of power to provide optimal heating and cooling means older people turn off appliances that could keep them comfortable, not only impacting on physical health but also their feeling of hopelessness and despair that they cannot even provide comfort for themselves and loved ones. Hypothermia and hyperthermia are increasing as the cause of death for older people but also so is despair at the helplessness they feel to address their living conditions.

How could the Consensus Statement be improved?

Point five - it may be helpful to include that the suicide prevention practices must be evidence based practices or minimum standards. In Australia, counselors have little consistency and regulation. At a recent lecture at Sydney University, Dr Tom Insel, stated 69% of the mental health workforce do not provide evidence based treatments; and this is often related to their training.

Point ten – it is suggested that services need to be easier to access with less confusing bureaucratic red tape. There needs to be workers to assist people in the application process e.g. Service NSW offices or Centrelink or Medicare. Currently the *My Aged Care* system is laborious and confusing especially for an older person applying on behalf of their family member.

It is important to promote Advanced Care Planning. There could be a point 12 for example saying that as people age it is important that they identify a person to make medical and financial decisions for them in case they are no longer able to do this for themselves. Also it is important that they discuss their choices and wishes so this person knows what they would want.

Are there any significant gaps in terms of reform directions?

Are there any other comments that you would like to make?

Would your organisation be interested in endorsing the Statement?

The NSW Nurses and Midwives' Association would like to see a more robust statement but would be happy for the Commission to make a future approach for endorsement, if changes are made.