SUBMISSION
INQUIRY INTO AGED CARE, END-OF-LIFE AND PALLIATIVE CARE AND VOLUNTARY ASSISTED DYING

"Strong, inclusive and resilient mental health communities."

07 3252 9411
admin@qamh.org.au
433 Logan Road
Stones Corner QLD 4120
www.qamh.org.au
Queensland Alliance for Mental Health Ltd

To the Committee,

Submission: Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying

Queensland Alliance for Mental Health (QAMH) is pleased to provide this submission to the Queensland Parliamentary Health, Communities, Disability Services and Domestics and Family Violence Committee to highlight our views on aged care, end-of-life and palliative care and voluntary assisted dying.

We would also like to draw the Committee's attention to Victoria's end of life and palliative care framework. QAMH hopes that Queensland will follow in its footsteps and establish a framework that is person-centred which provides high quality care, and dignified end-of-life choices. We recognise the significant amount of work involved in realising this, including the establishment of safeguards, criterion and procedures.

The Australian population is ageing, with older Australians a growing proportion of the total population. In 2017, 15% of Australians (3.8 million) were aged 65 and over; this proportion is projected to grow steadily over the coming decades.[1]

As such, it is the inevitable that we would have to address end-of-life care for the people of Australia. QAMH would like to address the following areas in relation to the mental health of our ageing population - *social inclusion*, and *intentional self-harm*.

Social Inclusion: integral to sustaining quality of life

This is one of the things QAMH advocates for in community mental health, to ensure that those who have a psychosocial disability can live a life that is fulfilling and not limited by their ability. Our members who provide support services are dedicated to help this cohort of people rebuild their lives, live independently in the community, and stay present and connected through social inclusion activities. We feel that this too, applies to the older adult population.

The more a person "feels" satisfied with life and enjoys a sense of well-being, the more likely he/ she will be able participate in social activities, develop friendships, explore interests, and enhance his/ her quality of life and life expectancy.[2]

Social isolation and loneliness amongst older Australians is a prevalent issue. When one is not well enough mentally and physically and is unable to participate in activities that allow them to bond and interact with society in a meaningful way, it diminishes one's sense of purpose and mental wellness. Human connections, mental health, physiological health, and emotional well-bring are all inextricably linked.[3] As members of society, we thrive on social inclusion.

Research studies have found a direct link between loneliness and health conditions such as Alzheimer's disease, obesity, increased vascular resistance, elevated blood pressure, increased hypothalamic pituitary adrenocortical activity, sleep disorders, diminished immunity, reduction in independent living, alcoholism, depression, suicidal ideation and behaviour, and mortality in older adults.[4]

QAMH would like to take the opportunity to highlight one of our member organisations, Footprints, who provide aged care services to their clients alongside other means such as transport and social support, and centre-based activities to help them remain connected and socially included. Transport is cited as one of the essential things for connectedness of seniors to their broader community and services.[5]

We would like to stress on the importance of social inclusion, and its intrinsic link to mental wellness. Given the points above, it would be difficult for an older adult to experience social inclusion, and to be able to sustain a quality of life that he or she had been accustomed to. As one's health declines, it will take a toll on social inclusion, which is apparent in a palliative care or end-of-life setting. Therefore, it is important to provide the autonomy, choice and control over the remainder of one's life.

Intentional Self-Harm: suicide rates amongst older adults

In 2017, in Australia, 3,128 people died from intentional self-harm rising 9.1% from 2,866 in 2016. Intentional self-harm was ranked the 13th leading cause of death in 2017, moving up from 15th position in 2016.[6]

The highest age-specific suicide rate was highest among males aged 85 years and older, recording 32.8 deaths per 100,000 persons.[7]

People aged over 65 years are more likely to have a chronic health condition present at death than younger cohorts. Notably, cancer was present in approximately 25.0% of suicides of persons aged over 85 years.[8] We can only make the assumption that this grim outcome is a result of limited choices for end-of-life and palliative care, and VAD.

Mental health and quality of life in older people can be impacted by physical illness, and unfortunately, mental health condition is prevalent in those with a chronic health condition. This is demonstrated in the Australian Institute of Health and Welfares 2016 health report, where the mental health conditions is reported as the main comorbidity among older people (over the age of 65) with a chronic obstructive pulmonary disease (COPD).[9]

Victoria's Council on the Ageing (COTA) submission for the development of the state's new end-of-life care framework expressed that the context of how people are dying has changed. More than ever, there is a need to consider the extended time period that older people, and those diagnosed with a life limiting illness have to contemplate dying and death.[10]

From our perspective as a mental health peak body, everyone is entitled to a life that is fulfilling and dignified. There should be equity of access to both residential and community aged care services, as well as community, hospice and acute end of life and palliation pathways. Perhaps this will then reduce the rate of self-harm amongst older adults.

Given the points above, circumstances such as a life limiting illness should enable a person to be eligible to access VAD. However, this will involve complex decision-making process, which needs to be jointly navigated by primary healthcare providers, alongside palliative care services. Care providers will require appropriate training on patient rights and autonomy, the ethics of life prolonging treatments and pain management, and empathetic communication.

Concluding remarks

It is vital to ensure that community-based end-of-life care and services continue to be available to older Australians. As an advocate for the community mental health sector, QAMH believes in equity, choice and a person-centred approach.

Our work supports Queensland Mental Health Commission's ***Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan (2018 – 2023)***, and its focus on not just connecting people to services but also ensuring the best possible quality of life for all Queenslanders through good mental health and wellbeing, and social and economic inclusion and participation. We strongly believe that an increased focus on the support for older adults with mental health conditions will yield positive results.

QAMH is the peak body for the community mental health sector in Queensland. We represent more than 130 organisations and stakeholders involved in the delivery of community mental health services across the state. At a federal level, we collaborate with Community Mental Health Australia, and we work alongside our members to build capacity, and to advocate on their behalf on issues which impact their operations and people experiencing mental health issues in our community.

On behalf of the Queensland community mental health sector, and particularly older adults with lived experience, we thank you for the opportunity to respond to this inquiry. QAMH welcomes the opportunity to discuss this submission with the Committee at any time.

Thank you.

Yours sincerely,

Jacklyn Whybrow
Acting Chief Executive Officer
Phone: 07 3252 9411 | Email: jwhybrow@qamh.org.au

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