

The Australian Psychological Society Ltd

## Discussion Paper

# Brief on the Role of Psychologists in Aged Care Services

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# **Brief on the Role of Psychologists in Aged Care Services**

## **Executive Summary**

The following points are provided in this brief.

- Properly trained psychologists can deliver psychosocial treatments that have proven effectiveness.
- Trained professional psychologists can objectively assess cognitive and behavioural functions in older people.
- Despite these factors, psychologists have little current role in aged care.
- More psychologists are being trained for the specialized work with older people through special programs.
- Current evidence suggests that the use of psychologists for dealing with behaviour problems in older people in residential care results in substantial cost savings, notably:
  - a tenfold reduction in hospitalisation.
  - a threefold reduction in drug side effects.
  - halving of the number of visits by general practitioners.
  - a quarter the number of visits by geriatric psychiatrists.
- Evidence from both Australia and North America currently supports increased use of psychologists in the aged care system in general.

### **Current Situation**

Psychologists in Australia currently have a very limited to nonexistent role in aged care facilities (Snowdon, Ames, Chiu, & Wattis, 1995; Snowdon, Vaughan, & Miller, 1995) or with older people in general (Over, 1991), while their presence in other areas of aged care is limited. This situation exists despite the many services that psychologists can and do provide to older people in both the assessment and treatment of disorders in this age group.

Currently, there are some funded roles and positions for psychologists in limited areas of aged care. Some psychologists work with older people in Aged Care Teams. Others work with established memory clinics where individuals with suspected dementia may be properly evaluated. These roles display the specialized training that psychologists have in the objective assessment of cognitive and behavioural functions. There remains a shortage of well-trained psychologists who can complete the neuropsychological evaluations that are critical for the necessary diagnostic work in the pre-clinical stages of dementia.

There currently are also comparatively few properly trained psychologists who work with older people in other areas. Many who start such work feel a lack of appropriate skills and do not remain long in positions for work with older people in rehabilitation or geriatric programs. This is frequently attributed to the lack of proper training for psychological work with older people (e.g., Helmes & Gee, 2003). Two programs have been started specifically to train psychologists for work with older people, the first at Edith Cowan University, which is no longer active, and the second at James Cook University. Other universities have been encouraged to start more training for work with older people, and some of these have begun to develop additional courses to help train psychologists. There is thus a pool of resources in Australia that can provide the training that will orient psychologists to this field and provide them with the skills and confidence to work with older people. However, this pool needs to be expanded (Position Paper, Geropsychologists' Interest Group, Victoria). One example provided from Victoria is the North Western Mental Health Service in Melbourne, which employs 2 psychologists across the Service in the aged care sector, whereas there are 28 psychologists in *one* service for young people.

A further example of how policy change in one area can provide incentives for psychologists in that area is illustrated by the introduction of effective drugs for cholinesterase inhibition and the placing of these drugs on the Pharmaceutical Benefit Scheme (PBS). Such drugs can lead to a substantial increase in the quality of life of an older person with dementia that is caused by Alzheimer's disease, as well as an increase in the length of time in which a person can remain at home in the community. This example illustrates the importance of correct diagnosis, since this class of drugs will work in cases of Alzheimer's disease and very likely in cases of mixed dementia involving Alzheimer's disease, but not other in forms of dementia. The PBS currently mandates the use of the common Mini-Mental State Examination (MMSE), which is known to have significant variations in the procedures for its administration and scoring that affect the end score. Occurrences such as this are less likely with proper training of those who administer such tests. Standard forms of the MMSE exist, and proper training of physicians and others who use this test could reduce error rates substantially. Such training could be provided by experts in the field who are familiar with the standard forms, including geropsychologists, who are well versed in methods of assessment.

### **Improving Psychological Services for Older Adults**

The development of roles for psychologists in the United States has advanced beyond the current situation in Australia and illustrates how service provision for older adults can improve. The American Psychological Association established a Committee on Aging that has helped to promote the various roles that psychologists can adopt for work with older people. The Committee has also helped to advance training in this specialized area of practice, and standards for qualifications for work with older people are widely available (Molinari, et al.,

2003). There are now over 300 psychologists working in aged care facilities, partially funded through changes to the American Medicare program in the late 1980s, which provided the possibility of payment or partial payment for psychological services to older people receiving Medicare benefits. Since that time, there has been a rapid increase in the evidence for the effectiveness of psychological interventions in treating psychological and behavioral disorders in older adults and in the number of psychologists working in aged care.

This experience is immediately relevant to Australia as the Australian Psychological Society heavily promotes the use of such evidence-based approaches in its approved training programs. The American experience also emphasizes that the provision of funding for services is a highly effective method of increasing the number of psychologists who are prepared to provide those specialized services. Therefore the present environment in Australia provides substantial potential for the increased provision of psychological services to older people.

### **Psychological Services for Older Adults**

Services provided by psychologists go beyond the assessment of older people that were mentioned above. There are large numbers of older people with mood and anxiety disorders, both in the community and in aged care facilities, who would benefit from psychological interventions that have been proven to be effective with older people. Residents of aged care facilities and older people in the community could benefit from the increasing number of psychological interventions tailored to help such people that have proven to be effective (see, for example, Gatz, et al., 1998). Psychological disorders are present at much higher rates in residential care facilities than in the community (Rovner et al., 1990). Currently these problems are commonly treated through the use of psychoactive medication, which is expensive, frequently has undesirable side effects, and requires adjustment in order to deal with side effects and the other medical conditions that are often present in frail older people. Psychological interventions can provide lasting benefits and can help older people maintain their independence to the greatest extent. While most such treatments are provided to individuals, the study by Leff et al. (2000) showed that couples therapy was superior to drug treatment for depression in terms of both symptom relief and dropouts from treatment. In addition, costs did not differ. Further, the effective use of these methods can delay the decision to place an older adult in an institution (Mittelman, Ferris, Shulman, Steinberg, & Levin, 1996).

It can be argued that currently older people do not use mental health services at the same rate as younger people. This is not due to age differences in attitudes towards mental health issues (Robb, Haley, Becker, Polivka, & Chwa, 2003) There is evidence that older adults do not, however, receive effective treatment to the same extent as younger populations (Burns, Wagner, Taube, Magaziner, Permutt, & Landerman, 1993). While there is some evidence that depression

may be less frequent among older Australians than at younger ages ((McLennan, 1999), there is widespread evidence that depression in residential care is at much higher levels (Brodsky, et al., 2001).

Psychological services for older adults are also provided for a wide variety of physical disorders. Psychological and behavioral methods have been shown not only to be effective with older adults for conditions such as depression (Scogin & McElreath, 1994, Leff et al., 2000) and anxiety (Koder, D. A., 1998, Weatherell, 2002), but also incontinence (Burgio, 1998) and chronic pain (Cook, 1998). Recommendations for the management of pain in residential care facilities are being prepared by the Australian Pain Society and these include non-pharmacologic treatments ([www.apsoc.org.au/pdfs/Draft1APSRACPMG.pdf](http://www.apsoc.org.au/pdfs/Draft1APSRACPMG.pdf), accessed 9 April 2004). Many chronic physical conditions such as arthritis, heart disease, and obstructive lung disease have important psychological consequences that can interfere with both current medical treatment and impair the quality of life of those with such conditions. Psychological services can be of substantial benefit in these cases as well.

The consequences for a lack of provision of adequate psychological services for older adults can be profound. For example, a recent study in the UK found that 80 per cent of older adults who were suicide completers had received no referral to mental health services, and 15 per cent completed despite being under a psychiatrists' care (Salib & El-Nimr, 2003). In this study, among those who had successfully committed suicide, older males and older adults who were widowed were less likely to be known to mental health services. Similarly, within the framework of the World Health Organization(WHO)/EURO Multicentre Study of Suicidal Behaviour, results showed that older attempters were characterized by a much higher rate of female attempters, hard methods (especially among old male), and higher proportion of depressive and organic disorders. The authors point out that "the recognition and treatment of depression plays a very important role in suicide prevention in the elderly population, and adequate emotional and psychosocial support by family and health care systems seems to be essential" (Osvath, Fekete, & Voeroes, 2002, p. 3).

### **Psychological Services in Residential Care**

Residents of care facilities are often ill or physically frail and many also show signs of one of the many forms of dementia, of which Alzheimer's disease is the most common. Behaviours such as wandering, verbal outbursts, physical aggression, and repetitive behaviors, including calling out and making noise, are frequently associated with dementia and lead to substantial increases in the cost of care, both within institutions and for those living at home. These costs are in the form of damage to facilities, physical injuries to staff and other residents, increased demands upon staff time to deal with such behaviours, time lost from

work and WorkCover claims, and the costs of efforts to provide pharmacological treatment. Such costs are incurred, however, for only a relatively small proportion of residents of care facilities who have psychological disturbances (Burns et al., 1993).

When pharmacological treatment is supplied for behavioural disturbances, the medications used are frequently inappropriate or ineffective (Ramadan, Naughton, & Prior, 2003). Psychological interventions in aged care services are not only effective (Cohen-Mansfield, 2003, Opie, Rosewarne, & O'Connor, 1999), but also demonstrably less costly than conventional forms of treatment. One example of this is provided by the study of psychosocial interventions for disruptive behavior in dementia (Bird, Llewellyn-Jones, Smithers, & Korten, 2002). This study showed the efficacy of behavioral interventions in residential care facilities to deal with disruptive behaviors that were normally treated through the use of psychoactive medication. Over the course of the trial, those in the psychosocial group were hospitalized for a total of nine days compared with a total of 93 days for those who received conventional care, a tenfold reduction. Drug side effects were noted in 12 cases in the psychosocial group, and in 32 cases in the conventional treatment group, a threefold reduction. Visits by general practitioners to deal with behavioral problems were reduced by half, an average of 4.5 visits in the psychosocial group, and 9.4 visits in the conventional treatment group. Visits by consultant psychogeriatricians were also less common, an average of 1.2 visits in the psychosocial group, as against 4.8 visits in the conventional care group.

Costs for these services depend upon the salary rates for the relevant professions. Using standard rates for Medicare payments to medical practitioners, costs for services in the psychosocial program by general practitioners were less than half those of the conventional care group (\$334 vs. \$639). The psychosocial program also had lower costs for medical specialists: it showed one quarter the expense rate for psychogeriatrician visits (\$161 vs. \$651). Current government employee hourly salary rates for psychologists in New South Wales (where the Bird et al. study was conducted) range from \$32-\$39 per hour. Fees charged by private practitioners are in the same range as Medicare rates for initial visits by general practitioners at the low end to the rates for a psychiatrist home visit, approximately \$90 to \$140 per hour.

This cost estimate thus shows that the provision of specialist psychological services can result in lower overall costs of providing care. There is thus substantial potential for significant cost savings to the costs of aged care services in Australia through the inclusion of properly trained psychologists as providers under the Medicare system.

## **Recommendations**

1. Psychologists with relevant experience and training be funded under Medicare for services provided to residents of long term care facilities funded by the Commonwealth. Both the Better Outcomes in Mental Health Care and Medicare Plus programs provide models for such services.
2. More positions for psychologists be funded for Aged Care Assessment Teams in order to improve the accuracy of assessments that are provided by such teams.
3. The Department of Health and Aged Care should establish a review to determine the needs for psychological services to be provided under the Home and Community Care program. The substantial number of cases of emotional and behavioral problems among older people in the community warrants an increase in the provision of effective, non-pharmacological psychological services.

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