

**Supplementary
Submission
No 356a**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Name: Miss Vicki Morrison

Date Received: 15 January 2021

Psychogeriatric Services Lower Mid North Coast and Taree had the best co-ordinated care arrangement of the North Coast.

I arrived in Taree in 2004 to work with the Psychogeriatric Team as part of the Taree Aged Care Assessment Team. I had spent the previous nine years employed in different areas of the North Coast in similar positions. Psychogeriatrics was a new specialty at the time. Resources included a Psychogeriatric Team consisting of three nurses- A Clinical Nurse Consultant and clinical lead, a Registered Nurse and an Enrolled Nurse. There were two Geriatricians as part of the ACAT team and a newly appointed Psychogeriatrician (Psychiatrist of Old Age). The area also had a CADE unit (Confused and Disturbed Elderly) specifically built for the care of people with dementia and difficult behaviours. The treatment plan was devised to manage these difficult behaviours using a supportive environment and medication used as a last resort. The patients, once settled could be then resettled into a Residential Aged Care Facility or returned to the care of family.

The Psychogeriatric service was maintained for a couple of years until Manning Great Lakes became part of Hunter New England Health Service. Since that time Psychogeriatric Services have gradually been dismantled and fragmented to the point now where it hardly functions at all. At the same time the numbers of people being diagnosed has increased in tune with the increasing aged population. The Myall lakes is known to have the oldest aged population in NSW.

The service available now is much more limited in that our fly in, fly out Psychogeriatrician resigned in December 2019 and has yet to be advertised or replaced or even discussed because it is not seen as a high priority.

The elderly population in this area is one of the largest in NSW yet our services for the elderly with Dementia where, Old Age is one of the greatest risk factors is shrinking. Families struggle with caring because appropriate assessments and supports are not enough to adequately provide that help or to refer on to other services. I have seen clients earlier this year who have reached breaking point because they were not able to access support services or even afford education to assist.

The CADE unit was removed from Aged Care and transferred to Mental Health Services and then became known as a T-BASIS unit and initially the staffing increased however as we all had previously seen the staffing levels dropped and in particular the medical coverage was almost non existent. Remember this is a group of clients who have a lot of co morbidities as well as their Dementia and or mental Health diagnoses whose medical status can change rapidly and they are housed in a unit some 12 kilometres from the nearest hospital.

Attempts were made to negotiate with Manning A&E department re a medical assessment and then transfer back to Wingham. The TBASIS staff were met with blocks. It is not known whether there was any attempt to seek improved medical coverage. Management of the Mental Health Services came via Newcastle and the frequent response was that there was no money. The service was eventually closed in spite of providing care for residents of not only the local area but inclusive to the Queensland border and Newcastle as well.

The closure of the TBASIS was done by stealth with negotiations being kept away from staff until the last possible moment when Human Resources swooped and gave staff their marching orders. It was an ugly time for all involved and especially for clients in the area needing an admission to the unit. The staff were assured that any clients requiring an admission would be admitted to a similar unit in Newcastle. There has always been a long wait for Newcastle beds and perhaps the Sixty minutes story on Liz Hayes father might have had a different outcome if we had the services we need here.

Where is the money that funded the Psychogeriatrician Service? Where is the funding from the TBASIS unit? Why do elderly patients in the hospital die?

It is now 2021 and what has changed? The current Psychogeriatric service now consists of a fragmented service of Dementia Support Registered Nurse for 2 days per week and a Clinical Nurse Consultant also 2 days per week. The Psychogeriatrician position is yet to be advertised.

Dementia Australia have reduced services that were available to residents of the Manning Great Lakes. The Memory Run which is run under the banner of Dementia Australia and one of the bigger fund raisers probably won't happen this year. We could blame the virus and uncertainty however I did put my hand up briefly then discovered how little support that was available from Dementia Australia in comparison to Port Macquarie and larger centres. Why are the residents being denied the basic services available to those in larger areas?

I left the Hunter New England Health Service in disgust at the treatment of the Psychogeriatric Service late last year I let my feelings, observations and experiences be known to all relevant managers. Has anything changed for the better? NO. I hear anecdotal stories from the general wards that the staff are struggling to care for sick patients and wandering and confused patients diagnosed with Dementia. Staff are evaluating their employment options and are prepared to leave the area in search of more fulfilling roles.

What will be done?