



*Health of Older People  
in Nelson Tasman 2013–14  
Survey Report*

*Health Action Trust (Nelson) Mental Health Promotion*

*Supporting the mental health and wellbeing of older people, their caregivers and  
whānau within the Nelson Tasman region*

**Suzanne Bateup**  
**Mental Health Promoter**  
**June 2014**

# ***Health of Older People in Nelson Tasman 2013-14 Survey Report***

## ***Health Action Trust (Nelson) Mental Health Promotion***

### ***Background***

Health Action Trust's Mental Health Promotion focus changed in July 2013 to incorporate increased health promotion support for older people, their whānau and caregivers in Nelson Tasman. The decision to conduct this research project was to inform the mental health promotion team of the support and resources currently available for the health of older people (HOP) in the Nelson Tasman region, highlight significant issues, trends and gaps, and lead to collaborative opportunities with agencies and organisations in the region.

The project was coordinated by Suzanne Bateup, Mental Health Promoter at Health Action Trust, in conjunction with Sharyn Croft, a social work student from Nelson Marlborough Institute of Technology (NMIT) on placement at Health Action Trust in 2013, and overseen by Health Action Trust Manager Mary Ellis. Health Action Trust would like to acknowledge the amount of work and energy Sharyn contributed to this project.

### ***Questionnaire Planning & Design***

The questionnaire was designed in consultation with:

- Health Action Trust Manager, and Cultural Supervisor
- Age Concern Manager, and Elder Abuse and Neglect Prevention Service Coordinator
- NMIT Social Work Tutor and Research advisor
- NMDHB and NBPHO via the Health Promotion Alliance Working Group
- NMDHB Health of Older Person Nurse Education Team
- NBPHO Health Promotion Facilitator

A copy of the questionnaire is in the Appendix.

### ***Questionnaire Distribution***

The questionnaire was presented and distributed via following meetings and email networks

- Nelson Tasman Positive Aging Forum
- NMDHB Health of Older People Managers Continuum Network
- Community and Whanau Networks in Nelson, Richmond and Waimea, Motueka and Golden Bay
- Te Tau Ihu Mental Health Promotion Network Group
- NMIT Social Work Placement Coordinator
- Volunteer Nelson's 'Community News and Views' newsletter (distribution to 891 email addresses).

Also, individual distribution directly to some organisations via phone and/or email was prioritised. These included ensuring all main districts in the region were represented, and providers working with people who may be marginalised through cultural exclusion, intellectual disability, poverty, addiction, violence or homelessness were individually invited to participate. This included Māori providers being given the choice to be visited in person to respect cultural values around relationship building and meeting face-to-face.

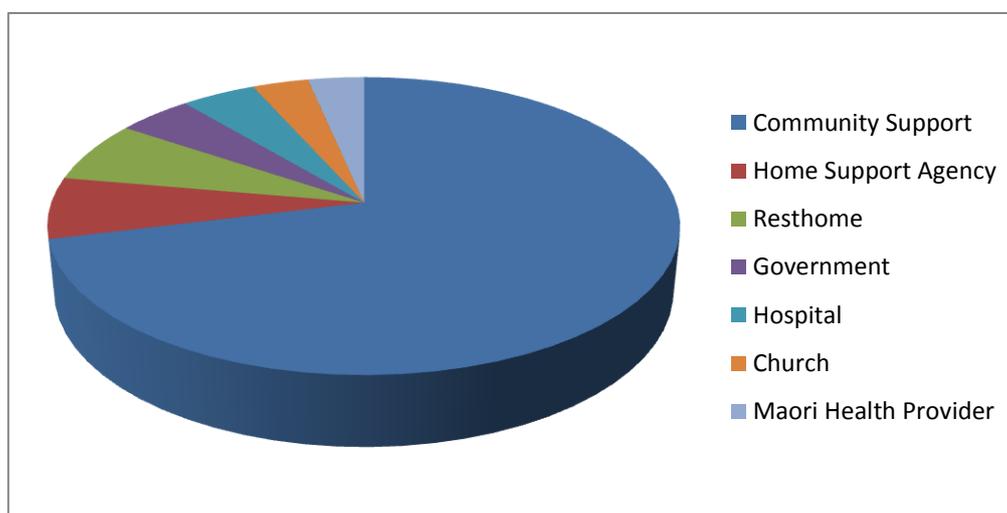
### ***Responses***

At the end of the distribution period (July 2013 to June 2014) a total of 89 questionnaires were received from 75 agencies and organisations in the region, ranging from Murchison to Golden Bay. Some agencies contributed questionnaires for more than one service area or district.

## ***List of Agencies and organisations that completed survey questionnaires***

Access Home Health, Age Concern Nelson, Alexandra Hospital, Alheimers Nelson, Asthma Society, Budget Advice, BUWT Beneficiaries and Unwaged Workers Trust, Citizens Advice Bureau, Compass Peer Support & Advocacy, Damien O'Connor Office (MP), Driving Miss Daisy, Epilepsy New Zealand, Florence Nightingale Agency, Golden Bay Community Workers, Golden Bay Medical Centre, Golden Bay Work Centre Trust, Grandparents Raising Grandchildren, Greypower, Health and Disability Advocacy Service, Healthcare NZ, Hearing Association, Holy Trinity Anglican Church, IDEA Services, Jack Inglis Friendship Hospital, Life Unlimited Hearing Therapy, Lifelinc, Living Legacies, Male Room, Mental Health Support Services, MenzShed Waimea, Ministry of Social Development, Motueka Anglican Parish, Motueka Community House, Motueka Family Service Centre, Motueka Recreation Centre, Murchison Hospital and Health Centre, Naomi Courts Rest Home & Dementia Care, Nayland College Adult Education, Nelson Bays Community Law Service, Nelson Community Food Bank Trust, Nelson Host Lions Club, Nelson Nursing Services, Nelson Women's Centre, New Zealand Red Cross, Night Shelter, NMDHB HOP Educators, Nelson Bays PHO, Otumarama Rest Home, Presbyterian Support, Problem Gambling, Ramazzini, Rotary Club of Nelson, Rural Women Motueka, Salvation Army, SeniorNet, Society of St Vincent De Paul, Sport Tasman, Stoke Seniors, Support Works, Supporting Families in Mental Illness, SVS - Living Safe, Te Āwhina Marae, Te Korowai Trust, Te Whare Mahana Outreach, The Anglican Centre, The Good Companion, The Nelson Tasman Housing Trust, Victory Community Health, Volunteer Nelson, Wakefield Village Rest Home, Whakatū Marae, Women's Refuge, Wood Retirement Village, Woodlands Rest Home & Hospital, Workstar Village Community Trust.

### **Survey respondents were from the following areas**



## ***Results***

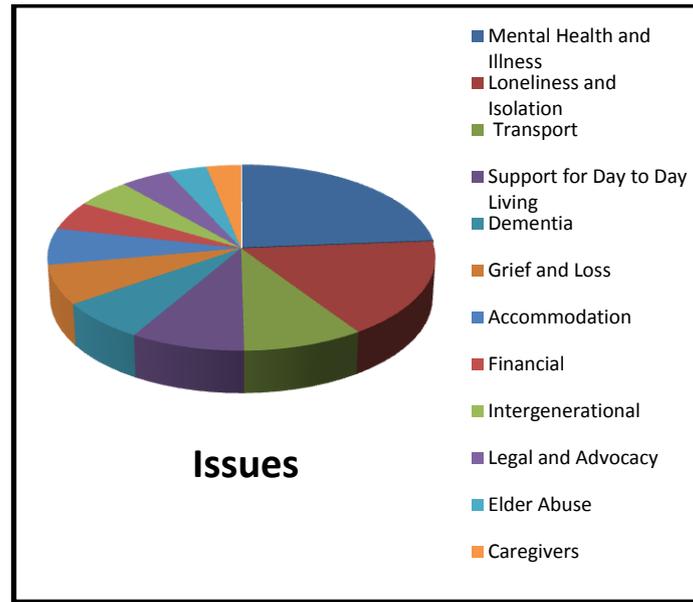
Information from the questionnaires has been summarised and collated into three overall categories: Issues, Trends and Gaps.

This information has been organised according to how many respondents mentioned a topic.

The three areas of information: Issues, Trends and Gaps are covered in detail on the following pages.

# Issues

## That Affect Older People's Mental Health and Wellbeing



219 issues were identified by respondents relating to each of these areas

The following summaries have been organised according to how many respondents identified a topic.

### **Mental Health and Illness: (52)**

The most commonly identified mental health issue was depression which was strongly linked with hopelessness and alcohol abuse. Comments were that older people often don't recognise that they are depressed so may not think that services can alleviate this. The current older generation is very stoic and find it hard to acknowledge that mental health issues are a problem or ask for help. It is especially hard for people who don't have someone they trust to talk to, who will take them seriously. Respondents had concerns for the safety of older people with mental illness who are referred to inappropriate care settings. Services are encountering clients who are supported and treated for general health needs but not mental health needs, and undiagnosed/untreated mental distress.

### **Loneliness and Isolation (37)**

Lack of social support and interaction adds to mental distress and many of this generation feel shame and embarrassment about admitting to being lonely, or any other kind of suffering. Dementia and poor housing contribute to isolation.

### **Transport (20)**

Many footpaths are inadequate for mobility scooters. Lack of appropriate transport, including public transport, increases isolation and is a barrier to accessing services and resources. This is a particular issue in rural areas.

### **Support for Day to Day Living (19)**

Many older people are suffering and not receiving the care that they need. They can feel embarrassed about needing help, often saying they are managing when they are not, so are not accessing available services. People are not receiving well-funded and resourced homecare, so go into rest homes before they are ready. Many are scared to say that they aren't coping as they believe that they will then lose control and independence over their lives. Fear is affecting behaviour, which can present as challenging behaviour. This included fear of new equipment, technology, changes in way society works and of change generally. Older people in refugee and migrant communities are receiving inadequate health support due to language barriers. Rurally, a lack of psychogeriatric services and difficulty accessing relevant services is very challenging.

Other issues: not enough suitable and flexible respite care available; inadequate medication supervision and

education for living well at home; difficulty organising older person's care if there isn't any family available to help with personal items and decisions; self-neglect due to chronic ill health and fatigue; and difficulties accessing appropriate care when ageing with intellectual disability.

### **Dementia (15)**

Difficulty of dealing with memory loss in the home environment is exacerbated by the lack of respite and day care for people with dementia, particularly in rural settings. Hesitancy in diagnosing dementia is very stressful for older people and their families, as is the time between cognitive deterioration and diagnosis. Concern was expressed about overuse of antipsychotic medication for dementia, and the importance of dealing with underlying issues (such as anxiety) using therapy, and talking at stressful times, including 'sun-downer' times.

### **Grief and Loss (15)**

Grief and loss present challenges to mental wellbeing as people age. Precipitators include: loss of identity; not feeling useful or able to contribute as life roles change; family moving away; loss of a spouse who has been a life companion; loss of independence, abilities, memory and friends; and untreated hearing loss resulting in reduced quality of life (50% of over 70 year olds are affected by hearing loss).

### **Accommodation (14)**

Poor housing increases isolation and disconnection, affecting mental health and wellbeing significantly. The high costs of poor housing, cost of heating, and leaky and cold homes contribute to declining health and increased need for General Practitioner visits. Benefits for single people don't cover average rents. Some older people with mental health compulsory treatment orders are homeless. There is a lack of stability in the rental housing market and affordable housing, particularly for single women, is very limited.

### **Financial (11)**

National Superannuation is not meeting increasing costs of living. Poverty is affecting older people's ability to heat homes and buy food, on a regular basis. Cost is a big barrier to social and fitness activities.

### **Intergenerational (11)**

There is a lack of support for grandparents who are raising grandchildren fulltime or caring for grandchildren while parents work. The increase in associated financial costs is difficult for many. Older parents have concerns about the future for their ageing children who have intellectual disabilities. There are difficulties for people from cultures where traditionally elders were respected, whereas now they are treated as a burden and their voices aren't heard. Kaumātua need be given time to talk face-to-face and develop a trust relationship before they can engage comfortably with services.

### **Legal and Advocacy (10)**

Older people feel that their voices aren't being heard. Agencies are concerned that clients and their families are not aware of what is available, or are unable to ask for support when it is needed. There is need for help with legal issues such as neighbourhood disputes, traffic accidents, and selecting agents to act as Enduring Power of Attorney

### **Elder Abuse (8)**

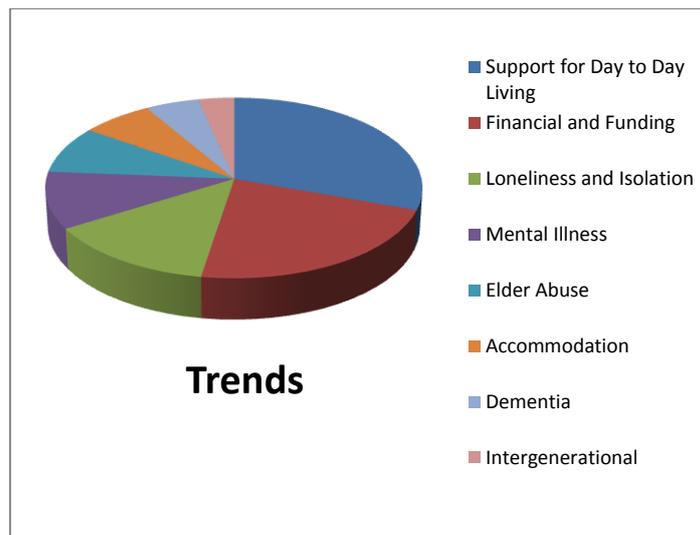
Increased vulnerability of older people can lead to increased anxiety and isolation, creating more opportunities for elder abuse. Discriminatory ageist attitudes also contribute. Often this is hidden or quiet abuse such as small amounts of money disappearing on a regular basis. It can also include: physical and sexual abuse; grandchildren abusing grandparents; family members receiving the caregiver's benefit yet not giving adequate care; taking an older person's medication for their own use or selling it, or keeping the money and not collecting the medication; and homelessness through domestic violence e.g. adult children causing damage to an older person's rental property, resulting in eviction for the older person.

### **Caregivers (7)**

The time leading up to and when a family member goes into full time care is a time of high stress and loss for caregivers and families. The mental health of caregivers was of concern. Many caregivers and families have lowered resilience and are physically and/or mentally unwell due to the demands of the role, especially older caregivers.

# Trends

## That Affect Older People's Mental Health and Wellbeing



**59 trends were identified by respondents relating to each of these areas**

The following summaries have been organised according to how many respondents identified a topic.

### **Support for Day to Day Living (18)**

Increased numbers of older people are living at home and higher levels of frustration and self-neglect are seen. Decreasing levels of agency funding is affecting the flexibility of care and advocacy available. The focus on ageing in place is resulting in a higher level of complex and multiple needs (including ageing intellectually disabled service users) in home support and day-care services that don't fit available services. These are all putting increasing pressure on staff workloads. Maori have a shorter life expectancy, so illnesses of ageing are being seen earlier.

Other trends identified in this area are increases in: inappropriate assessment for the level of care required; need for good home support and follow up from medical services; need for advocacy to assist in accessing appropriate information regarding rights and support; older women seeking counselling; and more older people are participating in supported exercise programmes and seeking volunteering opportunities to support their own or others mental wellbeing, through social contact and feeling a sense of purpose.

### **Financial and Funding (13)**

Support services funding is getting tighter - it is more challenging for older people and their families to get the support that they are entitled to. The increased cost of living, particularly rent, power, doctor's bills and transport is resulting in a high level of financial anxiety and apprehension about food security. Increases in prescription costs for those on multiple medications is challenging, often older people go without medication because they can't afford it. Increasingly, for financial reasons, older people need to keep working beyond 65 years of age.

### **Loneliness and Isolation (8)**

Increased loneliness and isolation from a lack of community participation is impacting on older people's physical and mental health.

### **Mental Illness (6)**

There is an increase in the number of older mental health clients seeking assistance, and increased demand for community care beds. Trends identified are an increase in: alcoholism; depression related to a diagnosis of dementia; older people discussing suicide as an option for their future; and rates of suicide for those over 85 years. On the positive side, day services are helping people lift their depression.

**Elder abuse (5)**

Increased elder abuse is being reported by services, including intimidation and violence to older people and property.

**Accommodation (4)**

Market rents are getting harder for older people on a minimal income to afford, after rent and power there is very little left; people move to cheaper housing which then affects health. There is reduced funding to support ageing people in their own homes so increasing numbers move to rest homes, because they can't afford home support to stay well in their own homes. There are more older women seeking help with housing and income needs.

**Dementia (3)**

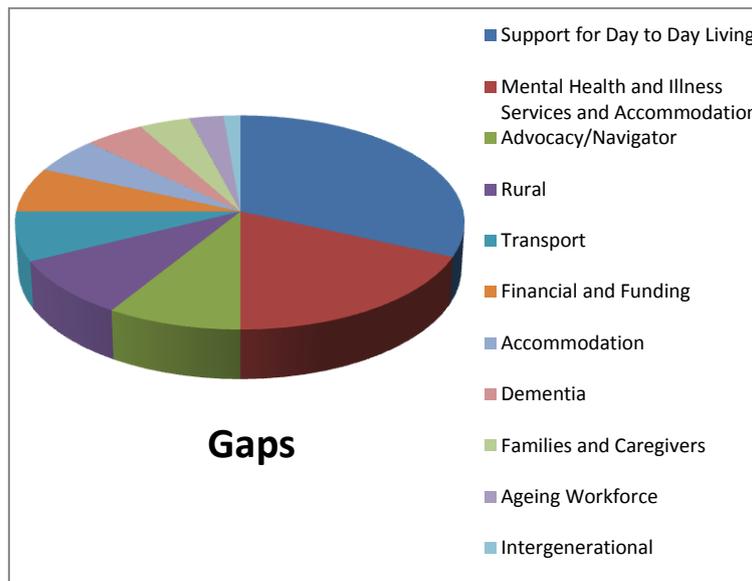
An increased level of dementia and memory loss in people attending day services has been noticed, as well as more young people with dementia seeking help.

**Intergenerational (2)**

There are more grandparents raising grandchildren and needing support for this.

# Gaps

## That Affect Older People's Mental Health and Wellbeing



**148 gaps were identified by respondents relating to each of these areas**

The following summaries have been organised according to how many respondents identified a topic.

### **Support for Day to Day Living (47)**

Community Services: Many older people are not getting the care they need or are entitled to. There is not enough comprehensive support and rehabilitation at home to transition back to health after a significant illness, injury or a hospital discharge. Assessments for homecare need to be comprehensive and not just focus on the issue they were in hospital for. A lack of respite options and day services designed specifically for older people increases isolation and pressure on families.<sup>1</sup> There needs to be better liaison between services, in particular for older people with high needs or co-existing disorders and for people with age-related disabilities who are not eligible for care.

Workforce: There are insufficient staff for supporting older people; they are overworked and need more support and resources, in particular when clients have suicidal ideation.

Maori: There are not enough Māori health care and home support workers. Māori people prefer to work with Māori and kaumātua are cautious in case someone won't understand their wairuatanga.

Other gaps identified were: not enough affordable and appropriate counselling services for older people; not enough timely and accessible out of hour's health care; a reduction of home care hours resulting in unclean homes; hearing issues not being addressed which can lead to communication and behavioural issues; not enough volunteers with time to sit and listen; older people need to engage more in social and physical groups to maintain contact with others and keep their strength and balance for daily function and to maintain physical and mental health; and a lack of early education for older people and their families on prevention, preventative screening and early intervention.

### **Mental Health and Illness Services and Accommodation (27)**

Community Services: Coordination of community care, needs, and service could be managed more effectively. There is a lack of specific services funded to support older people with mental illness in the community, particularly those newly diagnosed with a functional mental disorder. The Older Persons Mental Health Team is small for the population size and caters for people with severe mental illness, as well as

<sup>1</sup> During the timeframe of this questionnaire, Presbyterian Support nationally and locally has initiated 'HomeShare'. HomeShare hosts have a small group of older people at their own homes for the day, who cannot easily access a centre-run day programme. Nelson has established one HomeShare in Brightwater (for those with memory loss or early dementia) with the vision of growing this service.

ageing. Older people presenting with a mild to moderate mental illness as a result are being referred to adult mental health services. Older people with dual diagnosis and behavioural issues are being cared for in the community, which at times is inappropriate.

Accommodation: Current mental health community accommodation services for older people are not as suitable for people with mental health issues as they age and are in need of more secure care settings. There is a particular gap for older people with challenging behaviours due to mental illness, where a dementia unit is not appropriate. Specific respite beds for older people with mental illness are needed, in particular for those with co-existing disorders such as alcohol and other drug addiction, for carer relief. Some older people with mental illness who are under compulsory treatment orders are homeless.

Mental Health: An older person can get good physical care, but not enough attention is given to their mental health needs. It was suggested that primary health services and home care agencies need to have more insight into psychogeriatric health and disability needs, grief and counselling.

Health Literacy: Increased health literacy and discussions about mental health are needed in our communities. Lack of information is challenging and a barrier to accessing services. This older generation find it difficult to talk about their mental health or illness and are concerned about stigma or how they will be perceived.

Maori: There needs to be more awareness by people working with kaumātua that they need time to build a relationship before they will engage with services, and that they prefer not to verbally express the amount of pain or distress they are in, they will show it in other ways.

### **Advocacy/Navigator (13)**

There is not enough funding for advocacy and support for families of older people with a mental illness such as psychosis, anxiety or depression. This results in other services doing this work, even though they are not funded to do it. Older people are not getting all the assistance and support they are eligible for. Older people with disabilities who are seeking help for their families, and families of an older person transitioning to increased home or institutional care, are frustrated by the lack of information and difficulty obtaining it. Significant demand is for a one-stop face-to-face advocacy and general information service for older people and their families to obtain relevant resources and assistance to navigate health rights, financial thresholds, eligibility for subsidies, assessment processes, respite and residential care options etc. At times of huge change and stress it is very hard to find this information out easily and there is a lot of confusion. Respondents also suggested an independent service to overview the different rest home and support options available would be of great help.

### **Rural (13)**

In rural areas there is need for an Aged Community Mental Health Service due to gaps in psychogeriatric care and assessment, including insufficient case workers. Rural support services have to support the mental health needs of older people who are outside their contractual funding criteria because there is no other agency available to do so. In Golden Bay there are no facilities for social connection or activities for those who are in the early stages of dementia, and no secure accommodation for older people with challenging behaviour or dementia - clients are transferred to a facility in Nelson/Tasman, isolating them from their family and support networks.

Other gaps are: insufficient homecare workers willing to travel long rural distances on low pay; a lack of small affordable homes; limited options for rest home care; a need for more social/support groups for older people in rural areas; and accessible and affordable transport options for those who are living at home but no longer able to drive.

### **Transport (11)**

Gaps included: affordable transport for people with difficult mobility (to attend day services and exercise programmes), a lack of funds for fuel for older people take grandchildren to activities, and the need for electrical charging stations for mobility scooters (e.g. in shopping malls).

### **Financial and Funding (10)**

There is a gap between needs and entitlements with government benefits. Insufficient funding was identified for: support for older people with both an intellectual and mental disability; support for older adults with multiple issues; assistance for people at home with shopping and essential outings; and a lack of affordable hearing aids and oral health services for older people.

**Accommodation (8)**

Affordable quality long term housing is hard to find, particularly for single people (especially single women), and there isn't enough small affordable housing in rural areas. There is a lack of government policy to ensure availability of warm, safe, affordable housing for all.

The accommodation issue is expanded in other relevant sections.

**Dementia : (7)**

Gaps in day services and community support for people with memory loss and dementia are identified, with respondents suggesting need for more of a specific focus on enhancing the cognitive functions of older people. Families and friends often don't know who to turn to when a relative or friend has memory problems. There is a lack of dementia facilities in rural areas (expanded in rural section).

**Families and Caregivers (6)**

Not enough support for family and whānau carers was identified, particularly in stressful times such as prior to and at the time of admission to inpatient or full time care. There is a particular gap in support for older men when their spouse dies.

Need for an advocacy and navigation services for families and carers of older people is detailed in the Advocacy/Navigator section.

**Ageing workforce (4)**

Increasingly, older people need to continue working over age 65 but support isn't available for them to do this. Respondents identified gaps in appropriate employment for older people who are unable to continue physical jobs due to ageing, yet are not skilled for other employment. More assistance with transition to retirement is needed. There is not enough support for older people in unpaid work, such as when caring for grandchildren and having other family responsibilities.

**Intergenerational (2)**

There are insufficient intergenerational activities where older people can contribute and feel useful in a way that they don't feel patronised. Kaumātua knowledge is not being utilised, e.g. cooking, gardening and eeling techniques. Once knowledge, genealogy and traditions have been imparted it keeps the kaumātua alive, even after they have gone.

## ***Conclusion***

This questionnaire survey has greatly assisted in providing Health Action Trust information about the support and resources currently available for the health of older people in the Nelson Tasman region, and has highlighted significant issues, trends and gaps for this age group, along with potential collaborative opportunities.

The large number and wide range of questionnaire responses has resulted in a broad picture of the older population in this region, including viewpoints from groups that represent marginalised people. The process of delivering this questionnaire highlighted some significant areas of need, which have already led to collaborative initiatives from the mental health promotion team. Relationships have developed through this work to strengthen links with many regional agencies.

Health Action Trust would like to thank all those agencies and organisations in the region that assisted with this survey. We value their input into supporting the health of older people, their whānau and caregivers in Nelson Tasman region.

We trust that this information will be helpful to you in your work.

For further information please contact:

Suzanne Bateup

Mental Health Promoter

Health Action Trust (Nelson)

[sue@healthaction.org.nz](mailto:sue@healthaction.org.nz)

Tel 03 5482798 ext. 5.

## Appendix



### Health Action Trust Mental Health Promotion Health of Older People in the Nelson Region Questionnaire 2013-14

The focus of Health Action Trust has recently changed to incorporate increased Mental Health Promotion support for older people, their whanāu and caregivers within the Nelson region. In order for us to support the service providers in this sector we are surveying on the needs, resources, and services for this group.

We are distributing this questionnaire during 2013-14 and would appreciate your time in completing it. Please feel free to forward it on through your networks.

#### **Contact Information:**

**By completing this box you are consenting to this contact information to be used publicly for the distribution of information and resources. At the end of this project a summary sheet of general themes will be sent to the email addresses of those who have participated.**

Name of group or organization:

Manager:

Contact person:

Education / Activities coordinator:

Other significant people:

Website:

Email address:

Physical address:

We would appreciate you answering the questions on the next page to assist us to understand your work with older people. This information will remain confidential to Health Action Trust and will be used for the purposes of contributing to supporting the mental health and wellbeing of older people and their caregivers and whanāu within the Nelson region.

Please email or post the questionnaire back in the stamped addressed envelope to Sue Bateup, Mental Health Promotion Team Leader, Health Action Trust, 26 New Street, Nelson. Tel: 03 5482798 ext. 5 Email: sue@healthaction.org.nz

**We would appreciate you answering the following questions to assist Health Action Trust to understand of your work in supporting older people, their whanāu and caregivers.**

1. What percentage of your clients are older people?
  - Pākehā and other, 65years and over.....
  - Māori and Pacific Islander, 55years and over.....

2. Which of the following services do you provide for older people?  
Please check as many as you like and add extra details as appropriate:

*Type of support offered:*

*Please check box below if this support is home-based*

<input type="checkbox"/>	Support group (general, social etc).....	<input type="checkbox"/>
<input type="checkbox"/>	Support group (specific issues e.g. cancer, alzheimer’s etc.).....	<input type="checkbox"/>
<input type="checkbox"/>	Physical activity group (e.g. walking, tai chi).....	<input type="checkbox"/>
<input type="checkbox"/>	Leisure pastimes / hobbies.....	<input type="checkbox"/>
<input type="checkbox"/>	Outings.....	<input type="checkbox"/>
<input type="checkbox"/>	Transport.....	<input type="checkbox"/>
<input type="checkbox"/>	Meals.....	<input type="checkbox"/>
<input type="checkbox"/>	Counselling.....	<input type="checkbox"/>
<input type="checkbox"/>	Visitors.....	<input type="checkbox"/>
<input type="checkbox"/>	Safety.....	<input type="checkbox"/>
<input type="checkbox"/>	Elder abuse.....	<input type="checkbox"/>
<input type="checkbox"/>	Security.....	<input type="checkbox"/>
<input type="checkbox"/>	Education.....	<input type="checkbox"/>
<input type="checkbox"/>	Newsletters.....	<input type="checkbox"/>
<input type="checkbox"/>	Other – please list.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>

3. What support do you offer to the primary caregiver(s) of older people? (e.g. the family and other carers, including paid staff). Examples of support may include training/education or supervision etc.

4. What are main mental health/support needs you see amongst older people?

5. Are you noticing any issues or trends in mental health needs through changes in the demand on your services?

6. What significant needs or gaps for health of older people support do you see in your area, or in the community?