Source	Year	Locality	Ethnicity	Older age groups	Notes
Atlas of Healthcare Variation					
Mental health in primary care	2018	DHB	Māori Pasifika Asian European & other	65-74 75+	Graphics, tables, and commentaries about specific health service use and outcomes. Includes data from PHARMAC for mental health and addiction pharmaceutical dispensing; New Zealand Health Survey (NZHS) findings for satisfaction with health providers among people with long term health problems. Also available by PHOsize in primary health organisation analyses
<u>Opioids</u>	2017	DHB	Māori Pasifika Asian European & other	65-79 80+	Annual pharmaceutical dispensing for opioids excluding methadone and buprenorphine for opioid substitution treatment (PHARMAC)
Polypharmacy in older people	2017	DHB	Māori Pasifika Asian European & other	65-74 75-84 85+	Annual pharmaceutical dispensing for 5 or more long-term medications; and antipsychotics, benzodiazepine and opioids in combination (PHARMAC) Also available by PHO-size in PHO analysis
NZ Health Survey					
Explore indicators	2018/19	National	National only, ethnicity not available by age groups	65-74 75+	Summarises findings from the most recent population-based survey, including relevant information about alcohol use; substance use (cannabis); and mental health
Service use datase	ets				
InterRAI Disease diagnosis	2019/20	DHB	Māori Pasifika Asian Middle Eastern, Latin American, African European Other	65-74 75-84 85+	Clinical assessment data for people living in long term care services like aged residential care; and receiving home-based care services. Contains information about selected mental health diagnoses including bi-polar disorder, depression, schizophrenia Substance use not included
National Minimum Dataset Hospital discharges	2016/17	DHB	Māori Pasifika Other	65-69 70-74 75-79 80-84 85+	Summarises the number of publicly funded hospital discharges from public and private hospital inpatient services with diagnoses and procedures carried out. Relevant mental health and addiction information is contained in ICD10 'F' series
PRIMHD PP6 Service access	2018/19	DHB	Māori Pasifika Other	65+	Summarises the number of people seen by secondary mental health and addiction services by providers and access rates

Other surveys

The New Zealand Health, Work, and Retirement Longitudinal Study. See for example

Towers, A., Sheridan, J., Newcombe, D, & Szabo, A. (2018). <u>The prevalence of hazardous drinking in older New Zealanders</u>. Wellington: Health Promotion Agency

Towers, A., Sheridan, J., Newcombe, D. (2017). <u>The drinking patterns of older New Zealanders: National and international comparisons</u>. Wellington: Health Promotion Agency



Planning for older people's mental wellbeing

Older people (aged 65 and over) are often invisible in discussions about mental health and addiction. This is partly due to limited and fragmented information about their health status and need, and the myth that older people do not have such issues or that these do not matter at this stage of life. In fact, pre-COVID-19 data shows that mental health and addiction challenges are not uncommon.

Supporting older people around mental health and addiction is especially important as we continue our efforts to prevent resurgence of COVID-19. The virus and our response to it has brought considerable stress and disruption to many older people. For example, fear and anxiety triggered by facts or misinformation; increased feelings of hopelessness, loneliness, and isolation; increased incidence of depression, substance use, or gambling; and increased risk of death from suicide or unmet health and social support needs. As the COVID-19 threat reduces, older people may continue to experience increased mental health and addiction issues, and some may develop traumatic stress symptoms.

This factsheet compiles useful, published data about older people with mental health and addiction issues to help inform health and social services supporting and building people's wellbeing. It links these data sources to the Ministry of Health's (2020) *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* and provides specific questions relevant for working with older people.

The data sources provide a range of information useful for understanding older people's:

- satisfaction with health system engagement for mental health and addiction challenges
- specific challenges like depression, anxiety, and hazardous drinking, which relates to patterns
 of alcohol consumption that could cause harm or have social effects for self or others
- prescription rates for relevant medications such as sedatives like benzodiazepines; antidepressants like serotonin and other re-uptake inhibitors (SSRIs) and tricyclics; antipsychotic medications; and opioids like codeine and tramadol
- access to primary healthcare and secondary mental health and addiction services.

Individual people may be included in more than one data source. For example, the Atlas of Healthcare Variation includes data from The Pharmaceutical Management Agency (PHARMAC) collection and the Programme for the Integration of Mental Health Data (PRIMHD).

Recognising and responding appropriately to older people's mental health and addiction challenges is crucial to improving service access. More information on the mental health and addiction needs of older people and workforce development priorities are described here.

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Kia Kaha, Kia Māia, Kia Ora Aotearoa plan outcomes

Useful data about older people

Questions for services

40%

18%

Social and economic foundations

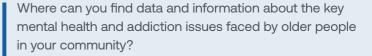
Whānau and communities have the resources and supportive environments on which psychosocial and mental wellbeing is built



Mood or anxiety disorder (diagnosed, lifetime)

Psychological distress (symptoms, past 4 weeks)

Cannabis user (past year)

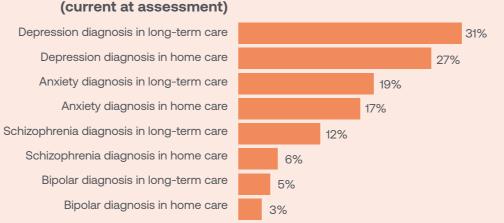


What resources are available to services, older people, and whānau to help understand and respond to signs of mental distress or problematic use of substances like alcohol?

Empower community-led response and recovery

Whānau and communities are supported to respond to mental distress and lead recovery solutions

Self-care, community support interRAI



In your community, which high-risk groups is your service in contact with? For example, people living in residential care settings or receiving healthcare at home.

How can your service activities contribute to enhancing their wellbeing?

Do your staff interacting with older people know how to recognise and respond to common problems like hazardous drinking, depression, or anxiety?

Equip people to look after their own wellbeing

People know how to look after their mental wellbeing and know where to get help if they need it

Primary care access (people with long term mental health conditions)

Their GP or nurse does not always spend enough time with them (past year)

They are not always involved in treatment decisions as much as wanted (past year)

They did not visit a GP because of cost (past year)

18%

How could your service improve its communication and interaction with older people to better meet their needs?

What can your service do to reduce the barriers to older people accessing primary care and other community support?

How can your service help older people to access other supports in the community?

Strengthen primary mental health and addiction support in communities

Whānau and communities have free and easy access to mental wellbeing support services in their communities

Pharmaceutical dispensing

Weak opioid (past year) 16% An SSRI or other re-uptake inhibitor (past year) 11% 8% An SSRI or other re-uptake inhibitor regularly (past year) A benzodiazepine or zopiclone in quarter 11% A benzodiazepine or zopiclone regularly (past year) 8% 9% A tricyclic or related antidepressant (past year) 5% A tricyclic or related antidepressant regularly An antipsychotic, not low dose quetiapine (past year) An antipsychotic regularly 1% A benzodiazepine or zopiclone and an antipsychotic in the same quarter A benzodiazepine or zopiclone and a strong opiod in the same quarter 1%

Does your service understand the possible side-effects of medications for older people like falls, risk to heart health, loss of appetite, or cognitive impairment?

Does your service understand and or explain the risks of combining medications such as opioids or antipsychotics with sedatives?

Does your service understand and explain to people the risks of mixing medications like opioids or sedatives with alcohol?

Ask, is a prescription going to enhance this person's mental and physical wellbeing? What else might help?

Understand what your service can do to help reduce the drug burden and associated risks for older people.

Support specialist services

People with severe distress and addictions and their whānau get high quality and timely mental health and addiction support

Secondary service use

Mental health and addiction service assess (past year) $$\mathbb{Z}$$ Hospital discharges for mental health and addiction problems (past year) $$\mathbb{Z}$$ 0.4%

Understand the pathways for older people in severe distress to access specialist services in your community.

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