



Opening Statement to the Mental health Sub-Committee meeting on 18th April to discuss the life cycle approach to mental health, particularly in the context of older people. Mervyn Taylor. CEO.

Cathaoirleach, Sage Advocacy welcomes this opportunity to make a submission to the Sub-Committee on Mental Health and thanks you and the members for this opportunity.

Sage Advocacy is the National Advocacy Service for Older People. It also supports vulnerable adults and healthcare patients in certain situations where no other service is able to assist. Sage provided information, support and advocacy services to almost 5,000 people in 2022 and our work on behalf of clients is independent of family, service provider or systems interests. Sage Advocacy ensures that a person's voice is heard, that their wishes are taken into account and that they are assisted, in whatever ways necessary, to be involved in decisions that affect them. Our motto is simple: Nothing about you / without you.

In the course of our work we engage with clients and family members who have mental ill health and sometimes considerable mental illness but we do not believe that, as currently structured, skilled and funded we are capable of being the sort of dedicated advocacy service that people with mental health difficulties require. Because of the nature of our work Sage Advocacy sees mental health in older age as less about the provision of clinical services, vitally important though they undoubtedly are, and more about the causes of stress for older people as they face into the challenges of later life. These can include:

- Family members taking possession of their home when they are in hospital. It is not uncommon for Sage Advocacy to have to assist people to regain possession of their own home arising from the actions of avaricious relatives.
- Shoe-horning of older people into nursing homes for a period of convalescence following an illness and then organising funding through the Nursing Home Support Scheme without the clear consent of the older person.
- Deprivation of liberty in places of care arising from the views of health and social care professionals, a shortage of home supports and a bias towards care in congregated settings such as nursing homes.
- Use of 'convenience medication' (chemical restraint) and incontinence wear to ease work pressures associated with shortage of staff and unwillingness to support older people with continence issues in the community and insisting that the care be provided in a congregated care setting.
- Already inadequate health services in the community, including mental health services, not being available to people in older age, especially in congregated care settings, and poor clinical governance in congregated care settings despite strong recommendations by Sage Advocacy and the Expert Group on Nursing Homes which reported in 2020.

A considerable source of stress arises from widespread confusion regarding the status of 'next-of-kin'. 'Next of Kin' simply means someone who you would like contacted in an emergency. Being a 'Next of Kin' provides no legal standing whatsoever despite widespread

belief to the contrary. A Red C public opinion survey in 2018 found that 57% of people believed that 'Next of Kin' was "Someone who can make healthcare decisions about me if I'm unable to". Equally worrying was that 32% believed that 'Next of Kin' was someone who can access my bank accounts and assets if I'm unable to". This issue of 'next-of-kin' is closely tied in with another key issue facing older people; safeguarding.

Sage Advocacy looks forward to the long awaited report of the Law Reform Commission on a legislative framework for adult safeguarding and we strongly urge this Committee to support the establishment of a National Adult Safeguarding Authority; preferably under the Dept of Justice. This would reinforce the point that adult safeguarding is a rights protecting and enhancing practice which needs an inter-disciplinary approach involving social work, healthcare, policing, financial and research skills. An Adult Safeguarding Bill was brought forward in 2017 and, despite having all party support, it has not progressed through the Oireachtas. When the report of the Law Reform Commission is published this Adult safeguarding Bill should be progressed with all necessary speed. In the meantime a simple change to existing coercive control legislation to allow it relate to people in non-intimate relationships would be helpful.

The Expert Group Review on the Mental Health Act in 2015 recommended 'a range of advocacy supports including both peer and representative advocacy as a right for all individuals involved with the mental health services.' The commencement of the Assisted Decision Making (Capacity) Acts on April 26th and the operationalising of the Decision Support Service, planned legislation to protect the liberties of people in places of care and the long awaited report on a legislative framework for adult safeguarding from the Law Reform Commission, will all contribute to a growth in demand for independency advocacy services.

Sage Advocacy asks this Sub-Committee on Mental Health to address this emerging need for independent advocacy and the related need for appropriate structures, funding, training and coordination through the establishment of a National Advocacy Council.

The life cycle approach to the challenges of older age is an important approach which is informed by older people's actual experiences as they move further along the life cycle. A lessening of physical abilities and decision-making capacity associated with older age requires not just the provision of the more easily understood supports and services such as home-help, transport, social clubs, day centres, meals-on-wheels, respite care and congregated care but also investment in supports and services which can assist older people as they experience cognitive decline, avaricious relatives, coercive control, emotional and financial abuse, legal problems and the provision of services in a manner that suits service providers and reproduces institutional approaches.

The interplay between mental health, chronic illness and older age requires that we ask questions about how effective the life cycle approach is and how well it is being implemented. For many older people the support and service options available to them decrease as they grow older. There is still a clear bias within towards care in congregated settings; places in which weak clinical governance and the dangerous architecture of the Nursing Home Support Scheme combine to restrict access to necessary services. In planning for the new Regional Health Authorities it is vitally important that mental health supports and services are planned for across the continuum of publicly funded services including where they are privately run.