The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Health of Older People Strategy Consultation

Submission on behalf of the New Zealand Psychological Society

12 August, 2016

Thank you for the opportunity to comment on this important strategy document on behalf of the New Zealand Psychological Society

About the New Zealand Psychological Society

The New Zealand Psychological Society is the largest professional association for psychologists in New Zealand. It has over 1100 members who apply psychology in a wide range of practical and academic contexts which includes, health, education, young people's services, services for older people, organisations and corrections. Our collective aim is to improve individual and community wellbeing by disseminating and advancing excellence in the practice of psychology.

Comments on Health of Older People Strategy Document 2016

Definition of terms

The strategy document speaks to 'mental wellbeing' and 'wellbeing' in general terms on multiple occasions without defining what wellbeing means and how it could be measured. We believe that is important to define these terms rather than assume a shared understanding. This is particularly important in relation to cultural differences in perceptions of what constitutes wellbeing.

A need for mental health and wellbeing to be a central focus of the strategy

While the document is clearly meant to address issues at a high strategic level for both physical and mental wellbeing its discussion of topics nearly always leans towards examples of how physical processes will be improved. For example, supported discharge and restorative care (pg.18) speaks exclusively to physical wellbeing as does workforce (pg. 19). While 'wellbeing' and resilience' are

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used frequently throughout the document, these constructs are used almost exclusively to refer to physical processes, with mental health and wellbeing appearing to be add-ons to the document rather than being central. While the quote 'there can be no health without mental health' is often seen in such documents, we see that 'health' is primarily equated with physical health. This document, while having a number of positive inclusions towards a more holistic approach to ageing, makes mental health and wellbeing, and the psychological process and research that would help people age successfully in all spheres of their wellbeing, an addition, rather than an equal platform for understanding and finding solutions to challenges that lie ahead. We would like to see mental health and wellbeing issues being given greater prominence in the document.

Attitudes towards ageing

An example of the inclusion of a psychological perspective could be in the linking of positive attitudes towards ageing, which we know, have a significant impact on positive ageing outcomes – physical *and* emotional. While the document speaks to ageism on several occasions and its impact on older people e.g. on pg. 14 it notes how getting older is often perceived as a time of inevitable decline, it fails to attend to individuals' own negative attitudes or the ageist culture that exists in New Zealand society. It alludes to such ageist attitudes when it speaks to 'stigma' and depression and anxiety being seen as quite high in this population, when, in fact, depression and anxiety rates are the same or lower in older adults (pg. 15).

We are pleased to see the following in the strategy document

- Older Māori health is made a priority strategy (pg. 9)
- Prevention is prioritised and linked to social interventions such as reducing social isolation and loneliness (pg. 10)
- Acknowledgment that there needs to be significant workforce development in the sector, including allied staff members (pg.10)
- Acknowledgement of mental wellbeing as an outcome area (pg.14)

Other areas we consider need to be included in the document

- Healthy ageing outcomes focus on addressing the physical, social and environmental risks to healthy ageing but does not include psychological risks (pg. 14)
- The document does not mention mental health in the area of acute and restorative care and leans towards a physical understanding of these concepts.

- The prevalence by certain conditions' relationship to age graph (pg.21) does not have any mental health conditions or dementia included. We consider this essential to include given that these are one of the most pressing concerns for this area of work looking to the future.
- The document needs to acknowledge the broader cultural and social shifts that are going to impact both the workforce and the communities they are working with and equip them for these changes. Examples of these changes include a larger number and more diverse ethnic community, the change in age cohort from post-war to baby boomers and the impact of how this group will 'consume' health messages and use services; along with other minority groups changing relationships with the health and care sectors as they age – LGBTI community being a good example.

Please feel welcome to contact Dr Pamela Hyde, Executive Director at executivedirector@psychology.org.nz if you would like to discuss this submission.

We acknowledge the work of Dr Nigel George, The University of Auckland in the preparation of this submission.

Ngā mihi nui

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