

# AGENDA

Seniors Interests Advisory Committee

## MEETING OF THE SENIORS INTERESTS ADVISORY COMMITTEE

TO BE HELD ON

MEETING DATE



**WEDNESDAY 6 JUNE 2007**

commencing at 9.30am

in Conference Room 3  
JOONDALUP CIVIC CENTRE,  
BOAS AVENUE, JOONDALUP



**GARRY HUNT**

Chief Executive Officer

1 June 2007

[www.joondalup.wa.gov.au](http://www.joondalup.wa.gov.au)



City of  
Joondalup

## CITY OF JOONDALUP

Notice is hereby given that a meeting of the **SENIORS INTERESTS ADVISORY COMMITTEE** will be held in Conference Room 3, Joondalup Civic Centre, Boas Avenue, Joondalup on **Wednesday 6 June 2007** commencing at **9.30am**.

GARRY HUNT  
Chief Executive Officer  
1 June 2007

Joondalup  
Western Australia

### AGENDA

#### Committee Members

|                   |                                     |
|-------------------|-------------------------------------|
| Cr Brian Corr     | Presiding Person                    |
| Cr Richard Currie |                                     |
| Margaret March    | Community Member                    |
| Joy Coleman       | Community Member                    |
| Valerie Corey     | Community Member                    |
| Patricia Geary    | Community Member                    |
| Allyn Bryant      | Association of Independent Retirees |
| Helen Attrill     | Industry Representative             |
| Kevan Rogerson    | Industry Representative             |
| Peter Boam        | Industry Representative             |
| Ms Maria Bunn     | Industry Representative             |
| Ms Lynda Waterman | Industry Representative             |

#### *Terms of Reference*

- *To oversee the strategic coordination of all seniors' issues across Council.*
- *To provide advice to Council to ensure that the concerns of seniors are adequately represented in the City's planning processes and the strategic directions being developed for older people across the City.*

#### DECLARATION OF OPENING

#### APOLOGIES/LEAVE OF ABSENCE

**CONFIRMATION OF MINUTES**

MINUTES OF THE SENIORS INTERESTS ADVISORY COMMITTEE HELD 4 APRIL 2007

**RECOMMENDATION**

That the minutes of the meeting of the Seniors Interests Advisory Committee held on 4 April 2007 be confirmed as a true and correct record.

**ANNOUNCEMENTS BY THE PRESIDING PERSON WITHOUT DISCUSSION**

**DECLARATIONS OF INTEREST**

**IDENTIFICATION OF MATTERS FOR WHICH THE MEETING MAY SIT BEHIND CLOSED DOORS**

**PETITIONS AND DEPUTATIONS**

**REPORTS**

|        |  |         |
|--------|--|---------|
| Item 1 | Development of new Access and Inclusion Plan | Page 4  |
| Item 2 | Depression and ageing: beyond maturity blues | Page 10 |
| Item 3 | Elder abuse – older peoples rights           | Page 14 |
| Item 4 | Living Longer living stronger presentation   | Page 18 |

**MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN**

**REQUESTS FOR REPORTS FOR FUTURE CONSIDERATION**

**CLOSURE**

## **ITEM 1            DEVELOPMENT OF NEW ACCESS AND INCLUSION PLAN**

**WARD:** All

**RESPONSIBLE** Mr Clayton Higham  
**DIRECTOR:** Planning and Community Development

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### **PURPOSE**

To provide the Seniors Interests Advisory Committee (SIAC) with a report on the development of the City's new Access and Inclusion Plan.

### **EXECUTIVE SUMMARY**

This report details the reasons the City is developing a new Access and Inclusion Plan and the timeline for the process to be undertaken.

*It is recommended that the Seniors Interests Advisory Committee:*

- 1        *NOTES the information provided in this report;*
- 2        *CONSIDERS how the Seniors Interests Advisory Committee can best contribute to the provision of "seniors specific" information in the development of the new Plan.*

### **BACKGROUND**

Access and inclusion is about all members of the community having choices and opportunities to fully participate in the community as they determine. Public authorities have a responsibility to ensure that all public services, facilities, activities, events and information are available and accessible for everyone in the community.

The Disability Services Act (1993 amended 2004) requires that public authorities develop and implement a Disability Access and Inclusion Plan (DAIP). The aim of DAIPs is to guide and encourage public authorities to practice inclusion and to provide access to their services, premises, activities, events and facilities for people with disabilities. The legislative requirement and timeline lines up with the City's timeframe and plan to review the current Access and Inclusion Plan 2004 – 2008. This has commenced in order to meet the Disability Services Commission deadline that new DAIPs be lodged by 31 July 2007.

### **DETAILS**

The intent when developing this new plan will be to promote a concept of universal inclusion, that includes people with disabilities, their families, carers and others impacted upon by disability, but that is not exclusively disability focused. The new plan will aim to be more encompassing in terms of inclusiveness and be relevant to, for example, people from Culturally and Linguistically Diverse (CALD) backgrounds,

parents with prams or people who as they age may require specific assistance. The new plan will be called an Access and Inclusion Plan (AIP), to reflect a broader concept of inclusion and in line with the City's current plan.

Under the legislation, when developing new AIPs, local government authorities must aim to achieve six desired outcomes. These outcomes provide a framework for translating the principles and objectives of the WA Disability Services Act into tangible and achievable results. These six outcomes are that people with disabilities:

- Have the same opportunities as other people to access the services of, and any events organised by, a public authority;
- Have the same opportunities as other people to access the buildings and other facilities of a public authority;
- Receive information from a public authority in a format that will enable them to access the information, as readily as other people are able to access it;
- Receive the same level and quality of service from the staff of a public authority;
- Have the same opportunities as other people to make complaints to a public authority;
- Have the same opportunities as other people to participate in any public consultation by a public authority.

Timeline for developing and implementing the new Access and Inclusion Plan (AIP):

| Date            | Action   |
|-----------------|--|
| 31 July 2006    | Current plans submitted to Disability Services Commission (DSC) in accordance with the requirement to do so annually   |
| May – June 2007 | Develop Draft Plan and liaise with DSC on development and progress of plan.  |
| May – June 2007 | <p>Consult widely with a wide range of stakeholders that could include:</p> <p>Community members - people impacted upon by disability and access and inclusion issues i.e. individuals with disabilities, their families / carers / significant others, people from culturally and linguistically diverse backgrounds, support groups, older people;</p> <p>Service providers - government and non-government agencies i.e. local providers and peak government and non- government agencies;</p> <p>Officers from various City of Joondalup units i.e. Libraries, Leisure, Sport and Recreation, Culture and Arts, Customer Service, Marketing, Infrastructure, elected members etc;</p> <p>Advertise and promote through print media (Community Newspapers and the West Australian), posters in a range of venues i.e. all Libraries, Customer Service Centres, Leisure Centres, Community Transport, Community Facilities etc that the City is developing a new</p> |

|                  |   |
|------------------|---|
|                  | <p>plan and invite input from “the community;”</p> <p>Focus groups to be considered to further facilitate consultation and community participation;</p> <p>Companion Card program to be considered for integration into Plan.</p> <p>The Companion Card is credit-card size with high-security features issued to people with a permanent significant disability, requiring attendant care support to assist them to participate in activities in the community. Cardholders undergo a rigorous eligibility process. The card has photographic identification and is presented at an affiliate venue or activity when booking or purchasing a ticket. Affiliated businesses and organisations issue the cardholder with a second ticket or admission for their companion at no charge.</p> <p>Provision of the admission ticket at no cost does not mean that affiliated businesses and organisations need to extend free membership to a person’s companion; rather it covers their admission to a particular activity or venue.</p> |
| 17 July          | Draft Plan to go to Council for endorsement   |
| 31 July 2007     | Finalised new AIP which includes the six outcomes to be lodged with DSC   |
| August 2007      | Active implementation by the City of the Plan to commence across all directorates.  |
| 31 July annually | <p>Progress report to be lodged with DSC, template provided in Resource Manual</p> <p>To be reported on publicly by public authorities i.e. published in Annual reports</p>   |

### **Link to Strategic Plan:**

The Access and Inclusion Plan is linked to the Strategic Plan through the following:

Community Wellbeing

#### Outcome:

The City of Joondalup provides social opportunities that meet community needs

#### Objective

To continue to provide services that meet changing needs of a diverse and growing community

Strategy 1.3.2:

Provide quality of life opportunities for all community members

Strategy 1.3.3:

Provide support, information and resources

City Development

Outcome:

The City of Joondalup recognises the changing demographic needs of the community

Objective 3.3

To continue to meet changing demographic needs

Strategy 3.3.2:

Integrate plans to support community and business development

Organisational Development

Outcome:

The City of Joondalup is an interactive community

Objective 4.3

To ensure the City responds to and communicates with the community

Strategy 4.3.1:

Provide effective and clear community consultation

Objective 4.3.2

Provide accessible community information

**Legislation – Statutory Provisions:**

The WA Disability Services Act (1993 amended 2004) requires state and local government authorities to develop and implement Disability or Access and Inclusion Plans. It is required that actions taken by the City are reported publicly on an annual basis.

Other relevant Acts are:

- Western Australian Equal Opportunity Act (1994);
- Commonwealth Disability Discrimination Act (1992).

**Risk Management considerations:**

The Disability Services Act (1993 amended 2004) requires that public authorities develop and implement a Disability Access and Inclusion Plan (DAIP), which includes six identified outcomes.

Not adhering to relevant legislative requirements could present risks for the City resulting from action by Disability Services Commission and other authorities, as well as from community members who may be disadvantaged by not being included in opportunities to access the City's services, activities, events, programs and information.

**Financial/Budget Implications:**

There is \$1650.00 allocated in the 2006/07 budget for advertising for community consultation for the Access and Inclusion Plan.

**Policy implications:**

Not Applicable

**Regional Significance:**

The Plan is underpinned by state and commonwealth legislation and whilst there are unique opportunities to develop a new plan that promotes the concept of access and inclusion within the City of Joondalup, any new plan will contain the six legislatively required outcomes which will be developed and implemented across the region and the state.

**Sustainability implications:**

Not applicable

**Consultation:**

Extensive consultation will take place throughout the process of developing the new Access and Inclusion Plan.

**COMMENT**

The development of a new Access and Inclusion Plan provides an opportunity to deliver and implement a contemporary Plan that reflects and acknowledges current universal disability, access and inclusion issues and concepts, relevant for the diverse community that makes up the City of Joondalup.

**ATTACHMENTS**

Not Applicable

**VOTING REQUIREMENTS**

Simple Majority



**RECOMMENDATION**

**That the Seniors Interests Advisory Committee:**

- 1 NOTES the information provided in this report;**
- 2 CONSIDERS how the Seniors Interests Advisory Committee can best contribute to the provision of “seniors specific” information in the development of the new Access and Inclusion Plan.**

## **ITEM 2                    DEPRESSION AND AGEING: BEYOND MATURITY BLUES PROGRAM**

**WARD:**                    All

**RESPONSIBLE**    Mr Clayton Higham  
**DIRECTOR:**        Planning and Community Development

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### **PURPOSE**

To inform the Seniors Interests Advisory Committee (SIAC) about the issue of depression and ageing, and the recent launch of the “beyond maturity blues” program.

### **EXECUTIVE SUMMARY**

This report focuses on the issue of depression and ageing, specifically informing the SIAC of current information and initiatives being implemented to raise awareness of the issue.

*It is recommended that the Seniors Interests Advisory Committee:*

- 1        *NOTES the information provided in this report;*
- 2        *CONSIDERS the issue of ageing, depression, mental health and wellbeing within the context of the review of the current Seniors Plan and an ageing population.*

### **BACKGROUND**

The important issue of depression and ageing has been well researched and documented over the years in this state, country and worldwide. On a state level, the Office of Seniors Interest and Volunteering (OSIV) has undertaken research and produced various publications. Australia-wide, a range of government and non-government research and initiatives, including Beyondblue: the national depression initiative, have documented ageing and mental health issues. The World Health Organisation (WHO) has also extensively researched and produced publications. As mental health issues in general become more commonly raised, discussed, understood and gradually less stigmatised, so does the issue of ageing and depression and the opportunities to raise awareness in the local community.

### **DETAILS**

Approximately one million adults in Australia live with depression each year. Estimates are that one in five or 20% of the population will experience depression during their life. The figure is believed to be higher for people living in aged care facilities; 30% of residents in low care and 51% of residents in high care. Depression is one of the most common mental health issues for older people.

Growing older or age itself is not a risk factor for depression. Factors that may impact upon an older person and create the risk of developing depression may include:

- Stressful life events such as loss and grief, retirement, employment, financial issues, status, changes in living arrangements;
- Deteriorating health, chronic medical conditions, side effects of some medications;
- Loss of independence and mobility for self or significant other/partner and caring responsibilities;
- Isolation which could be caused by loss or change of family, social, friendship relationships and networks;
- Previous history or predisposition to depression for self or others.

Beyondblue is a national, independent, not-for-profit, bipartisan, federal and state initiative that works to address issues associated with depression, anxiety and related substance-use disorders in Australia, and aims to:

- Raise community awareness about depression;
- Reduce stigma associated with the illness.

The Council of the Ageing (WA) [COTA (WA)] in partnership with Beyondblue, recently launched the “beyond maturity blues” Peer Education program in Western Australia. After being developed, piloted and evaluated by the Council on the Ageing (SA) in partnership with Beyondblue, “beyond maturity blues” Peer Education program is now being rolled out nationally through COTAs in each state.

The key messages that this program aims to deliver are that:

- Depression is a health problem, not a weakness;
- Depression is a treatable condition;
- Depression is not a usual or normal part of ageing;
- Information and support is available.

Research indicates that many older people are less likely to be well informed about depression, less likely to consider it as a health issue or disability, less likely to seek treatment than other age groups and value peer education.

### **Link to Strategic Plan:**

This report is linked through the Seniors Plan to the City's Strategic Plan –

Community Wellbeing

### Outcome:

The City of Joondalup is recognised globally as a community that values and facilitates Lifelong Learning

### Objective 1.1:

To develop, provide and promote a diverse range of lifelong learning opportunities

Strategy 1.1.3:

Support whole-of-life learning and creation of knowledge opportunities

Outcome:

The City of Joondalup provides social opportunities that meet community needs

Objective 1.3:

To continue to provide services that meet changing needs of a diverse and growing community

Strategy1.3.2:

Provide quality-of-life opportunities for all community members

Strategy 1.3.3:

Provide support, information and resources

**Legislation – Statutory Provisions:**

Not Applicable

**Risk Management considerations:**

Not Applicable

**Financial/Budget Implications:**

Not Applicable

**Policy implications:**

Not Applicable

**Regional Significance:**

The issue of depression and ageing knows no boundaries and will impact upon the population of all regions throughout the nation.

**Sustainability implications:**

Not Applicable

**Consultation:**

Not Applicable

**COMMENT**

An ageing population will ensure that the issue of depression and ageing continues to be “on the agenda”. Being informed of the issue as well as contemporary research

and programs is crucial for all local, state and federal authorities as they develop future strategic plans.

### **ATTACHMENTS**

Attachment 1            Depression is not a normal part of Ageing  
Attachment 2            Staying Mentally Healthy

### **VOTING REQUIREMENTS**

Simple Majority

### **RECOMMENDATION**

**That the Seniors Interests Advisory Committee:**

- 1        NOTES the information provided in this report;**
- 2        CONSIDERS the issue of ageing, depression, mental health and wellbeing within the context of the review of the current Seniors Plan and an ageing population.**

## **ITEM 3 ELDER ABUSE - OLDER PEOPLE'S RIGHTS**

**WARD:** All

**RESPONSIBLE DIRECTOR:** Mr Clayton Higham  
Planning and Community Development

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### **PURPOSE**

To provide the Seniors Interests Advisory Committee (SIAC) with information about Elder Abuse, Older People's Rights and the proposed Rights Centre for Older People.

### **EXECUTIVE SUMMARY**

This report provides the SIAC with up-to-date information on Elder Abuse, Older People's Rights and the progress of the proposed Rights Centre for Older People.

*It is recommended that the Seniors Interests Advisory Committee:*

- 1 *NOTES the information provided in this report;*
- 2 *CONSIDERS how the Seniors Interests Advisory Committee can best integrate Elder Abuse Protocols within the review of the current Seniors Plan and the development of the new plan.*

### **BACKGROUND**

The Council of the Ageing (WA) commenced the development of Elder abuse protocols in 1997. Since that time the issue has gained momentum, with community awareness continuing to grow. In recent years, the Alliance for the Prevention of Elder Abuse WA (APEA: WA) was formed. The APEA: WA is facilitated through the Department of Health. Membership comprises heads of State Government Departments including the Department of Health, Disability Services Commission, Legal Aid WA, Office for Seniors Interests and Volunteering, WA Police and The Public Advocate.

In 2006 APEA: WA developed and published Elder Abuse Protocol: Guidelines in Action. The establishment of a Rights Centre for Older People is the next stage of the process. The Western Australian government recently announced that it would establish a Rights Centre for Older People. The tender process for organisations to submit proposals to develop this service closed at the end of November 2006. The new service will target disadvantaged people aged over sixty years who are experiencing elder abuse.

### **DETAILS**

Elder abuse is a human rights issue, embedded in a belief of the dignity and rights of all people of all ages, nationalities, cultures, gender, religion, sexuality or abilities. In Australia, it is commonly accepted that all people have rights that include an adequate standard of living, access to health and safety, to freely express

themselves, to live without threat, harassment or humiliation as they so determine. Any abuse of our rights is a social justice issue.

Elder abuse is widely accepted as being any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends. Elder abuse can include:

- Material or financial abuse;
- Psychological abuse;
- Physical abuse;
- Sexual abuse;
- Social abuse;
- Neglect.

Similar to family and domestic violence, it is believed that elder abuse is significantly underreported. Difficulty in gaining information about the extent of elder abuse therefore impacts on the ability of authorities to estimate how many people experience the abuse. Various Australian studies have determined that between 1% to 5% of the seniors population have experienced abuse. Office of Seniors Interests and Volunteering (OSIV) research shows that three out of five people who abuse older people are their adult children or their partner. The research also shows that the most common form of abuse is financial abuse and that people aged over 75 years are the most vulnerable.

The City has responded to elder abuse since recognising the importance of including the issue in its Community and Health Services Plan within the then Aged and Disability Services Business Plan. In 1999 the City formed a Network with service providers in the region to address the issue of elder abuse. The Prevention of Elder Abuse Network remains with the City and the Network meets quarterly. It provides a forum that enables service providers opportunities to share knowledge, information and to raise awareness of elder abuse.

In order to progress the growing awareness and acceptance of this important issue, on World Elder Abuse Awareness Day 15 June 2007, the Minister for Seniors will announce the agency that successfully tendered to develop and provide the new Rights Centre for Older People service.

#### **Link to Strategic Plan:**

This report is linked through the Seniors Plan to the City's Strategic Plan –

Community Wellbeing

#### Outcome:

The City of Joondalup is recognised globally as a community that values and facilitates Lifelong Learning

#### Objective 1.1:

To develop, provide and promote a diverse range of lifelong learning opportunities

Strategy 1.1.3:

Support whole-of-life learning and creation of knowledge opportunities

Outcome:

The City of Joondalup provides social opportunities that meet community needs

Objective 1.3:

To continue to provide services that meet changing needs of a diverse and growing community

Strategy 1.3.2:

Provide quality-of-life opportunities for all community members

Strategy 1.3.3:

Provide support, information and resources

**Legislation – Statutory Provisions:**

Not Applicable

**Risk Management considerations:**

Not Applicable

**Financial/Budget Implications:**

Not Applicable

**Policy implications:**

Not Applicable

**Regional Significance:**

Elder abuse impacts on all communities regardless of varying demographics. The City's long involvement with elder abuse places it in a unique position regionally.

**Sustainability implications:**

Not Applicable

**Consultation:**

Not Applicable

**COMMENT**

Elder abuse remains an important societal issue in a local, state, national and global context. The City is well placed to continue its unique involvement through the Prevention of Elder Abuse Network and the opportunity to embed Elder Abuse



Protocols within the new Seniors Plan, which will be developed from the review of the current plan. Additionally, because of sound established networks with existing elder abuse services and OSIV, the City is strategically placed to form an immediate working partnership with the new Rights Centre for Older People when that service is established. This can only be of benefit for community members of the City of Joondalup.

## **ATTACHMENTS**

Attachment 1            Older People's Rights Pamphlet

## **VOTING REQUIREMENTS**

Simple Majority

## **RECOMMENDATION**

**That the Seniors Interests Advisory Committee:**

- 1        NOTES the information provided in this report;**
- 2        CONSIDERS how the Seniors Interests Advisory Committee can best integrate Elder Abuse Protocols within the review of the current Seniors Plan and the development of the new plan.**

## **ITEM 4                    PRESENTATION – LIVING LONGER LIVING STRONGER PROGRAM**

**WARD:**                    All

**RESPONSIBLE**    Mr Clayton Higham  
**DIRECTOR:**        Planning and Community Development

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Claire Martin, Program Coordinator Craigie Leisure Centre will attend this Seniors Interests Advisory Committee meeting to provide members with information about the Living Longer Living Stronger Program.

Living Longer Living Stronger (LLLS) is a program which seeks to maximise opportunities for older people to engage in affordable, high quality, results oriented, strength training programs over the long term. The concept has been developed and tested in Victoria since 1999 and Western Australia since 2004. LLLS primarily uses the down times of health, fitness and leisure centres to provide a low cost intervention strategy aimed at the over fifties aged group.

Council on the Ageing (WA) Inc oversees the program in Western Australia. Organisations are able to obtain endorsement to deliver the LLLS program at their facilities.

LLLS is currently only delivered at one venue in the City of Joondalup, this is at Joondalup Rehabilitation Health and Exercise Clinic at ECU.



**APPENDICES FOR AGENDA OF  
SENIORS INTERESTS ADVISORY COMMITTEE**

| ITEM   | TITLE  | APPENDIX | PAGE |
|--------|--|----------|------|
| Item 2 | <b>Depression And Ageing: Beyond Maturity Blues Program</b><br>Attachment 1 Depression is not a normal part of Ageing<br>Attachment 2 Staying Mentally Healthy | 1        | 1    |
| Item 3 | <b>Elder Abuse – Older Peoples Rights</b><br>Attachment 1 Older Peoples Rights Pamphlet  | 2        |      |

WAYS TO HELP AN OLDER PERSON WHO IS FEELING DOWN

# staying mentally healthy

TOPIC SHEET NO. 7 – in the series 'Western Australia's Seniors'

October 2005



## Depression is not a normal part of ageing.

It is normal for a person to sometimes feel sad or 'out of sorts' particularly if they've suffered a loss or had a painful experience. These feelings usually pass or lessen over time.

However when these feelings of sadness persist and are coupled with other behaviours that significantly affect a person's ability to cope with everyday activities it is time to get some qualified help.

'As a group, older people don't readily talk about their feelings – they get on with life, they're resilient. It can help if they open up. Talk to them about how they're feeling and just listen.'<sup>1</sup>

<sup>1</sup> Mary Dullaghan, coordinator, Hollywood Hospital's 'Bridges to Recovery' program

## What is depression?

Depression is not just a low mood. Depression is an illness that affects physical and mental health.

An older person may be depressed if they have prolonged feelings of sadness and/or have lost interest and pleasure in their usual activities. Other symptoms may include changes in behaviour (e.g. change of appetite, moodiness or irritability), thoughts (feelings of worthlessness, loss of self-esteem) and physical symptoms (e.g. sleep disturbances).

Depressive symptoms in older people are common but are largely unrecognised by many health professionals, carers, family members and friends who often see these symptoms as a natural consequence of ageing.

Around one million Australian adults live with depression each year. On average one in five people will experience depression in their lives (one in four women and one in six men). In aged-care facilities as many as 51 per cent of high care and 30 per cent of low care residents are depressed.<sup>2</sup>

Age itself is not a risk factor. Factors that may increase an older person's risk of depression include:

- Chronic medical conditions, deteriorating health, side effects of some medication
- Stressful life events such as bereavement, retirement, changes in living arrangements

- Losses such as independence, work and income, mobility, physical capacity and mental ability, key social support systems
- Social and cultural issues such as lack of income, living conditions, family and caring responsibilities, gender and sexual preference, social isolation
- Prior history of depression in themselves or their family.

## Depression is treatable

Early detection and treatment may help keep depression from becoming severe. So if someone you know needs help talk to your GP or another health professional about getting the RIGHT help.

Different types of depression require different types of treatment. This may include physical exercise for preventing and treating mild depression, or psychological treatment and medications for more severe depression. Along with community supports, these are the most effective treatments for depression in later life.

Depression must be recognised in order to be treated, and the key to successful treatment is an appropriate assessment. Carers (personal and professional) are an invaluable source of information about personality, behaviour or cognitive changes, and should be included in discussions where possible.

<sup>2</sup> The final report of the Challenge Depression Project Report to the Department of Health and Ageing by The Hammond Care Group March 2004

## Treatments for depression

### Mild depression

- Research shows that physical activity is one of the best ways of combating mild depression. Physical activity has other important health benefits such as improving balance and strength and reducing risk of falls, increasing cardiovascular fitness and independence which in turn leads to a better quality of life.<sup>3</sup>

### Moderate to severe depression

- Psychological treatments look at issues that particularly affect people with depression.

- Therapy can be used to correct negative ways of thinking and to improve relationships.
- Medication: People who are depressed often feel physically unwell, with resulting sleep and appetite changes. Antidepressant drug treatments relieve the physical symptoms of depression, and can be very helpful. It is important that any current prescribed or over the counter medication is also reviewed. Medication can take 7 to 21 days to work effectively. Medication should not be abruptly ceased or changed without consultation from the treating doctor.

## How can you help?

- Encourage the person you are concerned about to go to a doctor or health professional and to have ongoing regular medical checkups.
- Offer practical support by assisting them to make appointments such as providing transport for them.
- Provide opportunities for social interaction and help them maintain these contacts.
- Be there for the person; actively listen and interact with them.
- Seek support from caring friends, family and community organisations to promote activity and daily structure.
- Promote a positive mental attitude by helping them make plans, achieve goals or maintain their care plan which will reinforce positive actions, habits and responses.
- Be accepting of their personality traits and habits while reinforcing positive attitudes and behaviours
- Reinforce healthy living through physical activity, balanced diet, and community involvement.
- Be informed! Learn about depression, symptoms, treatments and supports available. Information is available on the internet at [www.beyondblue.org.au](http://www.beyondblue.org.au) or on 1300 13 11 14.
- Encourage the person to take any prescribed anti-depressant medication as directed. If they complain of side effects from the medication, encourage them to discuss these with their doctor. Medication should not be abruptly ceased.

<sup>3</sup> Commonwealth Department of Health and Aged Care (2000). Draft: Getting Australia Active: Best Practice for the promotion of physical activity. Australia.

## Useful contacts

### **Local general practitioner**

– listed in the Yellow Pages Telephone Directory under Medical Practitioners

### **EMERGENCIES – ALL HOURS**

#### **Psychiatric Emergency**

##### **Team:**

(Metro)

Freecall: 1300 555 788

(Rural callers)

Freecall: 1800 552 002

(Calls during normal business hours Monday to Friday will be referred to the local Mental Health Service)

**Crisis Care:** 9223 1111  
or Freecall 1800 199 008

#### **The Samaritans:**

9381 5555

or Freecall 1800 198 313

**Lifeline:** 131 114

#### **Translating and interpreting service:**

13 14 50

### **Referral, information and counselling**

#### **ARAFMI Mental Health Carers and Friends Association**

Phone: 9228 0577

Freecall: 1800 811 747

[www.arafmi.asn.au](http://www.arafmi.asn.au)

#### **Carers Association of WA**

Peak body for carers in WA

Phone: 9444 5922

Carer Resource Centre:

Freecall: 1800 242 636

Carers Counselling Line:  
24 hour service

Phone: 1800 007 332

[www.carerswa.asn.au](http://www.carerswa.asn.au)

#### **Department of Health**

The Department of Health is responsible for providing many health services, including public hospitals, mental health and child health services. Many of these are provided free of charge.

Phone: 9480 4960 – after hours emergency only

Phone: 9222 4222 – general enquiries

TTY: 1800 067 211

Freecall: 1800 022 222 – Health Direct

TTY: 1800 022 226

[www.health.wa.gov.au](http://www.health.wa.gov.au)

#### **Office of Mental Health**

Provides contact details for local providers and information about interstate referrals.

Phone: 9222 4099

[www.mental.health.wa.gov.au/one/healthservices.asp](http://www.mental.health.wa.gov.au/one/healthservices.asp)

#### **Derbarl Yerrigan Health Service**

East Perth

156 Wittenoom Street

Phone: 9421 3888

Bayswater 340 Guildford Road

Phone: 9370 1044

Mirrabooka

22 Chesterfield Road

Phone: 9344 0444

Maddington 4 Binley Place

Phone: 9452 5333

#### **ISHAR Multicultural Centre for Women's Health**

ISHAR provides a safe and culturally appropriate environment for women to access information about health issues and services.

Hours 9.00am – 4.00pm

Monday to Friday

Phone: 9345 5335

[www.ishar.org.au](http://www.ishar.org.au)

### Ministerial Council for Suicide Prevention

[www.mcsp.org.au](http://www.mcsp.org.au)  
 The MCSP web site [www.mcsp.org.au](http://www.mcsp.org.au) contains information about the Council, suicidal behaviour and self harm. The State Gatekeeper Training Calendar, current research, key resources, and details on current state and national projects are available on this site. Links to other suicide prevention websites and counselling services are also provided. The website now provides access to ASPIRE an online library of over 3, 000 research papers and resources. *MCSP is not able to provide clinical advice or services.*

### beyondblue: the national depression initiative

beyondblue aims to reduce depression through:

- increasing community awareness and understanding of depression;
- prevention programs and research; and

- training and workforce support.

Fact sheets on a range of depression related topics can be downloaded from the beyondblue website:

[www.beyondblue.org.au](http://www.beyondblue.org.au) or email:

[bb@beyondblue.org.au](mailto:bb@beyondblue.org.au) or phone 1300 13 11 14.

*beyondblue is not able to provide clinical advice or services.*

### Depression Net

Online information, help and support for people with depression, their family and friends

[www.depressionnet.com.au](http://www.depressionnet.com.au)

### Blue Pages

This online resource provides information about depression for consumers. It is produced by the Centre for Mental Health Research (CMHR) at the Australian National University (ANU) and CSIRO Mathematical & Information Sciences (CMIS) with the assistance of an Advisory Board, 110 Ltd and feedback from consumers and health professionals.

[www.bluepages.anu.edu.au](http://www.bluepages.anu.edu.au)

### Mentally Healthy WA Campaign

Communities in Albany, Esperance, Geraldton, Karratha, Kalgoorlie, and Northam can find out more about events, activities and programs to promote positive mental health and community cohesion from the website:

[www.mentallyhealthywa.org.au](http://www.mentallyhealthywa.org.au) or look for activities with the 'Act-Belong-Commit' logo.

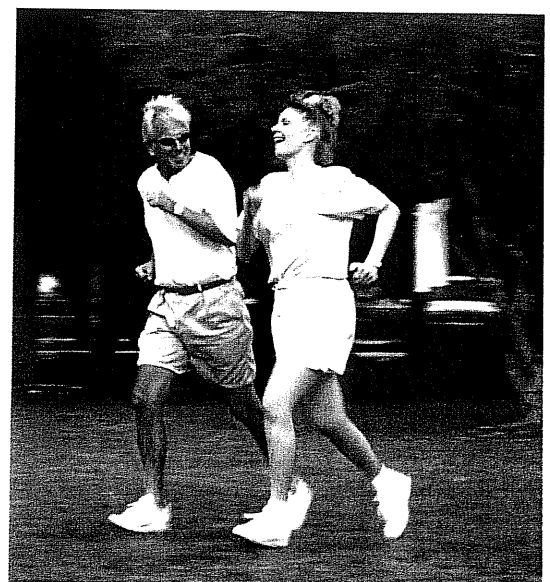
### Seniors Telephone Information Service

Operates Monday to Friday

between 9am and 3pm

Phone: 6217 8855

Freecall: 1800 671 233





## Social/other

### Seniors Recreation Council

Monday to Friday

8am to 1pm

Phone 9492 9773

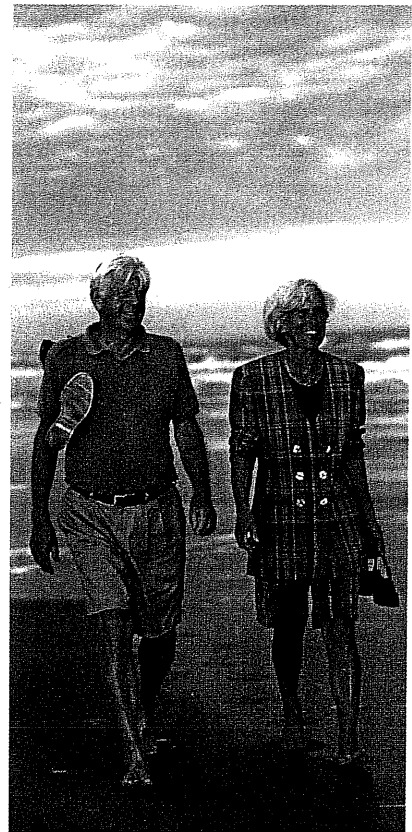
Ask for a copy of the directory of sport and recreation services for adults in WA, *Add Life to Your Years*, or download it from their website at:  
[www.srcwa.asn.au](http://www.srcwa.asn.au)

### Walk There Today to Find Thirty

For walking groups in your local area visit the Department for Planning and Infrastructure web page:  
[www.dpi.wa.gov.au/walking](http://www.dpi.wa.gov.au/walking)

### Stay on Your Feet program

For brochures, booklets or more information visit the website:  
[www.stayonyourfeet.com.au](http://www.stayonyourfeet.com.au)  
or phone the Injury Control Council of WA  
on 9420 7212



*Additional copies of this topic sheet can be downloaded from the Office for Seniors Interests and Volunteering website [www.community.wa.gov.au/Communities/seniors](http://www.community.wa.gov.au/Communities/seniors)*

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Office for  
Seniors Interests and Volunteering



Dumas House  
Level 7, 2 Havelock Street  
West Perth WA 6005  
Telephone (08) 6217 8500  
Fax (08) 9481 3886

Depression is not a normal part of Ageing

## Where to go for help for depression in Western Australia

### USEFUL CONTACTS:

If you need help for depression, your Doctor (General Practitioner) is a good first contact.

### For Further Information and referral

*beyondblue*: the national depression initiative  
Information & Referral Line 1300 22 4636  
website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

Seniors Telephone Information Line  
6217 8855 (9am - 3pm Mon to Fri) or  
Rural Freecall 1800 671 233

### For Telephone Counselling

Carers Association of WA Counselling line  
1800 007 332 (24 hour service)

Lifeline  
131 114 (24 hour service)

The Samaritans  
9381 5555 (24 hour service)  
Rural Freecall 1800 198 313

### Emergencies (24 hour service)

Psychiatric emergency team  
Metro Freecall 1300 555 788  
Rural Freecall 1800 552 002

Produced by



in association with



## Do you have depression?

For more than **TWO WEEKS** have you:

Tick if  
Yes

- 1. Felt sad, down or miserable most of the time?
- 2. Lost interest or pleasure in most of your usual activities?

**If you answered 'YES' to either of these questions, complete the symptom checklist below. If you did not answer 'YES' to either of these questions, it is unlikely that you have a depressive illness.**

- 3. Lost or gained a lot of weight? OR  
Had a decrease or increase in appetite?
- 4. Sleep disturbance?
- 5. Felt slowed down, restless or excessively busy?
- 6. Felt tired or had no energy?
- 7. Felt worthless? OR  
Felt excessively guilty? OR  
Felt guilt about things you should  
not have been feeling guilty about?
- 8. Had poor concentration? OR  
Had difficulties thinking? OR  
Were very indecisive?
- 9. Had recurrent thoughts of death?

Add up the number of ticks for your total score: \_\_\_\_\_

### What does your score mean?

(assuming you answered 'YES' to question 1 and/or question 2.)

- 4 or less: Unlikely to have a depressive illness
- 5 or more: Likely to have a depressive illness

### For further assessment, please contact your family doctor.

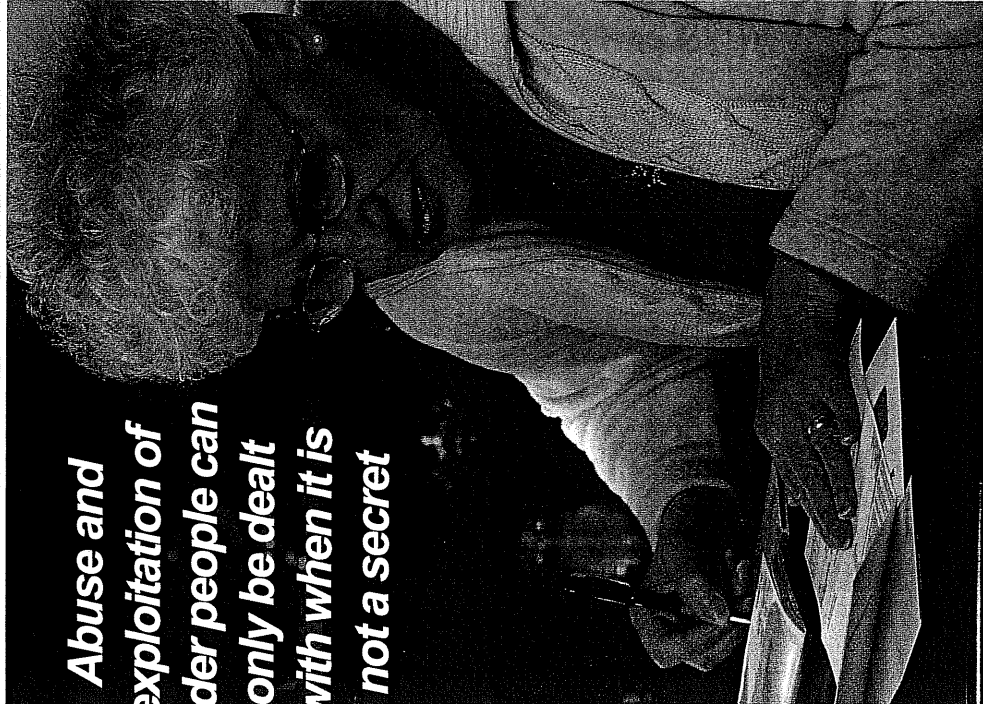
References: American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th ed (DSM-IV). Washington, DC: APA, 1994; and, International classification of diseases and related health problems, 10th revision. Geneva, World Health Organisation, 1992-1994.

For more information about depression, visit the *beyondblue* website at: [www.beyondblue.org.au](http://www.beyondblue.org.au) or call 1300 22 4636



# Older People's Rights

**Abuse and exploitation of older people can only be dealt with when it is not a secret**



## What is elder abuse?

**Elder abuse:** any abusive or exploitive act (or failure to act) that causes harm to an older person and occurs within an informal relationship of trust, such as family or friends. These can include:

- **Financial or material** – illegal or improper use of an older person's finances or property.
- **Emotional or psychological** – actions causing fear or shame, intimidating or humiliating an older person.
- **Physical** – actions inflicting physical pain or injury or using physical coercion.
- **Sexual** – unwanted sexual behaviour including sexual assault, sexual harassment or embarrassment.
- **Social** – forced isolation, preventing contact with family members or friends.
- **Neglect** – failure to provide the necessities of life and care to an older person.

*What is elder abuse*

## Older people's rights

**Independence** – the right to have food, shelter and health care, live in safety and stay at home for as long as possible.

**Participation** – the right to share their knowledge, contribute to the community and tell government what they want.

**Care** – the right to access culturally appropriate care and protection; to receive services for the improvement of their health; to have their wishes, dignity and beliefs respected.

**Self-fulfilment** – the right to be able to develop their own interests and to participate in educational, cultural, spiritual and social activities.

**Dignity** – the right to be free of mental and physical mistreatment and not to be discriminated against.

**Abuse and exploitation of older people is an erosion of their rights.**

*Older people's rights*



Department for Community Development  
Government of Western Australia

Office for Seniors Interests and Volunteering



Department for Community Development  
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### **Office for Seniors Interests and Volunteering**

Level 7, Dumas House  
2 Havelock Street  
West Perth WA 6005

### **Seniors Telephone Information Service:**

6217 8855 or  
1800 671 233 (country freecall)

### **Administration:**

Ph: 6217 8500

Fax: 9481 3886

[www.osi.wa.gov.au](http://www.osi.wa.gov.au)



## **Help is available**

### **Advocare Inc**

provides advocacy, information and support for older people who are being abused or are at risk of being abused. Call 9221 8599 or 1800 655 566 for country callers.

### **The Office of the Public Advocate**

protects the rights of people with a decision-making disability and can investigate situations to determine whether a guardian or administrator is required. For information and advice, call 9278 7300 or 1800 807 437 for country callers.

### **The Carers Counselling Line**

provides carers with practical assistance, referral and support 24 hours per day, seven days a week. Call 1800 007 332.



## **Help is available**

### **A Commonwealth Carelink Centre**

can provide information about services available to assist older people to remain living at home independently. Call 1800 052 222 for further information.

### **The Seniors Telephone Information Service**

can provide information about a range of services and activities for older people including social and recreational activities. Call 6217 8855 or 1800 671 233 for country callers.