- Describe and support the need for an international (UN) Convention on the rights of older persons to improve the care of older persons with mental health conditions

Background: Our world faces rapid population aging. Based on the WHO estimates, nearly 20% of older persons will have mental health conditions such as dementia, depression, anxiety and substance use, often complicated by physical and psychosocial comorbidities. Various mental health inequalities exist in this vulnerable population negatively influencing their healthcare and social status. This includes the 'triple jeopardy' of ageism, ableism and mentalism. The ongoing COVID-19 crisis has only widened the marginalization of older persons and especially those with mental health conditions.

Methods: Even though there has been a paradigm-shift in neurobiological understanding of psychogeriatrics, dignity-based mental healthcare is still silent in research as well as practice. This workshop brings in recommendations to include the principles of rights, dignity, equality, equity and respect in clinical care for older persons living with mental health conditions, including dementia. These suggestions are based on literature review, position statements of global organizations working in this area, the Decade enablers of the UN Decade of Healthy Aging (2021-2030) and also clinical experience of the authors. Special focus will be on end-of-life care, advance directives and those in institutionalized settings.

Mode of conduction: The workshop will involve a strategic and interactive discussion based on real-life case vignettes. Feedback will be sought on the perceived status of dignity and human rights in current clinical practice. Focus will be on ensuring dignity and promoting human rights in routine clinical care and patient-physician communication, age-friendly healthcare settings for older persons and the role of dignity therapy. The need for an International Convention for the rights of older persons will also be highlighted with evidence.

Elder abuse and inadequate end-of-life care as two of the many common manifestations of the implicit bias and core root cause of the phenomenon of the "ageism spectrum". Ensuring dignity and human rights in older persons can combat ageism and prevent elder abuse. Adequate sensitivity and training of professionals in this area will set the future pathway for dignified mental health interventions in the older persons with mental health conditions that are devoid of age-based discrimination and prejudice.

Workshop 6: Young-onset Dementia (YOD), new developments, part 1

Using the axonal protein neurofilament light to distinguish psychiatric and neurodegenerative disorders across a program of clinical research studies

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Introduction: There is an urgent need for clinical blood biomarkers which can rule in/out neurological disorders early in those with psychiatric symptoms, personality or behavioural changes and/or functional decline together with cognitive symptoms. The neuronal axonal protein neurofilament light (NfL) is released from damaged neuronal axons and can be measured in in blood and cerebrospinal fluid (CSF). We have undertaken a series of studies aimed at examining the clinical utility of blood and CSF NfL in assisting with the distinction between psychiatric and neurodegenerative / neurological disorders.

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Methods: Since 2016 we have measured blood and CSF NfL levels across multiple psychiatric and neurological populations recruited through Neuropsychiatry, Royal Melbourne Hospital and our collaborators (national and international). We have described our findings in a series of published studies. Data from our ongoing work, in larger cohorts and diagnostic groups, will be presented. The diagnostic groups include people with psychiatric disorders (schizophrenia, bipolar disorder, depression, functional neurological disorders), neurodegenerative disorders (Alzheimer's disease, frontotemporal dementia, Huntington's disease, Niemann-Pick Type C) and neurological disorders (e.g., epilepsy).

Results: Our initial pilot study (n=129) found that CSF NfL was a promising biomarker in differentiating psychiatric from neurological disorders. In our larger follow up larger study (n=498) which included more diagnostic groups CSF NfL levels exhibited high accuracy (91%), sensitivity (92%), and specificity (87%) in differentiating psychiatric from neurological disorders, and distinguished behavioural variant frontotemporal dementia from frontal lobe syndrome phenocopies/mimics, with high accuracy. We have found that NfL is not elevated in people with treatment resistant schizophrenia compared to controls and is elevated in people with Niemann-Pick Type C compared to people with psychiatric disorders and controls. Further (unpublished) data has shown that these findings are replicated with plasma NfL levels across 400 further psychiatric, neurological and control participants.

Conclusions: NfL is a highly promising biomarker which differentiates psychiatric from neurological disorders with high sensitivity and specificity. The translation of NfL levels into standard clinical practice could substantially improve the clinical diagnostic process in people with complex neuropsychiatric and cognitive disorders.

Cross-sector learning collaboratives can improve post-diagnosis care integration for people with young onset dementia

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Introduction: Post-diagnosis young onset dementia (YOD) care is often fragmented, with services delivered across aged care, health care, and social care sectors. The aim of this project was to test the feasibility and effectiveness of a learning collaborative implementation strategy for improving the cross-sector integration of care for people with YOD.
Methods: We conducted a longitudinal mixed-methods process evaluation, and recruited one representative from three Australian aged care organisations, three disability care organisations, and three organisations contracted to deliver care navigation services. One representative from each organisation joined a learning collaborative within their local area and completed a six-module online education package incorporating written resources, webinars, collaboration, and expert mentoring. Participants identified gaps in services in their region and barriers to care integration, and developed a shared plan to implement change. Normalisation Process Theory was applied to understand acceptability, penetration, and sustainability of the implementation strategy, as well as barriers and enabling factors.

Results: Dementia knowledge measured by the Dementia Knowledge and Awareness Scale was high among the professionals at the start of the implementation period (Mean = 39.67, standard deviation = 9.84) and did not change by the end (Mean=39.67, standard deviation = 8.23). Quantitative data demonstrated that clinicians dedicated on average half of the recommended time commitment to the project. However, qualitative data identified that the learning collaborative strategy enhanced commitment to implementing integrated care and promoted action toward integrating previously disparate care services. Participant commitment to the project was influenced by their sense of obligation to their team, and teams that established clear expectations and communication strategies early were able to collaborate

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