



**National** Mental Health  
Consumer & Carer Forum

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**Submission to the**

**Royal Commission into Aged Care  
Quality and Safety**

**30 June 2020**



The National Mental Health Consumer and Carer Forum (NMHCCF) is pleased to provide a submission to the Royal Commission into Aged Care Quality and Safety.

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform.

The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council. It is funded through contributions from each state and territory government and the Australian Government Department of Health. It is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on many national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

This submission focusses on the mental health needs of older people. The submission:

- responds to some of the key questions asked by the Royal Commission:
- the Royal Commission into Aged Care Quality and Safety Interim Report, 2019
- mental health and older people
- the challenges for older people with mental health issues living at home or in a residential aged care facility
- how providers of aged care services can better deliver services to older people to maintain good mental health and support people with mental health issues
- some examples of good practice and innovative models in delivering services for older people to maintain good mental health.

We would be happy to provide any further information to support the issues raised in this submission. Please contact the NMHCCF via the Secretariat – [nmhccf@hmaustralia.org](mailto:nmhccf@hmaustralia.org) or 02 6285 3100.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Keir Saltmarsh'.

Keir Saltmarsh  
Consumer Co-Chair

A handwritten signature in black ink, appearing to read 'Hayley Solich'.

Hayley Solich  
Carer Co-Chair

## Introduction

The NMHCCF submission addresses the following topics:

- the Royal Commission into Aged Care Quality and Safety Interim Report, 2019
- mental health and older people
- the challenges for older people with mental health issues living at home or in a residential aged care facility
- how providers of aged care services can better deliver services to older people to maintain good mental health and support people with mental health issues
- some examples of good practice and innovative models in delivering services for older people to maintain good mental health.

## Comments on the Royal Commission into Aged Care Quality and Safety Interim Report, 2019

The NMHCCF supports the recommendations and key observations described in the Interim Report in particular:

- The immediate action to respond to the significant over-reliance on chemical restraint in aged care
- The whole-of-system reform and redesign of the aged care system, including investing in innovative models of care and striving to find people committed to delivering high quality care to work in the system
- The exploration of ways to support aged care services to be staffed and managed by Aboriginal and Torres Strait Islander people
- The examination of workforce issues, including attraction and retention; education and training; choosing the right staff; remuneration and careers; continuity of care; staffing levels and staff mix; and leadership
- The acknowledgement of the history of neglect to engage adequately with older people to understand their needs and their concerns and in being either time-constrained or unwilling to spend the time with older people to help them manage their changing behaviours so that the need for restraint is obviated
- The use of restraint, physical and chemical, in particular in residential aged care facilities.

## Mental health and older people

Good mental health is important for all Australians and is identified as a key factor associated with healthy ageing. Good mental health in older people is determined by a combination of psychological, biological and/or social and cultural factors such as illness, frailty and loss of independence, grief and loss, financial stress, changing living arrangements and/or increasing social isolation.

The prevalence of mental health disorders tends to decrease with age.<sup>1</sup> However, there are some older people at higher risk of mental health issues. These groups of people include people in hospital, those in supported accommodation, people with dementia, and older carers.<sup>2</sup>

In its 'Older Australia at a Glance' report in 2018, the Australian Institute of Health and Welfare noted that 'due to the diversity of mental health support services available; there is no single, overarching data collection which can be used to report on the mental health care being received by older Australians'.<sup>3</sup> However, data from Beyond Blue shows that 10-15% of older adults experience depression, and approximately 10 percent experience anxiety. Much higher rates of depression (around 30 percent) are reported for older people living in residential care.<sup>4</sup> Research shows that 'older Australians in residential aged care facilities are five times more likely than those living independently to experience mental health issues' and 'more than 50 percent of those living in aged care facilities have either anxiety or depression, or both'.<sup>5</sup> European data shows that, for people aged 65 – 84 years, one in three people within the last 12 months and almost one in four currently had a mental health disorder. The most prevalent disorders were anxiety disorders, followed by affective and substance-related disorders.<sup>6</sup>

Regardless of whether they are living in the community or in an aged care facility, appropriate and timely access to clinical and non-clinical services can help support older people with their mental health. However, the Australian Institute of Family Studies report that adults aged 65 years and over continue to under-utilise mental health services compared to younger adults.<sup>7</sup> One reason for this may be that many older people believe there is a stigma attached to mental health issues. A further suggestion is that for some older people and health professionals, mental health issues may be considered a normal part of the ageing process. Normalising mental ill health as a part of ageing may lead to fewer requests for help by older people but also reduce the likelihood of health professionals identifying, assessing, and treating mental illness.<sup>8</sup>

Unfortunately, the evidence shows that, in addition to the impact on overall wellbeing and quality of life, untreated mental health issues in older people may lead to a

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<sup>1</sup> Australian Bureau of Statistics (ABS) 2008. National Survey of Mental Health and Wellbeing 2007: Summary of Results. Cat. No. 4326.0. Canberra: ABS

<sup>2</sup> Australian Institute of Health and Welfare (AIHW) 2018, Older Australians at a glance, Available at: <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/service-use/mental-health>

<sup>3</sup> Australian Institute of Health and Welfare (AIHW) 2018, Older Australians at a glance, Available at: <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/service-use/mental-health>

<sup>4</sup> National Ageing Research Institute. (2009). beyondblue depression in older age: a scoping study. Final Report. Melbourne: National Ageing Research Institute

<sup>5</sup> <https://www.agedcareguide.com.au/talking-aged-care/people-in-aged-care-facilities-are-five-times-more-likely-to-be-depressed-says-beyondblue>

<sup>6</sup> <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/prevalence-of-mental-disorders-in-elderly-people-the-european-mentdisic65-study/3B67B333C3633092AA5ECCBC704330>

<sup>7</sup> <https://aifs.gov.au/cfca/2019/02/13/normalising-mental-illness-older-adults-barrier-care>

<sup>8</sup> Wuthrich, V. M., & Frei, J. (2015). Barriers to treatment for older adults seeking psychological therapy. *International Psychogeriatrics*, 27(7), 1227–123

deterioration in overall health, increased hospital admissions and an earlier transition to residential aged care facilities.<sup>9</sup>

The needs of carers of older people with mental health issues are not acknowledged or included as part of the care planning of aged care services. Family carers frequently feel guilt, grief, and loss of identity from the relationship and additionally from their caring role.

## The challenges for older people with mental health issues living in the community or in a residential aged care facility

Good mental health and wellbeing in older people is multifaceted and is impacted by many different elements including family/support people, social relationships and activities, power or lack of power, financial and legal status, physical health and activity, personal needs/comfort, connection to community, spiritual activities, access to health services, in particular mental health services and health service delivery.

When there are barriers or disparities in these elements, several challenges are identified, and may be exacerbated, for older people with mental illness in maintaining their physical and mental good health.<sup>10</sup> The challenges for older people with mental health issues, either living in the community or some type of supported accommodation are many and varied. Some specific comments regarding these challenges for older people with mental health issues are described below.

**Family/support people:** Some older people living in the community or residents in residential aged care lack family support or receive no family visitors, while many others are visited occasionally or intermittently. Community Visitor programs do not allow for regular, supportive contact. Service providers are in many cases overburdened with the tasks involved in simply providing the necessary day-to-day personal maintenance assistance to residents. The major challenge is loneliness and social isolation, which we have seen exacerbated by the Covid-19 pandemic.

**Power/Lack of Power:** Unfortunately, there has always been a perceived imbalance of power between service providers, older people living in the community/residents of aged care facilities, and this is possibly even more apparent with regard to people with mental health issues. This goes hand in hand with a loss of independence caused by ageing and may be exacerbated by moving into a residential aged care facility. This issue is closely aligned with the lack of person-centred care.

**Financial and legal status:** An older person's financial status may impact on their ability to access services and their legal status may impact on their ability to make

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<sup>9</sup> Muir-Cochrane, E., O'Kane, D., Barkway, P., Oster, C., & Fuller, J. (2014). Service provision for older people with mental health problems in a rural area of Australia. *Aging & Mental Health*, 18(6), 756–766.

<sup>10</sup> Daniel W. L. Lai, K. C. Chan, X. J. Xie & G. D. Daoust (2019) The experience of growing old in chronic mental health patients, *Aging & Mental Health*, DOI: [10.1080/13607863.2019.1609903](https://doi.org/10.1080/13607863.2019.1609903)

choices for their own care. Of concern in this issue is the potential for carer abuse including the misappropriation of money, valuables or property, forced changes to wills or other legal documents, denial of right of access to, or control over personal funds. While it is recognised most abuse occurs from paid carers, there are incidents of carer abuse from those in a family care role.

**Physical health:** Having a physical illness is one of the strongest risk factors for depression and as the body naturally ages it is more prone to poor physical and cognitive health. Declining physical ability may limit physical activity, and, when combined with mental health issues, it can lead to a downward spiral both physically and mentally. Further, the co-occurring factor of gradually increasing physical health problems has a connection to mental health issues. One challenge for older people with physical health issues is when they are placed in a mental health facility due to symptoms of physical health being labelled as a mental health issue. Another is when their end of life care needs, including palliative care and mental health, are limited due to government policies regarding service delivery.

**Connection to community:** One of the greatest barriers to maintenance of mental health stems from the withdrawal from a stable community life. As quoted in the Interim Report one older person has stated:

*“When I moved into aged care, I experienced an overwhelming sense of loss. The sense of loss that comes from moving to aged care is really underestimated. There is the loss of your privacy, the loss of your independence and for me, it was the fear of the loss of my community as well”.<sup>11</sup>*

This situation is supported in data provided by Change Futures, a service providing psychological services to residents of 124 aged care facilities in southern Queensland and northern New South Wales. Twenty percent of their clients identified with adjustment concerns as a primary issue and 31 percent as a secondary issue and a further 10 percent with grief and loneliness as a primary issue and 11 percent as a secondary issue.<sup>12</sup> The losses experienced by people as they age, such as loss of connections, loss of independence, loss of familiar routines in daily living and loss of friends and families, may exacerbate existing mental health issues or bring on mental illness.

**Access to mental health services:** Access to specialist older people’s mental health services is very limited. These services are predominantly provided for people living in the community and even then, they are not highly accessible. Further, accessing mental health and psychological services from professionals with specific skills in addressing the needs of older people is also limited. Since 2019 the Commonwealth has expanded the Better Health Access service to include psychiatric and psychological services to residents of residential aged care facilities.

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<sup>11</sup> <https://agedcare.royalcommission.gov.au/publications/Documents/interim-report/interim-report-volume-1.pdf> (p.112)

<sup>12</sup> Change Future, <https://www.changeutures.org.au/>

However, these are limited in scope, and there is a scarcity of staff members trained in mental health care.

Consumers and carers report that mental health services are non-existent or too few for all ages in the community, in particular older people. Services for older people with complex mental health conditions are also non-existent and older people with complex mental health needs have limited access to many residential aged care facilities due to a perceived difficulty in service provision.

**Restrictive practices**, including the use of medication as chemical restraint and physical restraint such as bed rails have been identified by the Royal Commission in its Interim Report. The use of restrictive practices is a particular issue for older people with mental health issues. **Polypharmacy** is another element of mental health service where challenges for older people are experienced. Monitoring drug compliance and dose is important as the ageing body has difficulty in metabolising some medications and the potential exists for over-sedation and subsequent falls, adverse drug interactions or use as chemical restraint.

**Access to ongoing community mental health service provision** is an issue. The Royal Commission has identified the challenge of accessing timely services for older people and this is especially the case with community mental health services. The situation may be further challenged when it involves different family members. For example, when older parents are trying to care for an adult child who has little or no insight into their illness and the parent has their own mental health and physical health issues that require community health support. Another example may be an adult caring for their parent who does not have insight to their mental health and / or other conditions such as dementia.

**Diversity:** The specific mental health needs of older people from diverse backgrounds is another challenging issue. Aged care and mental health care services must acknowledge and respond to the differing needs of specific population groups such as older people from an Aboriginal and Torres Strait Islander background, people from culturally and linguistically diverse background and members of the LGBTQI community. The Royal Commission has already identified the need to deliver flexible, adaptable and culturally safe services for Aboriginal and Torres Strait Islander people. These same needs apply to other members of diverse population groups.

Addressing the mental health needs of older people from culturally and linguistically diverse backgrounds also requires cultural differences and sensitivities to be recognised so that culturally tailored services are provided. This requires specific attention to the cultural beliefs and values relating to mental health within individuals, groups and communities.

Older LGBTQI people are likely to have experienced discrimination, are more likely to have negative mental health outcomes and higher use of alcohol tobacco and



other drugs.<sup>13</sup> Access to LGBTQI inclusive services and mental health and aged care workforces trained to be sensitive to the LGBTQI community's needs are required to enable them to have their sexuality, sex and gender identity accepted especially as they age.

**The carer perspective:** Carers play an important role in the support of older people whether they are experiencing mental health issues or not. Carers experience guilt, grief, loss, isolation and loneliness due to the constant care needs they provide when the person is with them or in the community and then when in residential care. There are many issues which impact on the mental health and wellbeing of an individual and/or their carer:

- Involvement of carers in the development of care plans is still not standard. Additional challenges may arise when there is more than one carer involved especially if they do not agree on the approach to care.
- Power of attorney, advanced care directives and other legal processes need to be better understood by carers and their ethical use needs to be monitored.
- Ensuring carers understand why and how medication is part of the care plan and what their role in support is.
- Informed consent around medication and treatment needs to become a concept enacted in aged care; both consent from clients and/or carers. For example, treatment decisions are made by staff in aged care without informed consent being sought and/or protocols for gaining consent are not being followed or monitored.

## How providers of aged care services can better deliver services to older people to maintain good mental health and support people with mental ill health

Some people develop a mental illness as they age, while others age with a mental illness that developed earlier in their lives. Improved services are required for all older people to maintain good mental health whether they are living in the community or in supported accommodation.

The NMHCCF has identified three main areas where providers of aged care services can improve their services in relation to mental health and wellbeing:

- Model of care
- Workforce
- Person-centred care

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<sup>13</sup> [https://nswmentalhealthcommission.com.au/sites/default/files/documents/living\\_well\\_in\\_later\\_life\\_-\\_the\\_case\\_for\\_change.pdf](https://nswmentalhealthcommission.com.au/sites/default/files/documents/living_well_in_later_life_-_the_case_for_change.pdf)



## Model of care

A model of care that provides a framework for mental health services for older people is essential to ensure multidisciplinary, person-centred, evidence-based services are available and provided to older people. The NSW Older People's Mental Health Service - Service Plan 2017-2027 describes important elements that are essential within a model of care for addressing the needs of older people.<sup>14</sup>



Figure 1: NSW Older People's Mental Health Service - Service Plan 2017-2027

It is acknowledged that aged care providers may not be able to provide all these services within their staff. However, providers should ensure access to services for their clients that address the elements in the Service Plan. For example:

- Services should be innovative and address the needs of the population group
- Safe, high quality services should be provided, and a system established to monitor and measure the effectiveness of these services
- Services need to be integrated, addressing physical health and other health needs of the person with mental ill health.

Aged care providers need robust, sustainable case management structures and processes to implement a suitable framework and model of care that values the mental health and wellbeing of older people and their carers. These structures would ensure ongoing clinical care focused on the holistic needs of the client, including medication reviews by psychogeriatricians in addition to general practitioners and pharmacists, regular medical assessments and stringent monitoring of individual care needs. Aged care quality and accreditation standards would assist in evaluating the adequacy of the model of care.

<sup>14</sup> [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_022.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_022.pdf)

## *Mental health workforce*

Access to a skilled, multidisciplinary workforce with knowledge and experience in older people's mental health is crucial if any lasting changes are to be made to improvements in aged care services for older people.

The workforce needs to include access to a range of clinical and peer disciplines, including psychogeriatricians, psychologists, allied health professionals and peer workers. Aged care providers need to ensure that the workforce is meeting the expectations and preferences of older people with mental illness and implementing practices which are evidence-based and contemporary. The model of care will assist in developing the workforce framework.

This specialist workforce can also assist with upskilling staff employed by aged care providers to ensure they understand the importance of mental health and wellbeing of older people and have the appropriate skills and knowledge to meet the needs of the people they are caring for.

The NMHCCF strongly recommends the employment of peer support workers within the aged care sector. The peer workforce would be valuable members of the health care team caring for older people with mental illness. The mental health consumer and carer identified workforce, also known as the peer workforce, comprises those consumer and carers who are employed specifically for their expertise developed from their lived experience of mental illness and recovery as a consumer or a carer.

This workforce is uniquely placed to operate at the forefront of change in services, particularly when they are located in mental health services. This is because they are working with consumers and carers to identify their needs and working with service providers to negotiate ways to have these needs met.

Peer support workers are an integral part of implementing recovery approaches for mental health consumers and carers. They have the knowledge and skills to provide support for consumers and carers and a conduit to effective treatments and services. They can support services by providing knowledge and insight about what works best for consumers and carers. Their presence provides a role model for recovery, helps break down stigma and contributes to vastly improved service delivery.<sup>15</sup> In aged care settings the employment of a peer advocacy workforce (such as representatives and consultants) assists with contributing to the planning, implementation, delivery and evaluation of service delivery, as well as facilitating resident and carer meetings.

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<sup>15</sup> [https://nmhccf.org.au/sites/default/files/docs/final\\_peer\\_workforce.pdf](https://nmhccf.org.au/sites/default/files/docs/final_peer_workforce.pdf)

## *Person-centred aged care services for older people with mental health issues be provided*

The NMHCCF strongly advocates for person-centred services for older people with mental health issues allowing people to have choice and control about the services they need so that services and support match the way they wish to live their lives. People living with mental health issues and their families /support people promote person-centred approaches toward both physical and mental health.

The NMHCCF believes that all mental health clinicians and support services should be well-versed in the elements of self-direction, independence and community inclusion for the people they treat/support. The concept of person-centred treatment and support must be embedded in policy and service framework. Person-centred care fosters support systems that by their very nature will be recovery-oriented, promote self-determination, assist in suicide prevention and respond to needs before issues reach an acute or critical phase. The philosophy of person-centred support is summed up in two words - dignity and respect.<sup>16</sup>

Person-centred approaches require that aged care providers and staff remain focused on the individual rather than the service. This means:

- being aware of where the individual is at now, especially in terms of his or her journey, aspirations and goals
- matching the services or support with the person's needs rather than the other way round
- the opposite of "one-size-fits-all"
- not fitting the person into predetermined "packages"
- looking at a person's capacities and strengths and always dealing with each person as an individual.

Effective person-centred services and programs are those which are:

- personalised: people can access support which is tailored to their preferences and their whole-of-life needs
- consistent: people can access a consistent professional or team of supports they feel they can build trusting relationships with over time, and who have the skills, knowledge and approach which matches their needs
- respectful: people can access a professional or support team who demonstrate genuine care, listen without judgement and are willing to work alongside them to achieve their hopes and aspirations
- capacity building: people can access sufficient affordable support to enable them to cope sustainably over the long term
- integrated: people can access non-clinical supports and clinical supports as part of a spectrum of services which collaborate around a person and their

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<sup>16</sup> [https://nmhccf.org.au/sites/default/files/docs/nmhccf\\_-\\_person\\_centred\\_approaches\\_to\\_care\\_and\\_support\\_-\\_may\\_2016\\_0.pdf](https://nmhccf.org.au/sites/default/files/docs/nmhccf_-_person_centred_approaches_to_care_and_support_-_may_2016_0.pdf)

family to address mental health and their current circumstances at the same time.

Person-centred care offers opportunities to reduce stigma, allows clients to voice their goals, fears and concerns, and creates shared understanding of the needs of clients and the best ways to meet those needs.

The success of person-centred care can be assessed as part of an accreditation processes where older people with mental health issues can report on how service provision can be improved to ensure their needs are met. As appropriate, carers and support people can also be involved in evaluating the success of person-centred care.

## Some examples of good practice and innovative models in delivering services for older people to maintain good mental health

The NMHCCF has identified several examples of good practice and innovative models in delivering services for older people to maintain good mental health.

### *Mental health programs*

There is a paucity of well-known mental health programs operating specifically for older people in the community or within aged care facilities.

Tasmania runs two programs that cover all ages but provide a model that may be adapted to older people. Rural Alive & Well<sup>17</sup> is an outreach service helping individuals, families and community through mental health issues with a focus on reducing the risk of suicide in rural communities.

The Neighbourhood Houses program supports ongoing lifestyles issues, including positive mental and physical health of the community.<sup>18</sup> There is an opportunity that this service could be expanded to supply a linking mechanism for older persons with mental health issues living in the community or residential facility

### *Intergenerational connections*

Programs that support the integration of the generational contacts into aged care. For example, high school students undertaking a Cert II in Volunteering and being linked with an older person as part of the course work; pre-school children engaging with older people in aged care facilities and by forming partnerships with schools and kindergartens to enable residents and children to interact.<sup>19</sup>

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<sup>17</sup> [www.rawtas.com.au](http://www.rawtas.com.au).

<sup>18</sup> [www.nht.org.au](http://www.nht.org.au)

<sup>19</sup> For example: <https://ill.edu.au/News-and-Advice/2019-10/Connecting-the-generations>

Another example is Ageless Play that brings together families and older people for mutual benefit. Ageless Play sessions are a catalyst for stimulating collaboration between older people, young children, parents and carers. Family groups (consisting of mums, dads, grandparents, carers, children and babies) meet weekly with the elderly in safe and suitable facilities. Attendees engage in a diverse array of play-based learning activities and interactions, fostering connections with other families in their local communities and establishing mutually beneficial relationships with older people.<sup>20</sup>

### *Use of information technology*

There is much evidence of the increased use of information technology to enhance the lives of older people living in the community or in residential aged care facilities.

The expanded telehealth services, particularly for mental health services, have been a well-received addition to care for all Australians. There is now a greater opportunity for aged care providers to use telehealth services to expand the array of health professionals their clients can access in a timely and effective manner. The Aged Care Industry Information Technology Council has acknowledged that the two of the conditions most benefited by telehealth are Aged Care and Mental Health.<sup>21</sup>

Aged care providers are providing training and resources to enable older people living in the community and residents of aged care facilities to access and use computers and internet programs to receive health services as well as to engage with their families and social supports. The Covid-19 pandemic highlighted the importance of access to information technology as a way of staying connected.

However, the digital divide has become greater since Covid-19 pandemic as many older people do not have access to robust internet, or, if they do, their skills are limited. Communicating in this way is not easy or natural for many older people and training and support are required. The NMHCCF believes that the use of telehealth should not replace access to face-to-face appointments with general practitioners, psychiatrists and other members of the health care team.

### *Connecting with community*

Maintaining and enhancing connections to the community promotes good mental health through stimulation and involvement. Engaging with a diverse group of people such as artists, singers and performers, volunteers, and members of clergy assist in maintaining links which are often lost as people age. Access to library services and pet therapy can bring joy and reduce anxiety and distress to older people's daily lives. Volunteers give their time to bring animals into aged care homes. Friendship

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<sup>20</sup> Further details: <https://playgroupqld.com.au/programs/ageless-play/>

<sup>21</sup> Dr Malcolm Fisk webinar, June 2020. [www.aciitc.com.au](http://www.aciitc.com.au)

benches in residential aged care facilities allow a space for trained volunteers or peer workers to chat with residents.<sup>22</sup>

## Some changes the NMHCCF would recommend the Royal Commission make

The NMHCCF asks that the Royal Commission specifically identifies the needs of older people with mental health issues and makes recommendations that support improved care and services for these older people.

This submission has provided some guidance to changes needed, in particular the development of a model of care, the mental health workforce especially peer workers and the need for person-centred care.

In addition, the NMHCCF recommends the following:

- Aged care providers demonstrate that the mental health needs of all their clients are assessed and plans established for ongoing care.
- Aged care providers demonstrate that staff employed in the sector are trained in mental health and trauma-informed care and practice and adhere to mental health and trauma informed care protocols and processes.
- Ensure access to psychological assessments as a feature of transition for a person into aged care facility and for their relevant family members and carers.
- Establish an Official/Community Visitors program that reviews aged care services in alignment with the Visitors Program with the Aged Care National Standards. The program should be co-designed and have a focus on positive outcomes and guarantee implementation of person-centred care policies and processes.
- Provision of additional funding for psychosocial activities in all aged care services, not just for people diagnosed with dementia.
- The Australian Government be required to respond to the Carnell-Paterson Review, 2017.
- That the Aged Care Standards promote the mental health and wellbeing of older people and that mental health programs are part of any accreditation program.
- To provide for the engagement of mental health/person-centred trained peer workers and/or visitors on a regular basis to visit residential aged care facilities and interact with residents.

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<sup>22</sup> <https://www.bbc.com/future/article/20181015-how-one-bench-and-a-team-of-grandmothers-can-beat-depression>

- The needs of carers of older people with mental health issues are acknowledged and addressed as part of aged care services. Usually family carers feel guilt, grief, loss of identity from the relationship and additionally from their caring role, and often depression and anxiety at moving their loved one to a residential facility. Once the person they have cared for moves into residential facilities they are no longer considered carers despite the fact most continue to visit daily and often more than once a day to assist in the care of their family member especially when it is their partner. It is important to ensure that carers continue to be acknowledged in the important services they keep providing and that they remain eligible for the Carer Gateway, Carer pension, Carer allowance, free counselling and other services provided for family carers as required.