

Position statement

Psychologists in residential aged care

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Introduction

Residential aged care can be a confronting experience for older people as they adapt to a new shared living environment and grapple with issues such as poor health, frailty, loneliness, loss of independence and the impacts this may have on their sense of purpose and identity^{1,2}.

We know that of the quarter of a million Australians living in residential aged care facilities (RACFs), a disproportionate number experience mental health conditions.

Psychological distress is, however, not inevitable in the transition to aged care. Older people can experience wellbeing and have a good quality of life in aged care with the right support and services to meet their specific physical, social-emotional and cultural needs and address any psychological risk factors³⁻⁸.

At the Australian Psychological Society (APS), our goal is to ensure all people, including older people living in residential aged care, have equitable access to high-quality health and mental health care.

What the research tells us

- Around 60%, or 3 in 5 aged care residents have a mental health condition^{9,10}.
- Aged care residents are four times more likely to experience mental ill-health compared to community-dwelling older adults⁹⁻¹¹.
- Around 50% of older people living in residential care in Australia have depression^{10,12}.
- Up to 20% of aged care residents have an anxiety disorder, and another 60% may experience clinically significant anxiety symptoms requiring treatment¹³⁻¹⁷.
- About a third of older people in residential aged care report suicidal ideation, up to four times higher than for community-dwelling older adults¹⁸.
- The comorbidity of mental and physical health disorders is high in residential aged care; for example, nearly 60% of individuals with a mental health disorder have musculoskeletal conditions, incontinence or diabetes. Multiple physical health disorders increase the risk of having a mental health disorder⁹.
- The comorbidity of mental health disorders and dementia is high. Almost half of aged care residents with dementia (47%) also have a mood disorder¹⁹.

Unrecognised and poorly managed psychological distress and mental ill-health contribute to suffering, reduced quality of life and increased mortality risk for older people living in residential aged care²⁰. Families and loved ones supporting older people with poorly managed mental ill-health can experience stress and upset that in turn impacts their mental health and wellbeing²¹. Poorly managed mental ill-health can also lead to stress and burnout for aged care workers and impact care quality and staff retention in RACFs^{17,22,23}.

Unmet need for psychological support in residential aged care

Despite high levels of need, the Royal Commission into Aged Care Quality and Safety reported that older people have insufficient access to mental health support in RACFs^{24,25}. Three major systemic factors underpin this.

RACFs are not required to provide psychological support

While RACFs must ensure that aged care residents have access to appropriate support and services for psychological wellbeing, they are not required or funded to provide psychological support, and only 14% directly employ psychologists^{26,27}.

There has, instead, been an over-reliance on pharmacological treatment in RACFs. Over one-third of older adults are prescribed psychotropic medications, such as antidepressants, antipsychotics and benzodiazepines, soon after entry into residential care²⁸⁻³⁰. This is despite many older adults preferring a non-pharmacological approach to mental health issues³¹. The health risks of the overuse of psychotropic medications for older people include a greater risk of falls, higher mortality and adverse drug events related to polypharmacy³².

Few aged care residents access publicly funded psychological care

Aged care residents have less access to Government psychological support initiatives. For instance, less than 3% of residents in aged care with a mental health condition accessed government-funded mental health services in 2012-2017, compared to almost 10% of the older community-dwelling population¹⁷. Contributing to this statistic is a history of Government exclusion of aged care residents from the Medicare Benefits Schedule (MBS) *Better Access to Psychiatrists, Psychologists and General Practitioners (Better Access)* initiative^{33,34}. Even with eligibility to *Better Access* expanded to include aged care residents from December 2020 to December 2022, as a temporary pandemic support measure, only a small number of *Better Access* services were provided to this cohort^{11,35-38}.

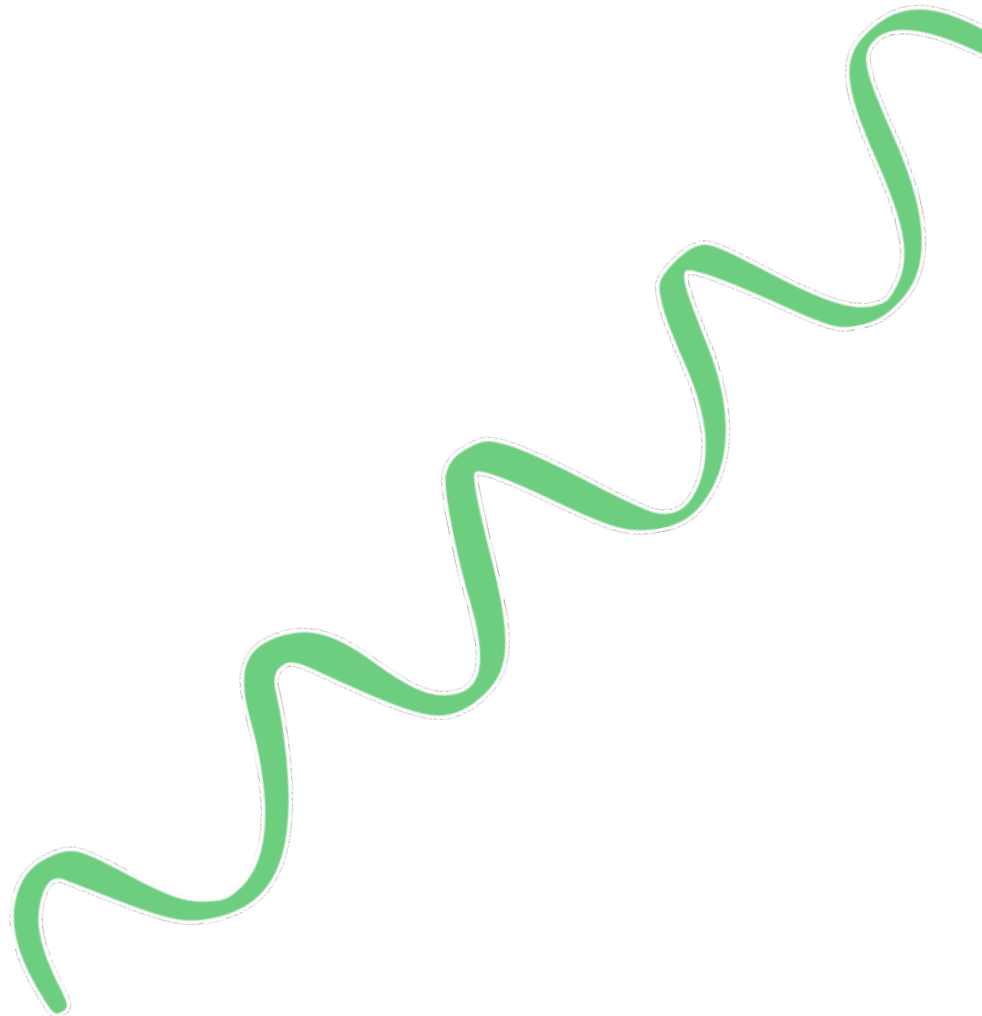
There has been some improvement in aged care residents' access to funded psychological services through the Government's 2018-2022 PHN delivered *Improved Access to Psychological Services in Aged Care Facilities* initiative³⁹. Despite the considerable impacts of the COVID-19 pandemic on the operations of the aged care sector, almost half (48%) of RACFs across Australia participated in the initiative during this time, with an average of 3,376 aged care clients receiving support per year and experiencing a 17.5% average reduction in psychological distress⁴⁰. While the evaluation of this program indicates some improvement in access to psychological services for aged care residents, unmet need is still high and less than half of the services were delivered by psychologists or provisional psychologists⁴⁰.

The chronic undersupply of psychologists

The depleted psychology workforce is a significant and ongoing challenge in the mental health services landscape. Demand for psychologists has outstripped supply, with recent estimates that Australia has only 35% of the required psychology workforce⁴¹. Surges in help-seeking for mental health issues during the COVID-19 pandemic continue to impact access to psychologists, with waiting periods of up to 6-12 months to see a private psychologist^{42,43}. PHNs and public mental health services are also struggling to find and retain psychologists with appropriate training and experience to deliver psychological services in a range of contexts, including aged care^{40,44}.

Engaging less qualified mental health practitioners and other workers to provide check-in and low-intensity support in residential aged care settings can be effective and deliver cost efficiencies⁴⁰. However, highly trained psychologists are needed to lead and supervise psychological services and programs and deliver moderate- to high-intensity support to ensure safe and quality care.

Despite high levels of need, older people currently have poor access to psychological support in residential aged care facilities.



Improving outcomes

All aged care residents must have access to high-quality psychological care and support whenever needed.

Research studies and evidence reviews consistently demonstrate the efficacy of psychological therapies for older adults experiencing mild to moderate symptoms of mental ill-health when delivered by trained mental health practitioners such as psychologists⁴⁵⁻⁵⁰. Psychological therapies are also an essential component of longer term care for more persistent or severe symptoms, with a combined treatment approach of psychotropic medications plus psychological therapy being more effective than either alone^{48,49,51}.

Evidence-based psychological support, including prevention and treatment, not only averts or decreases psychological distress, but can improve the quality of life for residents by way of increased participation in RACF life, fewer disruptive behaviours and reduced use of psychotropic medications^{3,40,52}.

Psychologists' scope of practice in aged care

Psychologists are AHPRA-registered health professionals with advanced skills in evidence-based mental health promotion, and the prevention, assessment and treatment of psychological distress and mental ill-health across the lifespan.

Other health professionals, aged care workers and older people in RACFs may have a narrow view of psychologists' scope of practice in residential aged care. They may believe that psychologists only focus on assessment and intervention for older people with complex mental health and neuropsychological needs. However, psychologists working in residential aged care contexts provide a range of psychological services^{50,51,53-56} and can:

- Lead, co-ordinate and oversee psychological supports and services in residential aged care in partnership with other health professionals, the multidisciplinary care team and aged care workers.
- Design, deliver and evaluate psychological health promotion and prevention programs for older people as they transition to residential aged care and during ongoing adjustment to changing health status, medical conditions and functional disability.
- Conduct behavioural and psychological assessments to identify and refer older people to the appropriate level and type of mental health support as early as possible. Some psychologists can conduct neuropsychological assessment for cognitive issues such as dementia.
- Provide evidenced-based psychological support and treatments to older people, such as cognitive behavioural therapy (CBT), reminiscence therapy and behavioural activation. Psychologists can adapt treatment to accommodate the often complex physical and cognitive comorbidities experienced by older people in aged care.
- Provide support and advice for families of aged care residents who are experiencing psychological distress, mental ill-health or cognitive issues.
- Train and educate aged care staff and develop guidelines and resources to help them identify and care for residents experiencing psychological distress, mental ill-health or cognitive concerns.

The APS Position

All aged care residents must have access to high-quality psychological care and support whenever needed.

The Australian Psychological Society (APS) works to improve the lives of Australians through the application of psychological knowledge and expertise.

As with all our work at the APS, we consider issues in light of the global Sustainable Development Goals (SDGs), and in particular *SDG 3, Good Health and Wellbeing*, which aims to "ensure healthy lives and promote wellbeing for all at all ages"⁵⁷.

The APS stands with the global community in recognising the United Nations' declaration that 2021 to 2030 is the Decade of Healthy Ageing^{24,58}. We are committed to advocacy to ensure all older people, including those living in residential aged care, have equitable access to high-quality health care, including mental health care, as is their human right^{24,58-60}.

The APS has solutions – we are here to help.

1. Integrate a highly trained and skilled psychology workforce into residential aged care settings

More psychologists working in aged care are urgently needed to meet the unmet demand for psychological support.

Integrating the psychological workforce into residential aged care should remain flexible with multiple pathways providing access to stepped-up and stepped-down psychological care depending on the older persons' care needs and preferences^{34,40}.

For example, residents with mild to moderate mental health concerns can be referred to PHN-commissioned psychological services and programs, or they may prefer a referral to an onsite psychologist directly employed by RACFs as part of an onsite multidisciplinary aged care team. Alternatively, the APS advocates for the option of older adults having access to Medicare-subsidised sessions with a psychologist of their choosing, whether that be in person or via telehealth, with the reinstatement of the MBS *Better Access* initiative for residents of aged care. Referrals to specialised older adult mental health or outreach services may be more appropriate for people with severe or complex mental health needs.

Irrespective of how aged care residents access psychological support, models and funding for psychological support must enable:

- *Person-centred care*, where all aged residents have access to holistic and individualised psychological support when they need it and how they want it.
- *Collaborative and multidisciplinary care*, where the psychologist is an integral member of the care team and is enabled to work closely with other health professionals, facility staff, the older person and their family to design and implement psychological supports and services.
- *Easily accessible care*, with straightforward and timely referral pathways, assessment and access to appropriate preventive care or psychological support and treatment^{40,50,53,61}.

Models of funding and integration should also enable psychologists to work to their full scope of practice to develop and implement mental health promotion and prevention strategies and programs and adopt innovative approaches to care^{50,51}.

There is undoubtedly a place in aged care for mental health practitioners from other professional backgrounds. Psychologists are, however, uniquely positioned as mental health experts to lead, coordinate and deliver a wide range of evidence-based psychological supports and services.

2. Invest in training and developing psychologists with deep expertise in aged care

Realising the benefits of a psychological workforce in aged care is currently hindered by the limited number of psychologists in Australia, with an even limited number with direct experience working in residential aged care^{54,62-64}.

The number of fully trained psychologists available to work in residential aged care could be scaled-up within a short time frame – but only with the right investment. Funding is needed for more postgraduate university training places with placements in RACFs, particularly in the typically underserved rural and remote areas, and professional supervision⁶⁵. There is also an urgent need for dedicated university places and scholarships to significantly improve Aboriginal and Torres Strait Islander and CALD representation in psychologist roles in RACFs⁶⁵.

This investment in training psychologists will deliver immediate benefits for the mental health and wellbeing of older people living in aged care by providing RACFs with access to a skilled and supported psychology intern and registrar workforce. Longer-term benefits will also accrue as these placement experiences orient psychologists to the opportunities and rewards that working in the aged care sector can have⁶².

As noted by the Royal Commission, the investment in developing psychologists with deep expertise in aged care can start even earlier by embedding aged-care related content into undergraduate degrees, for instance embedding healthy ageing and geropsychology topics in undergraduate psychology degrees³⁴. This builds knowledge from the foundational years of psychology training and can also help to destigmatise working with older people and attract psychology graduates to the aged care sector.

Professional development, certification programs and research higher degrees, are also urgently needed to attract and upskill qualified psychologists who want to work in this field, either as practitioners or researchers.

A sustainable aged care psychology workforce requires acknowledgement of the complexity of the role and high levels of training, qualifications and skills and the full scope of practice that psychologists bring in practice and research settings. Fair remuneration and workload models and access to career pathways with appropriate career advancement and recognition, in addition to ongoing professional supervision and development, are all essential to ensure workforce retention and the development of deep expertise for psychologists in aged care.

3. Prioritise mental health training to uplift the mental health literacy and skills of the aged care workforce

Older adults in aged care do not tend to self-refer for psychological support, so they rely on others, namely aged care staff and family, to initiate referrals⁶⁶. However, personal care assistants and other aged care workers typically receive limited education about mental health as part of their initial qualifications. Aged care staff may also hold inaccurate beliefs that it is normal to be mentally unwell in old age and that older adults do not benefit from psychological treatment⁴⁴.

There is also a need to sustain the mental health and wellbeing of the aged care workforce, which directly impacts capacity to care for aged care consumers. Having a strong, vibrant and mentally healthy workforce underpinned by a workplace culture of care and compassion is essential to support some of the most vulnerable people in our community⁶².

It is critical then that aged care staff receive ongoing training, education and support to:

- Destigmatise psychological distress, mental ill-health and cognitive impairments such as dementia,
- Understand the value of psychological care for aged care residents who need it,
- Be able to identify the signs and symptoms of psychological distress, mental ill-health and cognitive impairments and initiate conversations with older people, families or other staff about their concerns,
- Initiate referral pathways that enable aged care residents to access psychological support and services,
- Develop skills and strategies for providing care and support to residents with behavioural and psychological symptoms associated with psychological distress, mental ill-health or dementia, and
- Grow their own mental health self-care strategies^{27,40,44,62}.

Psychologists have extensive training in mental health and in behaviour and attitudinal factors and are well-placed to develop aged care staff training, education and support programs.

4. Reform aged care and provide levers that will ensure aged care residents can access high-quality psychological support to prevent and treat mental ill-health

As concluded by the Royal Commission into Aged Care Quality and Safety, aged care residents must have access to allied health care, including mental health care, that is appropriate to their specific needs (Recommendation 38)^{67,68}. More broadly the Commission called for an aged care sector that supports the delivery of allied health care in a way that is person-centred, adopts a holistic or multidimensional view of wellbeing beyond only physical health, and focuses on wellness and prevention as well as reablement and rehabilitation⁶⁸. Services should be delivered through multidisciplinary teams and collaborative care arrangements, which are flexible and responsive to the changing needs of older people.

While the Government accepted-in-principle the Royal Commission's clear recommendation for improved access to allied health services in residential aged care, including mental health support, they have yet to commit to the funding, legislative or policy levers that would enshrine this in practice⁶⁸.

For example, no minimum allied health care minutes or staffing requirements have been set for allied health care or psychological support, as has been the case with legislated 24/7 nursing care in RACFs and the mandatory minimum number of care minutes per resident per day. The recently introduced AN-ACC funding tool lacks financial incentives for providers to demonstrate assessment, planning and delivery of programs that will improve residents' mental health and wellbeing. Aggregated allied health data collection practices make it difficult to track the need and usage of the different allied health services, such as psychological support, and there is currently no clear plan for addressing this as part of the aged care data strategy reforms.

The Government has also ceased the temporary provisions that ensured equal access to the *Better Access* initiative for aged care residents and is yet to clearly signal its intention to permanently fund the recently evaluated 2018-2022 PHN *Improved Access to Psychological Services in Aged Care Facilities* initiative^{37,40}.

At this time, the funding, legislative and policy mechanisms for improving mental health support and psychological services in residential aged care are not assured, or clearly articulated, nor is there any clear pathway forward as part of the aged care reforms.

What is needed

Aged care reform in response to the Royal Commission into Aged Care Quality and Safety is a once-in-a-generation opportunity to improve the health, wellbeing and quality of life for older Australians. However, a clearly articulated plan to improve access to timely, high-quality psychological care for all residents living in aged care is largely absent at this time.

The APS calls for the Government to take action to address the challenges that limit aged care residents' access to high-quality psychological care:

- Commit to the design of legislative, funding and policy levers as part of the current aged care reform agenda to ensure that aged care residents get equitable and timely access to the high-quality allied health care they have a right to, including access to psychological services and supports.
- Invest to increase postgraduate psychology training, placements and supervision in RACFs plus professional development and certification programs to upskill qualified psychologists to work in the aged care sector. This must include dedicated training places, scholarships and other incentives that focus on rural and remote areas and increase Aboriginal and Torres Strait Islander and CALD psychologists. Initiatives that aim to improve access to psychological support in aged care will only work if we have enough trained and experienced psychologists to deliver high-quality and culturally safe psychological care to all older people living in RACFs.
- Provide funding to ensure equitable access to the MBS *Better Access* initiative permanent for aged care residents as one of multiple pathways to psychological support. All Australians, irrespective of where they reside, should have access to Medicare rebates for their mental health.
- Commit to ongoing funding for the continuation and expansion of the PHN *Improved Access to Psychological Services in Aged Care Facilities* initiative to scale up the initiative to all RACFs, increase mental health promotion and prevention programming, and address issues associated with attracting and retaining highly trained psychologists.
- Invest to develop quality training, education and support programs for RACFs aged care staff that build their mental health literacy and provide incentives for participation in these programs. Upskilling aged care staff will help to improve the identification of psychological distress and mental health ill-health in older adults living in aged care increase access to psychological support and improve overall care quality.
- Invest in more research about evidence-based psychological support and treatments in residential aged care and provide funding and scholarships for research higher degrees and fellowships to grow and nurture the next generation of aged care researchers.

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