

# Submission to the Aged Care Workforce Strategy

Australian Psychological Society

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## **1. Summary of Recommendations**

The particular focus of this submission is on how the capacity of the workforce can be enhanced to address the unacceptably high unmet mental health needs of older Australians. Ensuring the aged care workforce has the appropriate education and training to be able to effectively identify, assess, manage and treat mental health issues as they arise is paramount. Also of great importance is maintaining the mental health and wellbeing of the aged care workforce itself, which directly impacts on its capacity to care for aged care consumers. It is vital that working in the aged care sector is regarded as a reputable profession and one in which people actively aspire and choose to work in. Having a strong and vibrant workforce culture, underpinned by core values of care and compassion, is essential to support some of the most vulnerable and deserving people in our community.

*The APS recommends that:*

### ***Recommendation 1***

The Government identify and promote a collective vision for aged care to ensure all aged care stakeholders work together to achieve shared goals.

### ***Recommendation 2***

Older people should be at the heart of the aged care industry and it is their perspectives that should be driving change.

### ***Recommendation 3***

The management of behavioural symptoms of mental illness be improved. This could be enhanced by developing and implementing support programs and training of carers, including engagement of psychologists in residential aged care facilities (RACFs) to work with staff to implement individualised behavior strategies.

### ***Recommendation 4***

Older people in RACFs have access to Medicare rebates for psychological services under the Better Access initiative.

### ***Recommendation 5***

The available psychological workforce with expertise in aged care is increased by providing placements and supervision for postgraduate psychology students within aged care services.

### ***Recommendation 6***

Additional funding is provided to RACFs to directly engage psychologists to deliver psychological services to residents with mental health problems

onsite and provide information about the benefits of psychological support to RACF staff, residents and families.

***Recommendation 7***

Existing evidence is better utilised to support models of care and practice that address the unmet mental health needs of older Australians.

## **2. Introduction**

The Australian Psychological Society (APS) welcomes the opportunity to continue to contribute to the Aged Care Workforce Strategy. The APS acknowledges the importance of an effective workforce and commends the Government for commissioning this Taskforce to develop a strategy and vision for the future, and not just another review or inquiry into the aged care sector.

The APS is the largest national professional organisation for psychologists, with 23,000 members across Australia. Psychologists are experts in human behaviour and bring experience in understanding crucial components necessary to support people to optimise their function in the community.

The APS is committed to supporting the health and wellbeing of older Australians, and psychology has much to offer in the way of understanding what it means to age well. At the heart of ageing well is the empowerment of older people themselves. Therefore it is essential that older people's perspectives are central to, and driving the strategy.

In the context of this submission, our particular focus is on how the capacity of the workforce can be enhanced to address the unacceptably high unmet mental health needs of older Australians. This includes ensuring the aged care workforce has the appropriate education and training to be able to effectively identify, assess, manage and treat mental health issues as they arise.

Unrecognised and poorly managed mental health conditions contribute to:

- reduced quality of life
- poorer health outcomes for older Australians including increased risk for cognitive decline
- increased medication use and health service use
- greater demands, stress and potential burnout for the aged care workforce
- physical abuse and vicarious trauma of the workforce
- higher health care and aged care costs.

The APS is also concerned about maintaining the mental health and wellbeing of the aged care workforce itself, which directly impacts on its capacity to care for aged care consumers. Having a strong and vibrant workforce culture, underpinned by core values of care and compassion, is essential to support some of the most vulnerable and deserving people in our community.

In this submission we propose strategies and key considerations for each of the five strategic imperatives stemming from the Terms of Reference to inform the development of the strategy. We provide a brief overview of our response and then address each imperative in turn.

### **The purpose of the strategy**

The APS is excited about the potential of the strategy to make genuine and practical differences for aged care consumers in the future. These include but are not limited to:

- Taking into account the projected increase in demand for aged care services, particularly those delivered in the home.
- Making visible the future funding requirements in order to establish an effective aged care workforce.
- Mapping out the steps required to address the skill shortages of the existing workforce, and implementing an effective recruitment and training strategy.
- Reducing the risk of elder abuse as a result of neglect brought about by inadequate staffing levels and high levels of bureaucracy.
- Providing aged care consumers equitable access to appropriate and trained staff and health professionals when they need it.
- Acknowledging and maximising the contribution by unpaid carers and family, and ensuring they are well supported.

From a psychological perspective, the strategy also has the potential to address the high unmet mental health needs of aged care consumers by:

- Improving the identification of older Australians experiencing mental health problems and appropriate referral for assessment and treatment.
- Highlighting the specific need and role for psychologists as part of an effective aged care workforce in residential aged care settings, as well as in the community.
- Increasing access to psychological services for the treatment of mental disorders by older Australians.
- Improving the management of behavioural and psychological symptoms of mental illness in RACFs.
- Highlighting the need for national coordinated training for service providers in identification and appropriate referral of older people with mental health issues.
- Highlighting the benefits of funded opportunities for student placements.

### **3. Mental health and wellbeing of older Australians**

Australia has an ageing population, with the proportion of people aged over 65 years in Australia growing each year. In 2016, 15% (3.7 million) of Australians were aged 65 and over and this is projected to grow steadily over the coming decades (AIHW, 2017).

While the majority (72% in 2014-15) of older Australians report their overall health as good, at a population level, ageing generally means more ill health (ABS, 2015). For example, 25.2% of those aged 65-74 and 30.8% of those aged over 75 report their health as poor or fair (ABS, 2015) and

- 50.7% of older people are living with disability, with one in every four women (27.1%) and one in every five men (20.7%) aged 85 years and over having a psychosocial disability
- 87.2% have one or more long-term health conditions
- 6.5% have a mental or behavioural disorder as their main condition, with 2.8% reporting Dementia or Alzheimer's disease as their main long term health condition (ABS, 2016).

Data from the 2007 Australian National Survey of Mental Health and Wellbeing suggest that around 3% of Australians aged 65-74 and around 2% of those aged 75-85 are likely to experience a depressive disorder in any year. Around 6% of those aged 65-74 and 4% of Australians aged 75-85 will experience an anxiety disorder. Other studies suggest 10 to 15% of older people experience depression and about 10% experience anxiety (Bruce et al., 2001; Creighton et al., 2016).

The rate of suicide is also high amongst older Australians aged 85 and over. In 2016, the standardised death rate for males aged 85 and over was the highest of any age group at 34 deaths per 100,000 people (compared to 11.7 across the whole population and 27.5 for males aged 30-34, the second highest; ABS, 2017). However, these rates are likely to be an underestimate as the true incidence of suicide in older adults might not be fully captured by official statistics as suicide mortality data for this age group are frequently underreported (DeLeo & Arnautovska, 2016).

Dementia is now a highly prevalent health condition within the older population, with one in 10 Australians aged 65 years or above having dementia and three of every 10 persons aged 85 years and above (NATSEM, 2016). Over the next 40 years, the number of Australians with probable dementia is projected to increase 2.75 fold from 413,106 adults living with dementia in Australia in 2017 to 1,100,890 by 2056 (NATSEM, 2016).

The prevalence of mental health disorders and dementia is even greater amongst older Australians in RACFs:

- Nearly a quarter million older people live permanently in RACFs (Productivity Commission, 2017). This figure will rise with the growing number of older adults.
- Of those living in RACFs on 30 June 2016, more than half had dementia and 57% had a mental health or behavioural condition, with 46% having a diagnosis of depression (AIHW, 2017).
- While research into the prevalence of anxiety disorders and symptoms of anxiety in RACFs is limited compared to that for depression, a recent systematic review found that 3.2–20% of residents were diagnosed with anxiety disorder, while up to 58.4% experienced clinically significant anxiety symptoms (Creighton, Davison & Kissane, 2016).

Elder abuse is also a big concern. The prevalence of elder abuse in the community is between 2% and 16% (World Health Organisation, 2015; Yon et al., 2017). Unfortunately and unacceptably, a limitation of existing prevalence studies is that they do not include people living in institutional care or people with a cognitive impairment (Australian Government, 2016). Compared with older people living in the community, people in RACFs may be particularly vulnerable to abuse and neglect, on account of being older and more frail, having higher rates of dementia, and higher rates of psychotropic medication use (Hill & Wee, 2012; Kojima, 2015).

Optimising the health and wellbeing of older Australians is an increasingly important economic and health system challenge. Unfortunately, many older Australians, particularly those in RACFs, lack access to non-medicalised approaches to managing their health and wellbeing. A recent survey of 90 Australian RACFs found that residents were referred to psychological services rarely, and that only 14% of RACFs employed psychologists (Stargatt et al., 2016).

#### **4. Response to each strategic imperative**

##### **Strategic Imperative 1: Why the aged care industry matters**

The ageing population continues to increase, and with it the demand for aged care. The existing aged care workforce continues to struggle to support the demand for aged care, and as a result compromises the quality of care provided and the safety of care recipients. With ongoing reforms and changes, it is vital that we have a cohesive aged care industry that

effectively supports the needs of older people as they age in the future. The aged care workforce is large and multidisciplinary. There is a need for a collective vision and mechanisms to ensure all stakeholders (e.g. service providers, medical professionals, allied health professionals, carers etc.) can work together to achieve shared goals.

### ***Recommendation 1***

*The Government identify and promote a collective vision for aged care to ensure all aged care stakeholders work together to achieve shared goals.*

### **Strategic Imperative 2: Industry leadership, mindset and accountability**

Older people should be at the heart of the aged care industry and it is their perspectives that should be driving change.

The ongoing neglect and abuse of aged care consumers is unacceptable and calls into question the existing culture, processes and systems that are failing consumers. The move towards a consumer directed care model approach has the potential to shift the balance of power away from the aged care industry to the consumer. The aged care industry is attracting some big players and it is fundamental that regulations and processes are transparent, and that incentives are in place to ensure service providers prioritise consumer wellbeing over profits.

The APS is pleased that the quality of aged care services has been the subject of recent reviews and inquiries. The sub-standard quality of some aged care facilities has been called into question, along with the shortcomings of the accreditation system which offer service providers few incentives to go beyond the call of duty and exceed the minimum standards of care. It is hoped that future service standards and accreditation requirements are aspirational, not just a tick box approach to meet the minimum requirements.

Ageism and workplace culture are key factors which influence the quality of care experienced by older people. Psychologists have extensive training in behaviour and attitudinal change, and are well placed to develop strategies to change the mindset and attitudes of workplaces and staff working in aged care.

The predominant approach within aged care is clinical and medicalised, which often serves to overlook the importance of quality of life and psychosocial



health and wellbeing. In relation to mental health issues, most older adults do not receive psychological interventions and when they do it is only once issues are serious. This is despite research to indicate that many older adults prefer a non-pharmacological approach to assist coping with mental health issues (e.g. Woodward & Pachana, 2009).

### ***Recommendation 2***

*Older people should be at the heart of the aged care industry and it is their perspectives that should be driving change.*

### **Strategic Imperative 3: Industry workforce organisation and education (current and future)**

Mental health problems are prevalent among older Australians, but often go undetected and untreated. Aged care staff interact with older Australians on a regular basis and are well placed to notice changes in older people's mental health and wellbeing. However, frontline workers in the aged care sector need to be better informed about mental health problems among older Australians so that changes are recognised and acted upon, not dismissed as a normal sign of ageing. Staff also need to be equipped with information about appropriate referral pathways for further assessment and treatment and how to initiate a conversation with older people and their families about accessing help.

The lack of staff training in recognising mental health problems is not only a result of variable provision of ongoing professional education, but also the low level qualifications required of the majority of aged care staff.

Aged care staff are not skilled at identifying mental health issues in older people in RACFs and the community setting. The majority of aged care staff (known variously as Personal Care assistants or PCA's, Assistant's in Nursing or AIN's, and Care Service Employees or CSE's) have a low level of vocational training only – Certificate 2 or 3 level and possibly Certificate 4 for an Enrolled Nurse. Therefore there is no or little knowledge base upon which to build the skills required. This affects everything that occurs in the care of older people especially in RACFs. Providers must build the knowledge and training of these workers. The amount of training provided is dependent on the Provider - their motivation, ethics and level of expertise in maximising the income from the Aged Care Funding Instrument (ACFI).

The APS proposes providing training for health professionals on working with aged care staff in identifying mental health problems, particularly depression

and anxiety, associated behavioral symptoms, strategies to address these, and protocols for referral for further assessment and/or psychological services when these issues are present.

Training should be provided to:

- Aged Care Assessment Teams (ACAT) staff
- Home based care service providers
- RACF staff

### ***Recommendation 3***

*Improve the management of behavioural symptoms of mental illness by developing and implementing support programs and training of carers, including engagement of psychologists in RACFs to work with staff to implement individualised behavior strategies.*

### **Strategic Imperative 4: Industry attraction and retention**

Overall, aged care is not perceived to be an attractive sector to work within. It has a reputation for low pay and poor workplace conditions. Furthermore, ageism perpetuates ongoing abuse and neglect of aged care consumers. There is an urgent need to address societal attitudes towards ageing and build aged care into a reputable profession and one in which people actively aspire and choose to work.

The final report of the Future of Australia's Aged Care Workforce identified that nurses, medical professionals and Allied Health Professionals (AHPs) are currently underutilised in the aged care sector (Commonwealth of Australia, 2017). The committee agreed that nurses, medical professionals and AHPs present an opportunity to help fill current workforce gaps, and that there is a need for greater integration of AHPs, in particular, into the aged care sector.

Access to psychological services for older Australian's with mental disorders is currently limited due to funding constraints (particularly via Medicare rebates) and engagement of psychologists in the aged care sector workforce. Currently psychologists have little exposure to the aged care sector which is partly due to the lack of incentives to work in the field.

Only 6% of psychologists in Australia specialise in treating older adults (Koder & Helmes, 2008). Despite increasing interest from postgraduate psychology students to undertake placements within aged care services, there is a lack of funding for appropriate supervision. Funding for such placements, with appropriate supervision, into ACATs and RACFs would not

only provide much needed services to the residential aged care sector, but also provide a sound training and orientation of trainee psychologists to such a sector, thereby encouraging them to stay and work in the area. This is especially the case in regional, rural and remote areas.

As noted, very few RACFs employ a psychologist directly or engage psychologists to deliver services within the RACF. While there is a lack of research into the barriers to engaging psychologists, anecdotal reports to the APS indicate a lack of specific funding and a lack of awareness about the benefits of engaging psychologists are the main barriers.

The following recommendations not only seek to increase access to affordable psychological services for older Australians but will also attract more psychologists into the aged care workforce.

***Recommendation 4***

*Provide access to Medicare rebates for psychological services for older people in RACFs under the Better Access initiative.*

***Recommendation 5***

*Increase the available psychological workforce with expertise in aged care by providing placements and supervision for postgraduate psychology students within aged care services.*

***Recommendation 6***

*Provide additional funding to RACFs to directly engage psychologists to deliver psychological services to residents with mental health problems onsite and provide information about the benefits of psychological support to RACF staff, residents and families.*

**Strategic Imperative 5: Translating research and technology into models of care and practice**

The APS fully supports evidence informed models of care and practice. In relation to addressing the unmet mental health needs of older Australians there is a comprehensive evidence base around, for example, the impact of mental health problems, the use of restrictive practices, the need for accurate diagnoses, and the effectiveness of psychological interventions.

However, while we know how common mental illness is in older people, particularly in RACFs, it often goes unrecognised by individuals, family and health care professionals, and is therefore untreated or inadequately treated.

This is despite having evidence about the benefits of diagnosis and early intervention and the use of psychological interventions. Thus, while the evidence is available, there is still much more work required in order to translate this into practice.

Psychological interventions have been proven to be effective in improving outcomes for older Australians with mental health problems and/or dementia and they also avoid adverse events associated with pharmacological treatment. However, access to psychological interventions is limited, particularly for people with physical disabilities staying in their own home, and in public RACFs.

The evidence points to the effectiveness of psychological interventions for late-life depression, anxiety and dementia in community and residential settings (Davison et al., 2016; Wells et al., 2014; Wuthrich et al., 2016). Interventions such as reminiscence therapies, behavioural activation, cognitive behavioural therapy, and mindfulness-based approaches have been subjected to research trials. Manualised and creative protocols are now available for mapping dementia related behaviour, managing cognitive difficulties, and addressing mood dysregulation (Bird & Blair, 2010; Paukert et al., 2013). Systematic research has demonstrated that psychological approaches are effective in treating behavioural and psychological symptoms of dementia (O'Connor et al., 2009a; 2009b), as well as reducing levels of staff stress and the number of medical consultations by visiting general practitioners (Bird et al., 2002).

The quality of life for many residents in RACFs could also be greatly enhanced by reducing reliance on the pharmacological management of mental health problems and dementia and replacing it with more cost effective evidence-based psychological and behavioural therapies. There are significant financial and quality of life gains to be made from shifting the usual approach to managing these problems from primarily pharmacological (with the concomitant undesirable side effects) to effective, psychological and behavioural interventions that do not incur unpleasant side effects. As has been highlighted, best practice management of mental health disorders and dementia among older Australians involves appropriate and thorough assessment and nonpharmacological management of psychological problems as a first line treatment. There is also a body of evidence supporting the use of psychological approaches for other clinical conditions commonly experienced in later life, including the management of chronic pain, sleep disorders and treatment adherence for chronic medical conditions, as well as support for bereavement, and adjustments to functionality and living conditions, all of which can assist older people to

maintain their independence to the greatest extent possible (Davison et al, 2016).

However, the extent to which psychological approaches can be employed in aged care services (at home and in RACFs) is constrained due to limited funding and engagement of psychologists in the aged care sector workforce. While RACFs could fund private psychology sessions directly, there is no history of psychological service provision in aged care in Australia. RACF managers may not be aware of the evidence for this treatment approach or how to access a psychologist and suggest that the funding that is provided is insufficient to cater to this need (Stargatt et al., 2016). Equally, ACAT staff and Home Care Package staff may lack information about how to facilitate access to psychological services for older Australians in the community, or, as noted above, not recognise the need.

Very few RACFs employ a psychologist directly or refer residents for psychological therapy. In a recent survey of 81 RACFs, only 11 employed psychologists, mostly on a casual or part time basis, with only one setting having a full time psychologist, and referrals to psychologists occurred significantly less often than to other service providers (Stargatt et al., 2016). Employing more suitably qualified staff (which includes psychologists) emerged as the top suggestion for improving aged care homes in an Australian survey of 174 relatives and visitors (Russell, 2017).

***Recommendation 7***

*Better utilise existing evidence (e.g. about the effectiveness of psychological interventions) to support models of care and practice that address the unmet mental health needs of older Australians particular.*

## **About the Australian Psychological Society**

The Australian Psychological Society (APS) is the national professional organisation for psychologists with more than 23,000 members across Australia. Psychologists are experts in human behaviour and bring experience in understanding crucial components necessary to support people to optimise their function in the community.

A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing. Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

### ***Related APS work on ageing and aged care***

- Membership of the National Aged Care Alliance (NACA)
- White Paper addressing mental health needs of older Australians (2017)
- Ongoing APS submissions to ageing and aged care related government inquiries, including:
  - [Future of Australia's aged care sector workforce](#) (2016)
  - [Australian Human Rights Commission National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability: Willing to Work](#) (2015)
  - [Senate Community Affairs Legislation Committee on the Aged Care \(Living Longer Living Better\) Bill 2013 and Australian Aged Care Quality Agency Bill 2013](#)
- [Psychology and Ageing Interest Group](#)

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