Response to consultation survey about the proposed services list and types of services and that should be supported for in-home aged care

1. Are the services you provide/your organisation provides, included in the example service list, including those related to dementia support and services for people with diverse needs?
   Yes

2. Are there services missing which you don't provide but think should be included on an in-home aged care services list?
   No

3. Do you think there are any current or proposed goods or services which should be excluded from an in-home aged care service list?
   No

4. Do you see any challenges in implementing the example services list? Yes

   If yes, please list the challenges and what could help to manage this?

The Australian Psychological Society (APS) is pleased to have the opportunity to provide a response to this consultation survey regarding the new Support at Home program services list and to be involved in related consultations about the new Support at Home program as a member of Allied Health Professions Australia (AHPA).

At the APS, we embed social impact and sustainability in our operations, advocacy and initiatives, guided by the United Nations global Sustainable Development Goals (SDG). The APS commends the Department of Health for recognising the range of services that might be needed to support older people to remain living safely and well in their own home and community, helping to realise SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages.

The APS is aware this services list consultation is occurring in the context of a broader suite of consultations to inform the design of the new Support at Home program including the areas of: assessment; care management; funding and pricing; and program evaluation (as outlined in the Department of Health (Ageing and Aged Care) Support at Home Program Overview paper).
The significant challenge to be met in bringing together all the elements underpinning the new Support at Home program will, however, be ensuring that the implemented program enables older people to gain access to the right services, at the right time for their care and quality of life needs.

Further, the program must also meet the challenge of flexing and adapting to the changing health and wellbeing needs of older people. This includes prioritising access to services that focus on promoting and preventing mental and physical ill health for older people receiving in-home aged care.

Key to addressing this challenge will be ensuring that the Department of Health designs and implements a program that invests in high quality initial and ongoing assessment of an older person’s health and wellbeing needs. Assessment must be adequately resourced to ensure timely, streamlined and robust processes, and the use of suitable tools and highly trained assessors.

Quality assessment processes will also require appropriate triage for older people to gain access to specialist assessors when required. For example, assessing the mental health and wellbeing of older adults is complex with considerable physical and mental comorbidities occurring with age². Psychologists are experts in mental health, wellbeing and behavioural assessments, and well placed to review older people living at home. In addition, psychologists can provide support to assessors, and work with allied health professionals as part of interdisciplinary teams, to meet optimal health promotion, prevention, treatment and reablement needs.

5. Do you have any other comments on the service list?

(1) The section that looks at “Health and Specialised Support” – Allied Health (which includes psychologists) describes the purpose of these services as: “To assist older people to regain or maintain physical, functional and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain living in the community”. The APS strongly advocates for this purpose statement to incorporate specific reference to supporting older people to “regain or maintain psychological health and wellbeing” (in addition to physical, functional and cognitive abilities).

It is well-established that physical, functional and cognitive abilities are inextricably linked with psychological health and wellbeing. For older adults living at home, those who experience psychological distress and mental ill-health have less productive activity and exercise, poorer nutrition, and diminished social inclusion²,³. In addition, psychological health and wellbeing speak to quality of life rather than purely functional aspects.

It is not uncommon for older adults to experience psychological distress. The Australian National Health Survey found that around 7 in 10 (68%) of people aged 65 and over report low levels of psychosocial stress, 1 in 5 (19%) report moderate distress levels, and 10% report high or very high levels of distress⁴. These rates of psychological distress are unsurprising given the challenges that older people routinely live with including: health issues, personally and with others; diminishing function and mobility, independence and sense of purpose; loneliness, isolation and lifestyle changes; and grief associated with deaths of partners, friends and others²,⁵.

For some older adults, psychological distress reaches thresholds for clinical disorder. Australian data indicates 10-15% of older adults experience depression, and 10 percent experience anxiety⁶. Groups of older people who are at increased risk of poorer mental health are those with multiple physical comorbidities, people with dementia, and people who are carers – describing the characteristics of many older adults who seek support from in-home aged care programs. Other groups of older people at increased risk of mental ill-health are women, Indigenous people, people from CALD backgrounds, people with trauma histories (e.g., veterans, refugees) and LGBTQI+ people²,⁷.

Key concerns when supporting the mental health of older people is lower mental health literacy and hesitancy to share their experiences of psychological stress and mental ill-health due to generational stigma about mental health⁸. This can result in symptoms being ignored over long periods of time and seeking professional help only when things reach a crisis point⁸. Further,
older adults in the community underutilise mental health support and care compared to younger adults. It is, therefore, critical that **regaining and maintaining psychological health and wellbeing** is visible in the services list as an acknowledgement and prompt for this to be addressed when assessing and determining services and goals with older people accessing in-home aged care.

(2) The APS commends the inclusion of case management services and argues for routine access to this kind of support, not only for program participants who might be considered complex. The benefit in providing this support to older adults requiring less complex care lies in the human and economic value that care management focused on health promotion and prevention of deterioration can deliver. For example, a case manager can support older people living at home with less complex physical and mental support, and reablement needs to seek out and maintain social and community involvement opportunities, including access to federal and state-based government and community programs. This not only helps older adults maintain their health and wellbeing but also harnesses the potential for their ongoing community contribution through volunteering as well as promoting improved self and community attitudes towards ageing.

(3) The “equipment and aids to assist with mobility” must be accessible in a timely way and include a full range of aids to support prevention, reablement and quality of life, from walking sticks to wheelchairs, and everything in between.

_The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to this submission._

**References**

