

# **Access to psychological treatment services for people with mental illness living in residential aged care facilities**

Consultation summary  
March 2019

# Contents

- Introduction..... 3**
  - Objectives ..... 3
  - Eligibility ..... 3
  - Resident sub-groups ..... 3
  - Essential features..... 4
- Community consultation ..... 4**
- Methodology ..... 5**
  - Regional forums ..... 5
  - Online surveys ..... 6
  - Focus groups ..... 6
  - Consultancy ..... 7
- Emerging themes and feedback ..... 7**
- Conclusion ..... 8**
- Get in touch..... 9**
- Appendices ..... 9**
  - Appendix 1: GP Survey..... 10
  - Appendix 2: RACF Survey ..... 14

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## Introduction

Primary Health Tasmania is required to commission psychological treatment services targeting the mental health needs of people living in residential aged care services (RACFs). These services are intended to enable residents with mental illness to access mental health services that are not routinely available to older people living in residential aged care facilities and not within scope of the personal care or accommodation services RACFs provide. The Commonwealth has identified this as a priority due to evidence that RACF residents have very high rates of common mental illness. It is estimated that approximately 39 per cent of all permanent aged care residents are living with mild to moderate depression.

This Initiative is an extension of the role of Primary Health Networks (PHN) in providing mental health services to underserved groups with needs. It is also in response to the fact that mental health services are not routinely available to residents of RACFs under the Better Access to Psychologists, Psychiatrists and General Practice through the MBS initiative (Better Access).

To assist in designing commissioned services Primary Health Tasmania has undertaken an extensive consultation process that has included:

- extensive community stakeholder consultation with residential aged care staff, general practitioners, sector specialists, peak body representatives, carers and residents.
- process mapping of the referral and assessment processes undertaken in residential aged care facilities to manage residents with a mental health illness
- review of workforce capability of residential aged care staff in the management of residents with a mental condition.

This summary paper provides an overview of the community stakeholder consultation undertaken during February 2019.

## Objectives

The objectives of the Initiative are to:

- provide psychological treatment services targeting the mental health needs of people living in residential aged care facilities.
- enable residents of RACFs with mild to moderate mental illness to access mental health services like those available in the community.

## Eligibility

The Initiative is primarily intended to target residents:

- with a diagnosed mental illness who are living in a residential aged care facility
- with mild to moderate anxiety and/or depression.
- with severe mental illness who are not more appropriately managed by the Older Persons Mental Health Service, and who would benefit from psychological therapy are not excluded from the initiative and maybe be a target group for some Primary Health Networks.

## Resident sub-groups

There are several sub-groups of residents who have particular needs that services are likely to encounter. This includes residents:

- experiencing transition issues, adjustment disorders or abnormal symptoms of grief or loss
- with a history of mental illness for which they received services before being admitted that could not be continued
- who have experienced elder abuse or past or recent trauma

- who in addition to a mental illness, have a level of comorbid cognitive decline and/or dementia
- from diverse and vulnerable communities, including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) or Culturally and Linguistically Diverse (CALD) groups, for whom there maybe additional barriers to diagnosis of care

For this initiative, the definition of mental illness is consistent with that applied to MBS Better Access items. This means that dementia and delirium are not regarded as a mental illness. This is because these conditions require medical and/or other specialist support which is not within the scope of this initiative.

## Essential features

The essential features of the Initiative include services that:

- Offer in-reach services, generally provided on location at RACFs that:
  - Target residents with a diagnosed mental illness or who are assessed as at risk of mental illness if they do not receive services;
  - Provide evidence-based, time-limited psychological therapies which are adjusted to be sensitive to the needs of older people;
  - Be provided within a stepped care framework with a particular focus on meeting the needs of older people with mild to moderate mental illness;
- Are implemented collaboratively, in close communication with RACFs and other key stakeholders, including consumers and family members;
- Are subject to locally developed assessment and referral arrangements which ensure services are matched to need for mental health services
- Are equitable and efficient, to enable access to services to be offered across the region to RACF residents over time.

## Community consultation

To inform service design Primary Health Tasmania consulted with a range of stakeholders. This included

- residential aged care staff
- general practitioners
- specialist services geriatricians, clinical psychologists, psychiatrists, psychologists, social workers, mental health nurses
- peak body representatives, residents and carers.

The community consultations were framed around several issues to assist in the co-design process. This included questions and discussion about:

- what is the referral and assessment process for residents in aged care facilities?
- what mental health assessment tools are used by GPs and RACF staff?
- when is a mental health assessment performed?
- what are the triggers that gives rise to a resident being referred for a mental health assessment?
- what is the collaborative working arrangement between GPs and RACFs?
- what kind of psychological treatment services are provided and/ or recommended?
- what is the availability of psychological treatment services for residents of aged care facilities?, and
- what are the training needs for RACF staff in the management of residents with a mental health condition.

# Methodology

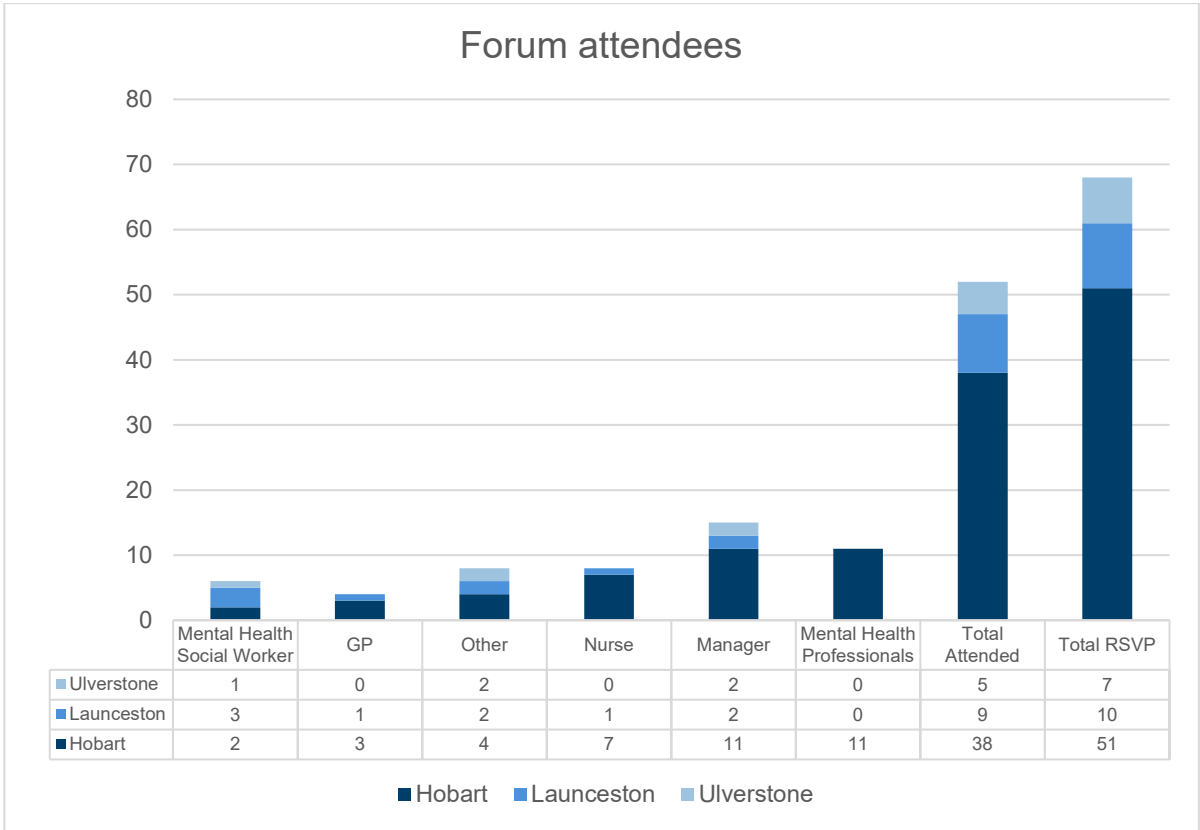
A mixed consultation approach was developed and undertaken to ensure the perspectives of multiple stakeholders informed the co-design process. This included:

- three regional forums with residential aged care providers, general practitioners and specialist services that support older people with mental health conditions
- two online surveys: general practitioners and RACF staff
- five focus groups with residents and
- direct consultation with key stakeholders.

## Regional forums

The stakeholder forums were held in Ulverstone, Launceston and Hobart from 7 February to 13 February 2019 and were facilitated by Dr Kelly Shaw. The format of the forums took a case study approach to gain an in depth understanding of how the mix of service providers attending, manage a resident with a deteriorating mental illness within a stepped care approach. A total of 51 stakeholders attended the forums.

Table 1- Forum attendees



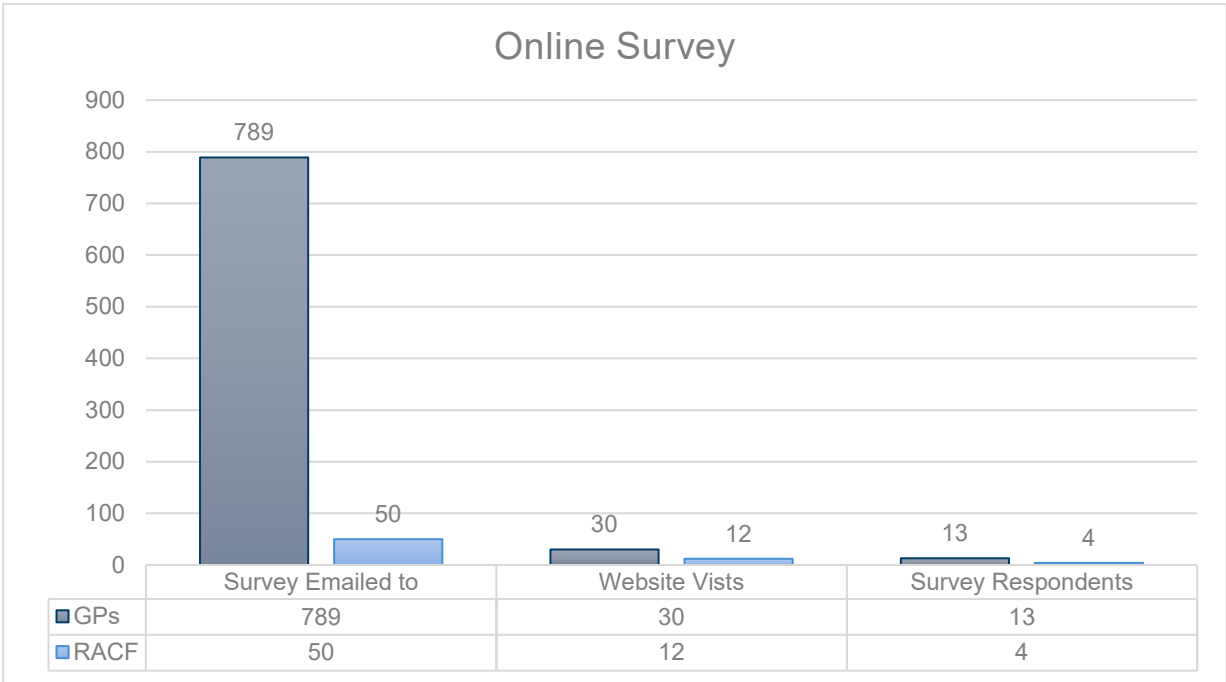
Primary Health Tasmania also consulted via Zoom with Flinders Island and King Island Tasmanian Health Service personnel to provide the staff information about the initiative and to gain an understanding of older residents’ mental health needs and access to psychological treatment services on the islands.

In addition, direct consultation was undertaken with key stakeholders with the Older Person Mental Health Service [North and South], Mental Health Council of Tasmania and Aged Community Services Australia- Vic-Tas (ACSA). Representatives from each group attended the forums and made significant contributions to the discussions.

**Online surveys**

To ensure rural and remote general practitioners and residential aged care staff were able to assist in the co-design process, two online surveys were developed for general practitioners and residential aged care staff respectively. Both surveys were placed on the PHT Engage online portal developed for the initiative. The survey was sent directly to GPs and RACFs through PHTs CRM portal. The purpose of the surveys was to build on what was heard at the forums to gain a further understanding about the referral and assessment pathways, the assessment tools used, the type of psychological services delivered, staff capability and workforce issues from the perspective of both groups. Thirteen GPs and 4 RACF staff responded to the respective surveys.

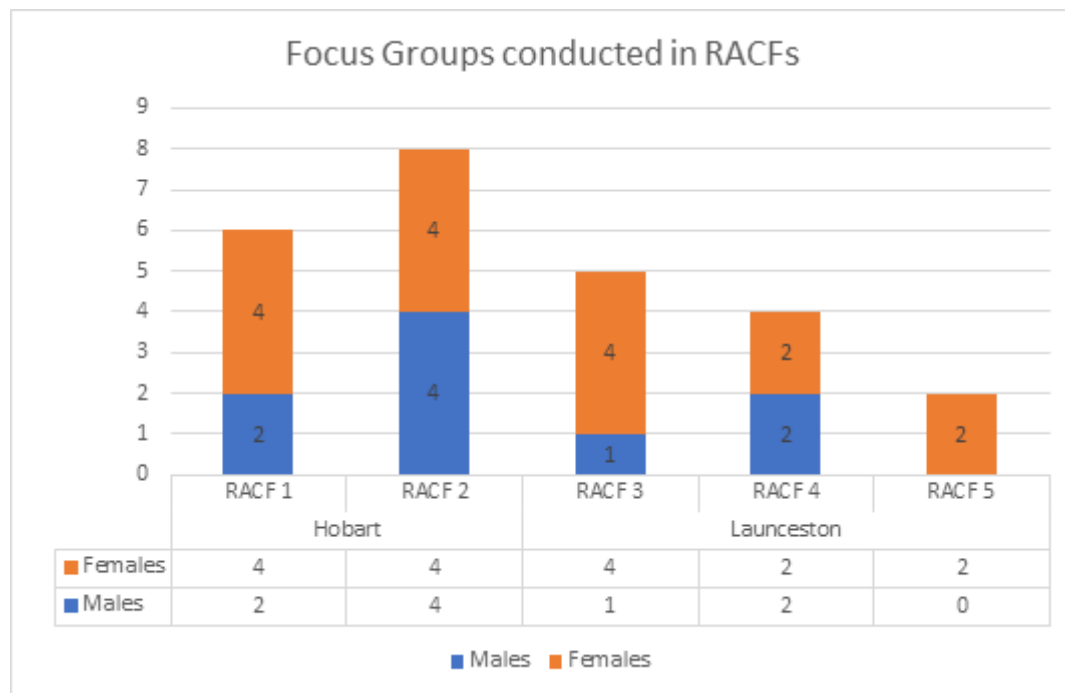
*Table 2 - Online Survey highlights*



**Focus groups**

To ensure the voice of the resident were considered in the co-design process five focus groups were held during February 2019 with residential aged care residents in Launceston and Hobart. A staff member attended one focus group discussion. The focus groups were held around semi- structured interviews with a focus on understanding the experience of residents and the care they receive to support their emotional wellbeing, what helps them and what kind of supports they would like in times of need.

Table 3 – RACF Focus Groups



## Consultancy

To support the co-design process work is progressing with Aged and Community Services Australia (ACSA) to understand the workforce capability, models of care and training recommendations. In addition, an external consultant undertook a review of the referral and assessments process in several aged care facilities across Tasmania. The findings of this review support the feedback gathered during the stakeholder consultation.

## Emerging themes and feedback

The consultation process has provided a significant amount of feedback that has informed the service design, specifically the assessment and referral pathways and workforce capability and needs. However due to the specific nature of the initiative, there are areas in the response – particularly regarding RACF staff capacity, funding shortfalls and access to older persons mental health services – that fall outside of the program’s scope. As such Primary Health Tasmania is unable to comment about or deliver against all the responses.

Through its analysis of the forums, online surveys, focus groups and direct consultation, PHT has identified the following key themes that relate to process, services, workforce and types of therapies:

Theme	Issues identified
<b>Process</b>	<p><b>Referral</b></p> <ul style="list-style-type: none"> <li>Participants identified variable referral points and acknowledged the referral process works well with current referrers.</li> </ul>
	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>Contributors suggested additional mental health assessments would be beneficial to identification and management of mental illness, to compliment the mandatory Cornell Depression Scale assessment process.</li> <li>Regular and ongoing assessments using alternative tools and involvement with family and carers in the process were identified as opportunities to support quality of care, timeliness of processes and understanding of residents' wellbeing.</li> </ul>
	<p><b>Care management</b></p> <ul style="list-style-type: none"> <li>Participants indicated the importance of patient centred care and that a centralised care team that will support communication between staff and providers and enhance therapeutic relationships with residents.</li> </ul>
<b>Workforce</b>	<p><b>Capacity</b></p> <ul style="list-style-type: none"> <li>Participants identified issues with resources (staff and time) and access to specialist support impacts engagement levels and availability to assist with or provide residents' care. Participants identified that funding to increase workforce levels within RACFs was key to addressing the issue.</li> </ul>
	<p><b>Capability</b></p> <ul style="list-style-type: none"> <li>It was identified that it would be beneficial for staff to access training that will enhance mental health symptom identification and assessment processes and care.</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>Participants believed that residents do/would benefit from individual or group easy access to in-reach psychological treatment services and diversionary therapies, provided on-location in RACFs</li> <li>In addition, it was acknowledged that in rural and remote areas, access to telehealth services and leveraging off existing services may support the desire for easier access and support.</li> </ul>

## Conclusion

Primary Health Tasmania would like to acknowledge and thank the survey respondents, residents and organisations that participated in the consultation process.

The depth and breadth of the feedback, harnessed during the consultation, will assist Primary Health Tasmania in building a strong understanding and insight into the needs of the residential aged care sector in the provision of in-reach psychological treatment services.

This important information will also more broadly assist in guiding Primary Health Tasmania's design and needs analysis across the continuum of its commissioned mental health services.



## Get in touch

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## Appendices

- Appendix 1: GP Survey
- Appendix 2: RACF Survey

# Psychological treatment services for people with mental illness living in residential aged care facilities

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## GP Survey

We would like you to answer the following questions and give your valuable insights, where relevant, from a general practitioner perspective.

### Question 1

Do you have a role in delivering psychological treatment services to people in residential aged care facilities? (Choose any one option)

Yes

No

Answer this question only if you have chosen Yes for Do you have a role in delivering psychological treatment services to people in residential aged care facilities?

If yes, on an average how, many residents with a mild to moderate mental illness (percentage of your practice) do you see in a week?

Answer this question only if you have chosen Yes for Do you have a role in delivering psychological treatment services to people in residential aged care facilities?

If yes, what type of psychological treatment services do you recommend. This may include: (Choose all that apply)

Cognitive behaviour therapy

Interventions relying on technology

Life review therapy

Mindfulness-based approaches

Music and arts

Narrative therapy

Person centred care

Physical activity

Relaxation

Reminiscence therapy

Sensory stimulation

Social activities

Other

Answer this question only if you have chosen Other for If yes, what type of psychological treatment services do you recommend. This may include:

Please specify other:

### Question 2

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Who has referred the resident to you for a mental health assessment? (Choose all that apply)

- Enrolled nurse
- Family member/carer
- Mental health nurse
- Personal care assistant
- Registered nurse
- Self-referral
- Social worker
- Other

Answer this question only if you have chosen Other for Who has referred the resident to you for a mental health assessment?

Please specify other:

## Question 3

How do you assess a resident's mental health condition? (Choose all that apply)

- Assessment of Quality of Life (AQoL)
- Depression Anxiety Stress Scales 21 (DASS)
- Health of the Nation Outcome Scales (HoNOS)
- K10
- Life skills profile 16-65+
- Other

Answer this question only if you have chosen Other for How do you assess a resident's mental health condition?

If other, please describe other assessment methods used by you:

## Question 4

For an aged care facility resident at what stage would you recommend a mental health assessment? (Choose all that apply)

- At entry into facility
- At management plan review
- When symptoms are identified by staff
- Other

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Answer this question only if you have chosen Other for For an aged care facility resident at what stage would you recommend a mental health assessment?

Please specify other:

## Question 5

When a resident is assessed as having a mental illness do you work collaboratively with the facility staff to develop a management plan for the resident? (Choose any one option)

Yes

No

Answer this question only if you have chosen No for When a resident is assessed as having a mental illness do you work collaboratively with the facility staff to develop a management plan for the resident?

If no, how are care arrangements coordinated between you and the facility?

Answer this question only if you have chosen No for When a resident is assessed as having a mental illness do you work collaboratively with the facility staff to develop a management plan for the resident?

If you do not provide a management plan then would you refer the patient to a specialist? (Choose any one option)

Yes

No

## Question 6

What do you think is needed or is missing in the provision of psychological treatment services for residents at aged care facilities?

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## Want to discuss further?

Please leave your contact details below if you are comfortable for Primary Health Tasmania to follow up with you.

Name:

Practice/organisation:

Email:

Phone:

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## RACF Survey

We would like you to answer the following questions and give your valuable insights where relevant.

### Question 1

Does your facility provide psychological treatment services to residents diagnosed with a mild to moderate mental illness?

(Choose any one option)

- Yes  
 No

Answer this question only if you have chosen Yes for Does your facility provide psychological treatment services to residents diagnosed with a mild to moderate mental illness?

If yes, please select the type of services your facility provides: (Choose all that apply)

- Cognitive behaviour therapy  
 Interventions relying on technology  
 Life review therapy  
 Mindfulness-based approaches  
 Music and arts  
 Narrative therapy  
 Person centred care  
 Physical activity  
 Relaxation  
 Reminiscence therapy  
 Sensory stimulation  
 Social activities  
 Other

Answer this question only if you have chosen Other for If yes, please select the type of services your facility provides:

If you provide other psychological treatment services please provide information below:

Answer this question only if you have chosen No for Does your facility provide psychological treatment services to residents diagnosed with a mild to moderate mental illness?

If you do not provide any psychological treatment services please explain why not?

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## Question 2

Who provides the psychological treatment services? (Choose all that apply)

- Counsellor
- Diversional therapist
- Mental health nurse
- Psychiatrist
- Psychologist
- Social worker
- Other

Answer this question only if you have chosen Other for Who provides the psychological treatment services?

Please list any other providers below:

## Question 3

Who refers residents for psychological treatment services? (Choose all that apply)

- Enrolled nurse
- Family member/carer
- General practitioner
- Personal care assistant
- Registered nurse
- Self-referral
- Other

Answer this question only if you have chosen Other for Who refers residents for psychological treatment services?

Please specify other:

## Question 4

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What assessment tools does your facility use to diagnose a resident's mental health condition? (Choose all that apply)

- Assessment of Quality of Life (AQoL)
- Depression Anxiety Stress Scales 21 (DASS)
- Health of the Nation Outcome Scales (HoNOS)
- K10
- Life skills profile 16-65+
- Other

Answer this question only if you have chosen Other for What assessment tools does your facility use to diagnose a resident's mental health condition?

Please list any other assessment tools used by your facility:

## Question 5

At what stage is a mental health assessment of residents undertaken? (Choose all that apply)

- At entry into facility
- At management plan review
- When symptoms are identified by staff
- Other

Answer this question only if you have chosen Other for At what stage is a mental health assessment of residents undertaken?

Please specify other:

## Question 6

Do you work collaboratively with the resident's GP, or facility GP, to develop a management plan for the resident? (Choose any one option)

- Yes
- No



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Answer this question only if you have chosen No for Do you work collaboratively with the resident's GP, or facility GP, to develop a management plan for the resident?

If no, are there reasons why not?

## Question 7

How would you rate the availability of the following for your residents?

Questions	Readily available	Somewhat available	Difficult to access	Not available	Not applicable/ don't know
Older persons mental health service					
Older persons psychiatrist					
General psychiatrist					
Psychologist					
Clinical psychologist					
Mental health nurse					

## Question 8

What mental health training does your facility provide to staff?

## Question 9

What do you think is needed or is missing, in the provision of psychological treatment services for residents of your facility?

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## Want to discuss further?

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