



Royal Commission into Aged Care Quality and Safety

**Mental Health Victoria's summary of report
recommendations**

March 2021

Overview

The [Final Report of the Royal Commission into Aged Care Quality and Safety](#) was released on 26 February 2021, and tabled in the Australian Parliament on 1 March 2021.

After revealing concerning and disturbing findings about the treatment and care of many older Australians in aged care facilities, the report makes a series of major recommendations that if implemented, will significantly alter how aged care services are provided and governed across the country.

To inform the Royal Commission's deliberations, Mental Health Victoria provided three submissions outlining key recommendations for reform:

- [Submission to the Royal Commission into Aged Care Quality and Safety](#) (October 2019)
- [Supporting the mental health and wellbeing of older Victorians: A submission to the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety](#) (July 2020)
- [Response to the Counsel Assisting's final submission to the Royal Commission into Aged Care Quality and Safety](#) (November 2020)

We are pleased to see the Final Report includes dozens of recommendations relating to mental health and wellbeing. If implemented, the recommendations will provide for significantly improved access to mental health services for older people, through a range of avenues including care finders, outreach services, dementia care units, home care supports and in residential aged care facilities, with much-needed improvements in safety and quality of care through strengthened human rights protections and workforce upskilling and expansion.

Some of the most significant recommendations include:

- reducing loneliness through a social supports category within the aged care program (Recommendation 33)
- funding 'care finders' to help older people access mental health services (Recommendation 29)
- funding outreach services delivered by Older Persons Mental Health Services, supported by performance measures, benchmarks and standardised service eligibility criteria (Recommendation 59)
- amending the Medicare Benefits Schedule to allow residents of residential aged care facilities to access:
 - GP Mental Health Treatment items
 - mental health assessments and subsequent treatment plans upon entry
 - three-monthly reviews of mental health assessments
 - allied mental health services (Recommendation 60)
- ensuring Specialist Dementia Care Units provide mental health treatments to consumers with a mental health conditions (Recommendation 16)
- including health professionals in aged care workforce strategies (Recommendation 75)
- review the competency frameworks for certificate-based aged care courses (Recommendation 79)
- reimbursing service providers for the costs of mental health education and training (Recommendation 114)
- only allowing psychiatrists and geriatricians to issue initial prescriptions of antipsychotics for people receiving residential aged care services (Recommendation 65)
- strengthening legislation regulating the use of restrictive practices (Recommendation 17)
- ensuring equivalent supports are provided for people with disability through the NDIS and aged care system (Recommendation 72)
- improving interaction between the health and aged care systems through better data (Recommendation 67) and clearer role delineation (Recommendation 69).

Further areas of concern

While we welcome these comprehensive recommendations, we are disappointed in the report's lack of focus on the high rates of suicide among older people. We anticipate that the National Suicide Prevention Adviser's Final Advice will more fully address this issue.

The final report's recommendations are also heavily focussed on reacting or responding to mental health issues in older persons. MHV was disappointed not to see a greater emphasis on mental health and wellbeing promotion and programs and initiatives aimed at the prevention of mental ill-health in the report's recommendations. Stigma around ageing and mental ill health is a significant issue for older people and yet education campaigns to fight stigma was not an inclusion in the report's recommendations.

Finally, we commend Commissioner Briggs for Recommendation 79(2) that the Aged Services Industry Reference Committee consider if Certificate III and IV courses should include additional core competencies relevant to mental health, trauma-informed care, and recognising and responding to crisis situations. However, we note with some disappointment that this recommendation was not supported by Commissioner Pagone. This was a core recommendation across our submissions given the significant deficits in mental health and suicide prevention and response training in the certifications required for aged care workers, and we urge the Federal Government to heed Commissioner Briggs' recommendation.

State and federal cooperation

With the concurrent release of final report of the Royal Commission into Victoria's Mental Health System, we now have an unprecedented opportunity to improve the mental health and wellbeing of older Victorians.

The Victorian Royal Commission recommended a transformational change to the mental health system in Victoria, structured around age-based streams of care and support. In particular, the Royal Commission recommended that the new model for adult and older adult services incorporate specialist multidisciplinary older adult teams within Adult and Older Adult Mental Health and Wellbeing Services to provide specialist treatment and support and assist with the provision of integrated supports, including through connections with the aged care system, to ensure that older Australians have equal access to mental health services as the rest of the adult population.

To realise the potential of both reports, we call on the Victorian and Federal Governments to continue to work together. Following recent examples of state–federal collaboration in mental health, including the establishment of a joint taskforce to facilitate the rapid roll-out of Head-to-Help clinics across Victoria, we know how vital intergovernmental collaboration can be in expanding and strengthening service provision. Ensuring that ongoing aged care and mental health reforms work coherently together will therefore be vital to improving the lives of older Victorians.

Next steps

Following the release of the final report, the Australian Government announced \$452 million in funding to address immediate priorities in the sector. However, much more is needed to ensure the full range of recommendations are implemented, including those relevant to mental health and wellbeing.

We now urge the Australian Government to provide adequate funding in the 2021–22 Budget and Forward Estimates to implement the recommendations, in addition to its ongoing support for mental health and wellbeing initiatives across the age spectrum.

After such a comprehensive inquiry and such confronting findings around the care and treatment of older Australians, urgent investment and implementation is now required to not only save lives, but to improve the quality of life, wellbeing and dignity, of all older people.

Summary of key mental health and wellbeing recommendations

Access and navigation <u>Recommendation 29*</u>	Fund a workforce of ‘care finders’ to link older persons with services outside the aged care system, including mental healthcare, and to conduct follow-ups and check-ins.
<u>Recommendation 54</u>	Ensure equitable access to care for older people in regional, rural and remote locations are able to access aged care in their community equitably with other Australians
Outreach <u>Recommendation 58</u>	Introduce Local Hospital Network-led multidisciplinary outreach services, including nurse practitioners, allied health practitioners and pharmacists, with access to a core group of relevant specialists, including psychogeriatricians
<u>Recommendation 59</u>	Fund outreach services delivered by Older Persons Mental Health Services under the National Health Reform Agreement (supported by performance measures and benchmarks, and standardised service eligibility criteria).
<u>Recommendation 62</u>	Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care
Home care <u>Recommendation 36</u>	Ensure care at home includes the level of allied health care required to restore and maintain a person’s highest level of physical and mental health possible, to maximise their independence and autonomy, and meet any identified needs for allied health care, whether episodic or ongoing.
Residential care <u>Recommendation 37</u>	Implement a category within the new aged care program for residential care that provides safe, integrated and high-quality care based on assessed needs, including mental health and wellbeing supports
<u>Recommendation 60</u>	Amend the Medicare Benefits Schedule to: <ul style="list-style-type: none"> • allow benefits to be paid under the GP Mental Health Treatment items 2700 to 2717 to patients receiving these services at a residential aged care facility • create specific Medicare Benefits Schedule items for: <ul style="list-style-type: none"> ○ mental health assessment, and subsequent treatment plan, within two months of a person’s entry into residential aged care ○ three-monthly reviews of mental health assessment ○ allied mental health services to people in residential aged care
<u>Recommendation 38a**</u>	Require providers to have arrangements with allied health professionals to provide as required by assessment or care plans
<u>Recommendation 38b*</u>	Require providers to employ, or otherwise retain, at least one mental health practitioner
<u>Recommendation 38d</u>	Conduct strict monitoring to ensure that allied health services are provided in accordance with care plans

Carers <u>Recommendations 32</u>	Implement respite supports category within aged care program
<u>Recommendations 42</u>	Improve services and support for informal carers, including through My Aged Care and Carer Gateway
Aboriginal and Torres Strait Islander peoples <u>Recommendation 47</u>	Make specific and adequate provision for the diverse and changing needs of Aboriginal and Torres Strait Islander people
<u>Recommendation 48</u>	Require training on cultural safety and trauma-informed service delivery for government employees and workers in the aged care system (including care finder and assessment services).
<u>Recommendation 50</u>	Assist Aboriginal and Torres Strait Islander organisations to expand into aged care service delivery
<u>Recommendation 51</u>	Improve training and employment of Aboriginal and Torres Strait Islander people in the aged care system
Cultural safety <u>Recommendation 30</u>	Require training on cultural safety and trauma-informed service delivery for workers engaged by aged care providers (including care finder and assessment services)
Prescription practices <u>Recommendation 65</u>	Amend the Pharmaceutical Benefits Scheme Schedule so that only a psychiatrist or a geriatrician can initially prescribe antipsychotics for people receiving residential aged care (GPs can issue repeat prescriptions)
<u>Recommendation 64</u>	Improve access to quality medication management reviews
Restrictive practices <u>Recommendation 17</u>	Strengthening laws regulating the use of restrictive practices under the <i>Quality of Care Principles 2014</i> (Cth)
Dementia care <u>Recommendation 15</u>	Establish a comprehensive, clear and accessible post-diagnosis support pathway for people living with dementia, their carers and families.
<u>Recommendation 16</u>	Review Specialist Dementia Care Units while ensuring services provide mental health treatment to consumers with a mental health conditions
<u>Recommendation 80</u>	Require aged care workers to undertake regular training about dementia care
Wellbeing supports <u>Recommendation 31</u>	Require providers to assign a care managers to develop, with the person and where appropriate their carer, a comprehensive support and care plan, including health and wellbeing activities
<u>Recommendation 33</u>	Implement a social supports category within the aged care program that provides supports that reduce and prevent social isolation and loneliness among older people
Disability supports <u>Recommendation 72</u>	Ensure people with disability receive daily living supports and outcomes through the aged care program equivalent to those that would be available under the NDIS to a person with the same or substantially similar conditions

Workforce and training <u>Recommendation 75</u>	Establish an Aged Care Workforce Planning Division within the Australian Department of Health to develop aged care workforce strategies, including long-term workforce modelling on the supply of and demand for health professionals, and consultation with the providers of education and training for health professionals and personal care workers
<u>Recommendation 79*</u>	Require the Aged Services Industry Reference Committee to consider if Certificate III and IV courses should include recognising and responding to crisis situations, and personal care modules, including trauma-informed care, cultural safety, mental health, and quality of life and wellbeing, as core competencies
<u>Recommendation 82</u>	Require relevant accreditation authorities to consider any changes to the knowledge, skills and professional attributes of health professionals in reviews of accreditation standards
<u>Recommendation 114</u>	Reimburse home support, home care and residential aged care providers for the cost of continuing education and training courses relevant to direct care skills, including dementia care and mental health
Governance <u>Recommendation 67</u>	Improve data to monitor the interaction between the health and aged care systems and improve health and aged care planning and funding decisions
<u>Recommendation 69</u>	Include an explicit statement in the National Health Reform Agreement of the respective roles and responsibilities of approved aged care providers and State and Territory health care providers to deliver healthcare (including allied and mental healthcare) to people receiving aged care services
Legislation <u>Recommendation 1</u>	Replace the <i>Aged Care Act 1997</i> (Cth) with a new Act defining aged care as to include support and care to ameliorate age-related deterioration in a person's social, mental and/or physical capacities to function independently.
<u>Recommendation 14</u>	Include in the new Act a general, positive and non-delegable statutory duty on approved provider to ensure that the personal care or nursing care they provide is of high quality and safe
<u>Recommendation 13</u>	Define "high quality" care in the new Act, and in relation to the Australian Commission on Safety and Quality in Health and Aged Care, as care that is designed to meet the individual needs of the person, including in relation to mental health and cognitive impairment

* Supported by Commissioner Briggs only ** Supported by Commissioner Pagone only



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