



Never too old to grow and learn

Psychology in Aged Care

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Agenda

Session Content

Background and Overview

Presenting Issues, Interventions and Outcomes

Psychoeducation

Views of Residents, Staff and Practitioners

Background

This presentation is based on data collected for our Annual Outcomes Report for the 2023-2024 period. Since 2015, Change Futures has been at the forefront of supporting the mental health needs of aged care residents throughout south east Queensland and northern NSW.

Our Mission, Vision and Values

Mission: The purpose of Change Futures is to work with people of all ages to provide opportunities for positive change and to enhance their psychological and emotional well-being.

Vision: We believe that if we **heal** the past and **live** in the present, we can **change** the future.

Values: We value partnership, authenticity, individuality, kindness and reflective practice.

Background

Our Journey and Achievements

- Trained more than **200 psychologists and mental health clinicians**, contributing to the growth of the psychology workforce experienced in working with older people.
- Recognition for our work at the **International PsychoGeriatric Foundation Annual Conference in Lisbon Portugal**.
- Launch of the **Clinical Excellence Program**, developing and growing the skills of practitioners as well as the development of the **Mental Health Clinician Training Program** to train social workers to become mental health accredited and ongoing training and development of four year psychology graduates.
- Ongoing investment in **psychoeducation programs**, empowering aged care staff to better support their residents alongside our core focus on individual services.

Overview

Comprehensive Care and Innovation

We support both residents and aged care staff through a combination of individual therapy, group programs, and psychoeducation. Our services are part of the Commonwealth-funded Residential Aged Care Psychological Services Program and are tailored to meet the needs of each home.

Our trauma-informed, person-centred approach includes:

- **Individual Therapy:** Face-to-face support addressing residents' unique psychological needs. These sessions are held in residents' rooms or other quiet, private spaces. Communication approaches are tailored to cognitive, cultural, and emotional needs
- **Group sessions:** Focused on adjustment, grief, and reconnecting with meaning. Facilitated sessions foster connection and resilience.
- **Psychoeducation for Residents:** Tailored group sessions for residents on 'Adjusting to Change'.
- **Resident Advisory Groups:** Ensuring the voices of residents inform program design and delivery.

Overview (continued)

Supporting Residents' Mental Health

Change Futures provides individual and group therapy for residents experiencing mild to moderate mental health concerns – such as depression, anxiety, grief, or difficulty adjusting to life in aged care.

Common Referral Reasons:

- Adjustment to aged care or health decline
- Grief, bereavement, and existential concerns
- Anxiety and persistent worry
- Depression, low mood, and withdrawal
- Interpersonal conflict and social isolation
- Trauma (past or recent)
- Addictions or behavioural concerns
- Complex mental health conditions
- Pain management

Overview (continued)

Comprehensive Care and Innovation

- **Psychoeducation for Staff:** 11 topics empowering aged care staff to better support residents.

The program is further enriched by **research** initiatives, including:

- A **drumming project** exploring therapeutic benefits.
- Studies on **clinical risk assessment** in aged care.
- Evaluations of the psychoeducation program's impact.
- Flexible, tailored psychoeducation for staff that aligns with each home's needs
- Resident and staff advisory input to shape accessible, relevant care

Combined Metrics

Regions

- **Brisbane North** PHN region
- **Brisbane South** PHN region
- **Gold Coast** PHN region
- **North Coast (NSW)** PHN region

Service contacts in 2023/2024

- Supported over **3,000** individuals and delivering **18,557** sessions in **245** residential aged care homes.
- Delivered **203** psychoeducation sessions to **1,719** staff participants across **38** homes

Gold Coast Region

Program Reach and Metrics (2019–2024)

- RACHs engaged: 54
- Total sessions delivered (residents): 8524
- Psychoeducation sessions for staff: 159
- Total staff attendance: 1396
- Unique residents supported: 1369

Presenting Issues and Outcomes

Some facts and figures

Presenting Issues

Primary Issues	Proportion	Secondary Issues	Proportion
Adjustment	51.57%	Anxiety & Depression	20.54%
Depression	15.17%	Adjustment	19.26%
Anxiety & Depression	11.01%	Depression	15.83%
Grief	6.63%	Loneliness	14.55%
Anxiety	5.84%	Anxiety	7.13%
Loneliness	2.81%	Interpersonal	6.85%
Behavioural	2.13%	Grief	5.85%
Interpersonal	1.57%	Existential	5.28%
Trauma	1.57%	Trauma	2.71%
Existential	1.46%	Behavioural	1.57%
Addiction	0.22%	Addiction	0.43%

Key Insights

Adjustment challenges remain the most common issue, comprising 51.57% of primary and 19.26% of secondary presentations. This reflects the significant psychological impact of transitioning into aged care, navigating changes in independence, and adapting to new social environments.

Depression, loneliness, and anxiety emerge as interconnected challenges, with many residents presenting with multiple overlapping mood disturbances. This underscores the importance of integrated approaches to addressing emotional well-being.

Grief and interpersonal issues highlight the profound impact of personal losses and changing relationships within aged care environments. Meanwhile, the presence of **trauma and behavioural concerns** demonstrates the need for flexible and comprehensive care strategies to address the broad spectrum of resident experiences.

Outcome Measures

Kessler Psychological Distress Scale (K-5)

The K-5 (Kessler et al., 2002) is a widely used measure of psychological distress, offering valuable insight into clients' emotional well-being. With scores ranging from 5 (minimal distress) to 25 (severe distress), this tool assesses the severity of distress and facilitates meaningful dialogue between clients and practitioners.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 (Kroenke et al., 2001) is a robust tool for assessing and monitoring depressive symptoms. Its effectiveness has been demonstrated across diverse care settings, including primary care and aged care, making it particularly suited for older adults. By quantifying the severity of depression, the PHQ-9 provides actionable insights that inform clinical interventions and support individualised care.

Geriatric Anxiety Scale-10 (GAS-10)

The GAS-10 (Segal et al., 2010) is a specialised instrument for evaluating anxiety symptoms among older adults. Derived from the GAS-30, this abridged version retains strong psychometric properties while being quick and practical to administer. It is especially suited for clients with fatigue or other conditions that make longer assessments challenging. By focusing on anxiety in the geriatric population, the GAS-10 addresses a critical aspect of mental health in aged care.

Brief Adjustment Scale-6 (BASE-6)

The BASE-6 (Cruz et al., 2019) offers a concise yet effective measure of psychological adjustment, particularly valuable for assessing how clients cope with significant life changes. Introduced by Change Futures to address the unique challenges faced by aged care residents, the BASE-6 evaluates barriers to adjustment and helps practitioners tailor interventions to improve adaptive coping strategies.

Results Summary

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
K-5	M = 12.26	M = 9.86	t(2011) = 25.29	p <.05
	(SD = 4.41)	(SD = 3.71)		
PHQ-9	M = 7.31	M = 5.43	t(1309) = 14.29	p <.05
	(SD = 4.86)	(SD = 4.08)		
GAS-10	M = 8.86	M = 6.88	t(1321) = 14.96	p <.05
	(SD = 5.05)	(SD = 4.25)		
BASE-6	M = 18.50	M = 14.14	t(336) = 11.04	p <.05
	(SD = 8.56)	(SD = 6.99)		

Key Measures

- **Psychological Distress (K-5):** A significant reduction in psychological distress, with a mean decrease from 12.26 to 9.86, underscores the program's success in alleviating emotional distress among residents across all regions.
- **Depression (PHQ-9):** A notable decrease in depressive symptoms, reflected in the reduction from 7.31 to 5.43, highlights the program's impact on mood improvement for residents in diverse locations.
- **Anxiety (GAS-10):** Anxiety levels showed a marked improvement, with a mean reduction from 8.86 to 6.88, demonstrating the program's effectiveness in addressing anxiety for older adults across regions.
- **Adjustment (BASE-6):** Residents experienced significant improvements in adjustment, with a mean reduction from 18.50 to 14.14, emphasising the program's ability to support coping and adaptation consistently across all regions.

Psychoeducation

Topics and feedback

Topics

Psychoeducation is a key component of the PAC Wellbeing Program, designed to equip aged care staff with the knowledge and skills to better support residents' mental health. Change Futures offers evidence-based workshops and modules tailored for residential aged care homes, providing practical, engaging, and accessible training to staff across all roles.

The 18 modules cover 11 key topics relevant to aged care, including:

- **Adjustment in Aged Care**
- **Anxiety (3 modules)**
- **Behaviour Management (2 modules)**
- **Chronic Pain (2 modules)**
- **Communication & Validation (2 modules)**
- **Depression (2 modules)**
- **End of Life Stage**
- **Grief in Aged Care**
- **Palliative Care (2 modules)**
- **Self-Care for Staff Working in Aged Care**
- **Suicide in Aged Care**

Each module is carefully structured to ensure relevance, accessibility, and applicability for staff working in diverse roles. Sessions are interactive and collaborative, fostering a deeper understanding of mental health challenges and practical strategies to address them.

Feedback

Participant Feedback and Outcomes

Feedback collected from over 1500 participants consistently rated the psychoeducation training as "Very Good" or "Excellent" for its utility, organisation, and relevance. Notably:

- **99%** of participants stated they would recommend the training to colleagues.
- Staff valued the engaging and well-prepared facilitators, as well as the usefulness of session activities to their roles.

While some feedback from a minority suggested extending session lengths or diving deeper into specialist topics, the overwhelmingly positive responses affirm the program's continued success in meeting the needs of aged care staff.

This year, psychoeducation has not only supported workforce development but also contributed to ongoing research initiatives. Insights gained from participant evaluations and program outcomes have further informed future training content and delivery.

Adapting Staff Psychoeducation to Meet Needs

Staff psychoeducation continues to evolve in response to identified gaps and requests from frontline teams. Behaviour management has been one of the most frequently requested topics, leading to the introduction of more tailored sessions. These sessions now incorporate staff-submitted case studies and practical strategies, with additional discussion time allocated to ensure concerns can be raised and addressed. This approach enhances the relevance and applicability of training, equipping staff with greater confidence in managing challenging behaviours.

Further, recurring training requests highlight broader workforce needs. Grief, end-of-life, and palliative care consistently emerge as priority topics, reflecting the challenges staff face in supporting residents through these experiences. In response, a bereavement module was developed with funding from the Gold Coast PHN. This module commenced rollout to residential aged care homes across the Gold Coast region in March 2024 and is ongoing.

Early implementation findings indicate a strong need for additional debriefing time during sessions. **Staff have expressed the importance of having space to process the emotional impact of their work, reinforcing the value of structured support in these areas.** These insights will guide future refinements to ensure staff feel equipped both professionally and emotionally in their roles.

Case Studies

Reframing Purpose in Later Life (Male aged in 90s)

- A community leader struggling with the transition to residential care and loss of independence, M engaged in 20 sessions across the year. Therapy focused on cognitive-behavioural and interpersonal approaches, including behavioural activation, cognitive restructuring, and reframing his role in later life. Over time, he developed increased acceptance of his health limitations, began participating in values-based activities, and reported improved mood and life satisfaction.
- *"I feel like I can still contribute in small ways. That's enough for me now."* – Resident
- Staff observed increased mood stability and engagement.

Rebuilding Connection through Communication (Female late 70s)

Initially referred for grief, pain management, and interpersonal conflict, M faced challenges adjusting to RACH life. Through fortnightly therapy over ten months, she built communication and self-reflection skills, addressed grief, and developed tools for managing social anxiety. Staff reported fewer conflicts and increased social engagement.

"I feel like I understand myself better and know how to talk to others without getting frustrated." – Resident

"The structured sessions clearly helped her." – Clinical Coordinator

Strengthening Emotional Regulation (Female late 60s)

- Referred due to distress from symptoms of borderline personality disorder, DJ engaged in a year-long therapeutic process using DBT and CBT. She showed meaningful progress in emotion regulation, interpersonal skills, and distress tolerance. Barriers included memory challenges and emotional instability, but these were addressed with practical tools and support.
- *"I used to lock myself in my room and cry... now I take a breath and just go out and talk to other residents. I feel better."* – Resident
Family and staff observed improved communication, mood, and self-awareness.

Feedback

Views of residents, staff and practitioners

Feedback: Residents

- An aged care home staff member shared the story of a resident who initially resisted therapy but eventually became a vocal advocate for the service, saying, “I didn’t realise how much I needed this until I started. It’s like having someone who helps me carry the weight.”
- A resident shared how working with a practitioner helped them reconnect with family members after years of estrangement, stating, “The practitioner didn’t just help me understand myself—they gave me the courage to reach out and rebuild my relationships.”
- Another resident shared how therapy helped them find peace with their transition into aged care, stating, “I was so angry when I moved here, but now I see this as a new chapter—one where I can still grow.”

Feedback: Residents

Resident Advisory Groups (RAGs) remain an essential part of Change Futures' approach to delivering person-centred and responsive mental health care. By engaging directly with aged care residents, families and staff, RAGs provide valuable feedback that shapes our services, ensuring they remain impactful, relevant, and tailored to the needs of those we support.

Practical Feedback for Improvement: RAGs provide actionable suggestions to enhance the delivery of services, including:

- Developing clearer communication strategies to ensure new residents are aware of available psychological services upon admission.
- Scheduling adjustments to reduce wait times and address peak demand periods for therapy.
- Expanding group-based activities such as therapeutic drumming, grief workshops, and resident and family education sessions to complement individual therapy.
- Offering additional resources to help residents better navigate transitions into aged care.

Practitioners

The Power of Presence in Therapy

PAC practitioners often describe their work as both a privilege and a profound responsibility. One practitioner shared: "The most valuable intervention is simply being present with clients—listening, creating, and maintaining connection. This is highly valued by both of us."

Practitioners bring **psychological support, empathy, and continuity** into a setting where residents may face isolation, declining health, and grief. Their presence fosters a sense of **recognition and dignity** in residents' final stages of life.

Thank you

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