



Caring for the Carers

Psychology in Aged Care

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Agenda

Session Content

Background and Overview of Change Futures

Presenting Issues, Interventions and Outcomes

Supporting the workforce:

- Psychoeducation

- Alternative approaches

Case studies

Background and Overview of Change Futures

Background

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.

This presentation is based on data collected for our Annual Outcomes Report for the 2023-2024 period.

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 **and staff** inform program design and delivery.

Overview

Supporting Residents' Mental Health

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

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.
- A reminiscence therapy project rollout
- Resident and staff advisory input to shape accessible, relevant care
- Evaluations of the psychoeducation program's impact ~ Flexible, tailored psychoeducation for staff that aligns with each home's needs

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 (2023–2024) in the Gold Coast Region alone

- RACHs engaged: 54
- Total therapy sessions delivered to residents: 4,316 (since 2019 we have delivered 8524 sessions)
- Unique residents supported: 722 (since 2019: 1173)
- Psychoeducation sessions for staff: 42
Total staff attendance: 396 (since 2019 we have delivered 159 PsychoEd sessions to 1369 staff)



Supporting the Workforce

Psychoeducation

Supporting Staff Wellbeing and Capability

Our psychoeducation sessions are designed to build aged care staff's skills and confidence in supporting resident mental health while also recognising and addressing the emotional demands of their work.

Key themes include:

- Burnout and compassion fatigue
- Cumulative grief
- Emotional regulation and de-escalation
- Micro-restoration and team-based support

"We can't change the workload right now, but we can change how we show up for each other."

Supporting Staff Wellbeing and Capability

Intelligence gathering ~ Aged care staff have highlighted their workforce wellbeing and capability needs:

- Increase dedicated care and support for mental health of staff
- More mandatory education on mental health care of residents
- Attend to more self-care strategies for staff. Care for the carer.
- Staff need to feel supported: Support and provide education for the carer, to better support mental health of residents
- Workforce safety considerations - there can be violence
- Lack of resources / lack of understanding of mental health of residents, affects the culture of the RACH

Today's education session on Self- care was much needed for my staff RACH Clinical Lead

Staff need to feel confident, fulfilled, contented, valued. Staff need to feel supported by increasing their knowledge of 'How to' support residents' mental health. RACH FM

The staff working in aged care - supporting residents with mental health require much more support themselves - there is not enough support for staff regarding their own mental health in aged care. RACH FM

Supporting Staff Wellbeing and Capability

The lack of resources coupled with the lack of education all round, means individuals/residents in this cohort are too easily written off by aged care staff as 'just dementia' or 'just depression of Old age' and no further support offered. RACH Clinical Lead

Overall - We need more PsychoEducation (formal and informal) supporting the staff who are dealing with residents with mental health issues - Visa students and AINs with zero qualifications or experience - we need to step up our game in the mental health forum, do more be more in this space. Not just a bum wiper or a big day care centre. Staff are like family members. We need debriefing - the mental load is increasing. The mental load and the physical load is huge for staff. We need education sessions designed to build aged care staff's skills and confidence in supporting resident mental health while also recognising and addressing the emotional demands of their work.
RACH FM

Tailoring PsychoEducation 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.

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

PsychoEducation: Self Care for Staff working in Aged Care

The 'Self Care' module is a vibrant session where RACH staff are involved in identifying their own self care needs, and how to maintain or regain their health and wellbeing.

The module explores what self care actually is.

Staff discover what provides the energy and capacity *they need* to endure the challenges they may face in their role.

The module highlights HOW they can then **provide the best care** to their residents.

A module that has proved particularly useful during high stress situations including impacts from local natural disasters; high mortality rates.

Attendees often comment on the session as a 'wake up call' to assess their own wellbeing and gives them permission and prompts, to put nourishing practises in place, in readiness for the depleting phases that will inevitably come, in this high stress environment.

**A focus on the three
foundations
of mental well-being**

Maintain a nutritious diet

Gentle exercise

Focus on sleep hygiene

If not you, who, if not now, when?

Feedback on the PsychoEducation sessions for Aged Care Staff

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,
 - the usefulness of session activities to their roles
 - extending session lengths
 - 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, the module is delivered with a bespoke approach

- tailored sessions, small group discussions
- staff-submitted case studies and practical strategies
- open discussion and shared experiences and anecdotes
- development and rollout of resources to address specific topics (e.g.sexual disinhibition)
- 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.

Recurring training requests highlight broader workforce needs.

'Grief'; 'End-of-life', and 'Palliative care' consistently emerge as priority topics also, reflecting the challenges staff face in supporting residents through these experiences.

Adapting Staff Psychoeducation to Meet Needs

In response, a bereavement module was developed with funding from the Gold Coast PHN.

Commenced rollout to 57 RACH's across the Gold Coast region in March 2024 and is ongoing.

Early implementation findings indicate the importance of

- having space to process the emotional impact of their work, reinforcing the value of structured support
- additional debriefing time during sessions
- real examples of what to say, what not to say in responding to the bereaved
- acknowledging disenfranchised grief within this workforce
- acknowledging and accepting their own grief (as a carer)
- strategies for self care and mental health wellbeing of staff

The most significant finding from the rollout of the bereavement module: Aged care staff have said *the creation and roll out of a module to support us and acknowledging our own bereavement has been extremely validating..*

Acknowledgement is key

Case Studies

1. The paradox
2. Real strategies
3. Acknowledgement from management matters
4. Trauma support

Case Study ~ the paradox

An abridged grief process ~ The paradox is, RACH staff bond and care for residents as they would a family member; are expected to care for residents as they would their own family, yet when they pass, they are unable to grieve as they would for a family member. Often, the turnover is immediate, room and wardrobes emptied and re-let, sometimes within 24 hrs.

Identifying, discussing and normalising this has been a very worthwhile (parallel) outcome of the Bereavement PsychoEd.



'Hi [GC PHN], ..It is good that PHN has recognized that there is a gap on how our staff should exhibit grief for residents they have looked after not just for months but sometimes for years.

The education also reminded us of the importance of self-care in order for us to look after our residents. We really appreciated the education, and it would be very beneficial if it was a regular educational session. Thank you'

Clinical Care Coordinator RACH

Case Study ~ real strategies real help

On one occasion in March, staff members were required to leave the psychoEd to attend to a residents family matter, and they fed back that they had literally used the 'effective conversation techniques' and the sample sentences for dealing with grieving family members (that they had learnt 10 minutes prior).

Feedback from Aged care staff: *real tools, what to say, It felt like a truly worthwhile and immersive learning experience.*



On another occasion, Staff members were simultaneously receiving psychoEd, (coming and going from the session) delivering bereavement care to family of a resident recently deceased, supporting each other and all the while discussing and sharing their strategies to support their own self care and acknowledging their grief. The family members stopped by the session in the courtyard to thank the staff for their care and attention for their loved one.

Feedback from Aged care staff: *It was an extremely emotional and rich experience of learning / teaching and supporting that I will never forget. A real conversation starter. We have a great support group with each other.*

Feedback from Director of Care after event: *'Incredibly helpful to enable staff to discuss the recent case and to ask and share their issues relating to bereavement'*

Case Study ~Acknowledgement

The acknowledgement that staff are dealing with bereaved self is extremely validating for them - through psychoEd, acknowledging the needs of this workforce (need bereavement support), and the issue of 'disenfranchised' grief is being addressed.

“Disenfranchised grief refers to the type of grief experienced by individuals when their loss is not recognised or validated by society, social norms, or others around them.” - Thriveworks Counseling 2024.

RACH Staff respond well to the acknowledgement that we (and the GC PHN through this funding) are seeking to support them in this unique environment of constantly dealing with end of life issues and death.

*'Mental health still has very much a strong stigma attached, even amongst the staff perspective. The psychoEd session was very beneficial - because it validates and normalises the need to address mental health issues for **everybody** - Some difficult topics addressed today at psychoEd (bereavement and grief).*

***I loved seeing our staff feeling supported and actively sharing.** We need to focus more on our staff Self Care, Workforce dev and support for staff who are bereaved, (through acknowledgement and validation) - so then they can better support their residents mental health'.*

Clinical Care Coordinator RACH



Case Study ~Trauma support

Following a Resident Suicide, Change Futures provided tailored trauma support to the RACH:



- A two pronged approach - MHP provided 1:1 therapy and support for residents, PsychoEducator provided informal psycho Ed for the staff.
- The therapy was tailored to support residents who witnessed the suicide.
- The MHP re visited the facility in the weeks following and met with affected residents to follow up and provide additional support.
- The PsychoEd was tailored to support affected staff - revolving door/ informal sessions on suicide and indirect / vicarious trauma.
- Discussions around assessing and managing signs of indirect Trauma; EAP and Self care reminders (handouts on self care provided for staff)
- PsychoEducator returned to facility on following day and repeated informal PsychoEd session for (affected) servizio/dining staff.
- Follow Up with staff and their coping strategies in the weeks following event

Thank you for your support to our staff during our trying times last week. We really appreciate it. We love your talk on Indirect Trauma and Self-Care and everyone was engaging...That brief education session you provided prior to our handover was mind-opening and insightful. The ideas you gave to achieve self-care was brilliant and motivated us to just go get that self-care and just do it!

RACH Clinical Manager

Alternative Approaches

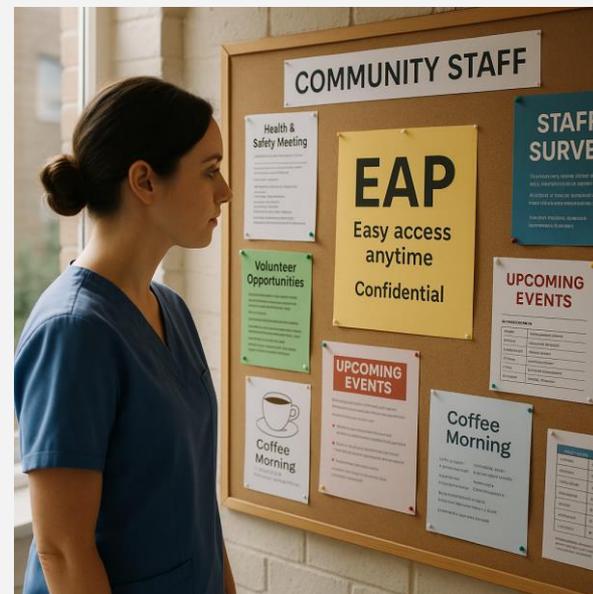
Employee Assistance Programs

Staff with need for support are referred to their organisation's EAP provider.

Details of how to access EAP should be readily available to staff

Change Futures has provided the following supports:

- employee support because of our understanding of the work and its impact
- memorandums of understanding with a number of RACH's.
- individual support to staff who have self referred for therapeutic support. Staff can do this independently of their organisation by seeing their GP and asking for a mental health care plan or contacting Change Futures directly.



Other Supports

Developing staff and organisations

Change Futures currently provides a range of activities to support organisational and staff wellbeing. These include staff training on topics such as:

- Professionalism in the workplace (what it means and how to demonstrate it)
- Team building and collaborative practice
- Values and ethics - personal and professional

Supervision

We provide individual and team supervision to support personal and professional development.

- to expand knowledge and understanding of workplace dynamics
- self in practice
- managing workplace relationships
- understanding values alignment
- preventing burnout and compassion fatigue
- managing boundaries
- developing strategies for self management and self regulation.



Other Supports ~ 13 Ways to Support Staff Wellbeing in RACH

1. Build in Decompression Time

Allow short pauses after high-stress events or between shifts to reset.

2. Create Quiet Spaces

Design calming areas for staff to pause, decompress and restore focus during demanding shifts. e.g. mindfulness or meditation corner

3. Support Small Wellness Rituals

Promote simple habits like stepping outside, stretching, meditating, box breathing ~ or a cuppa break.

4. Normalise Help-Seeking

Encourage access to peer and professional support—without stigma.

5. Protect Break Times

Prioritise uninterrupted rest, even during busy shifts, with access to outdoor spaces.

6. Check In Regularly

Foster open, low-pressure conversations about wellbeing.

7. Model healthy boundaries

Leaders who take care of their own wellbeing give staff permission to do the same.

8. Foster Team Connection

Simple rituals like shared morning teas build belonging.

9. Offer Voice and Choice

Include staff in decisions on rosters, routines, and changes

10. Recognise Everyday Efforts

Celebrate contributions big and small with peer shout-outs and organisation wide recognition

11. Support Recovery, Not Just Resilience

Encourage rest and movement—not just coping—to manage stress.

12. Run Wellness Challenges

Team-based activities like step counts or mindfulness streaks boost engagement and wellbeing.

13. Train to Respond to Distress

Equip staff to recognise and respond to signs of distress in themselves and others. (e.g. mental health first aid or Self Care training).

These skills foster a caring, connected, resilient workplace culture.

Case Study ~ Other supports

Following a Resident Suicide, Change Futures provided crisis support to a RACH. Their correspondence below evidences their efforts to integrate mental health awareness activities.

Create Quiet Spaces

Dedicated quiet spaces in the workplace ~ allows employees to step away temporarily from their workspace and recharge

Support Small Wellness Rituals

Guided meditation and breathing exercises strengthen emotional well-being. Regular practice helps employees stay present, regulate emotions and navigate mental health challenges more effectively.



Email from RACH Clinical Manager: *...requesting more group discussions and sessions on self-care sessions such as 10–15-minute guided meditation, breathing techniques for stress relief and anxiety, and mindfulness that we can teach to our staff where they can apply during their break times.*

A couple of months ago, we had discussions on setting-up a meditation room for the staff to support their well-being and mental health however we were faced with the challenge of the limitation of the available suitable area in the facility to set this up.

I think it is time for us to revisit that plan and start that conversation again so that we can continue to support the morale and well-being of our team.

Thank you

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