



## **Beyond Blue submission to the Royal Commission into Aged Care Quality and Safety**

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## Contents

Introduction.....	3
Summary of recommendations.....	4
1. Implement better mental health screening and assessment.....	5
2. Expand and improve mental health care and treatment.....	7
A holistic approach to mental health and wellbeing.....	7
Quality mental health care for all residents.....	8
Monitoring and reviewing medications.....	9
Investing in the aged care workforce.....	9
Better continuity of mental health care for people transitioning into RACF.....	10
About Beyond Blue.....	11
Six areas for strategic impact.....	11
References.....	12

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# Introduction

Beyond Blue welcomes the opportunity to contribute to the Royal Commission into Aged Care Quality and Safety.

The Australian population is ageing. There are more than 3.8 million Australians aged 65 and over, around 15 per cent of the total population (ABS, 2018). By 2055, the number of people aged over 65 is expected to double (IGR, 2015). Within the next 20 years, the number of people aged 85 years and over is expected to reach one million (ACFA, 2019), and there are likely to be around two million people aged over 85 years by 2055 (IGR, 2015).

Many ageing Australians enjoy good mental health but, as in all stages of life, staying healthy requires attention and action. Planning for our ageing population should prioritise proactive support for the mental health of older people, keeping them physically, mentally and socially active and enabling them to enjoy fulfilling, contributing lives for as long as possible. When mental health issues do arise, there is good evidence to show that the right care, including psychosocial treatments, can improve conditions like anxiety and depression in older people (Wells et al., 2014). Such effective approaches should be available for older people, as they need them, throughout Australia.

Residential Aged Care Facilities (RACF) are intended to provide greater support for older people when they are unable to live independently, and care can no longer be provided at home. Currently, around five per cent of older Australians are living in aged care facilities; more than 230,000 people were permanent residents in 2017-18 (PC, 2019).

**The mental health of older people in RACF is significantly worse than their counterparts in the community.** The prevalence of anxiety and depression usually declines with age, but this is not the case for people living in RACF. **Around half of older people entering RACF in Australia have symptoms of depression** (AIHW, 2013; 2019).

Due to the alarmingly high rates of depression and anxiety in RACF, this submission focuses on practical and achievable solutions to improve the mental health and wellbeing of aged care residents. Despite the high prevalence of anxiety, depression and risk of suicide, there are currently no routine mental health checks or comprehensive mental health support for older people in RACF.

There is also an increased risk of suicide for older men. While suicide is the leading cause of death for men under 44 years, **men over 85 years have the highest rate of suicide of any age group** (ABS, 2017).

**The prevalence and experience of mental health issues among aged care residents is not inevitable.** Better screening processes and targeted, evidence-based treatment programs can make a substantial difference. While access to some services, such as the Better Access initiative, ceases upon entry to residential aged care, the recent introduction of 'Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities' should begin to redress this imbalance. However, the solutions to improve the mental health of residents need to operate at the scale required, and work for all populations.

There are additional concerns for 108,000 older Aboriginal and Torres Strait Islander peoples. Ageing-related conditions are more likely to affect Aboriginal and Torres Strait Islander peoples earlier in life, hence aged care services are planned for those who are aged 50 years and over (AIHW, 2011). While the needs of Aboriginal and Torres Strait Islander peoples are acknowledged under the Aged Care Act 1997, a national audit of Indigenous Aged Care found a lack of culturally appropriate care and continuity of care, particularly for people living in remote and very remote communities (ANAO, 2017). Planning for better aged care in Australia must consider the specific needs and cultures of Aboriginal and Torres Strait Islander peoples and ensure that their voices contribute to shaping solutions.

## Summary of recommendations

- Residential aged care providers should undertake comprehensive health screening, with residents and their families as active participants. Routine screening checks should include initial and ongoing screening of mental health and wellbeing, using evidence-based tools such as the [Geriatric Anxiety Index \(GAI\)](#), the [Geriatric Depression Scale \(GDS\)](#).
- Aged care providers should support the relationships between the physical health, and social, emotional and mental health of their residents through specific actions that a) provide a high-quality diet and b) support regular participation in physical activity. The evidence base for improving the mental health of old people consistently points to active participation strategies like behavioural activation, befriending and socialisation. These approaches can be integrated into everyday activities such as eating together and engaging in appropriate physical activity.
- The Commonwealth Government should, subject to positive evaluation, expand RACF mental health funding through PHNs, so that effective mental health support and treatment can be provided to *all* residents. In accordance with the stepped care model, evidence-informed low intensity interventions to treat mild to moderate anxiety and depression must be part of the mix of services.
- Aged care providers must ensure that medications for residents are prescribed in line with clinical guidelines, and in consultation with individuals and their families. Frequent reviews of sedatives and anti-depressant medications should be conducted by a GP or pharmacist with a focus on matching the type and severity of conditions to the best mix of therapeutic approaches.
- The Commonwealth Government should support residential aged care providers to upskill their workforces, with training and resources for managing mental health issues.
- Residential aged care providers should expand workplace health and safety policies to include the implementation of evidence-based practices to create mentally healthy workplaces.
- The Commonwealth should implement better pathways of care to enable older people to continue to receive effective mental health support and treatment from their existing and trusted health professionals such as GPs, psychiatrists and psychologists.

# 1. Implement better mental health screening and assessment

**Recommendations:** Residential Aged Care Facilities should undertake comprehensive health screening, with residents and their families as active participants. Routine screening checks should include **initial and ongoing screening of mental health and wellbeing, using evidence-based tools** such as the [Geriatric Anxiety Index \(GAI\)](#), the [Geriatric Depression Scale \(GDS\)](#).

## Older people in RACF are at higher risk of developing mental health conditions

Anxiety and depression are common in Australia. More than two million Australian adults have anxiety and around one million people are affected by depression each year. The prevalence of these mental health conditions generally declines with age, from one in four (26 per cent) people aged 16 – 24 years, to around one in 20 (6 per cent) of people aged 75 – 85 years (AIHW, 2013). However, the prevalence is much higher in RACF, with **almost half (49 per cent) of permanent residents showing symptoms of depression** (AIHW, 2019).

Moving into a RACF is a major transition point and life event. People entering RACF are often moving away from their home, families and friends. They may have declining health, or a recent major health event. They often struggle with the loss of independence, and may lack meaningful activities. These factors often make them vulnerable to common risk factors for depression including loneliness and social isolation (NARI, 2016).

Some groups are even more susceptible to mental health conditions as they age. Older Indigenous people, older women and older residents born in non-English speaking countries have been found at higher risk of depression (NARI, 2009; 2016). There is also greater risk of mental health conditions including depression among people with a co-existing chronic health condition, such as heart disease or Type 2 Diabetes. (NARI, 2016). Along with the growing, ageing population, the proportion of older people with a chronic health condition is also increasing (AIHW, 2018).

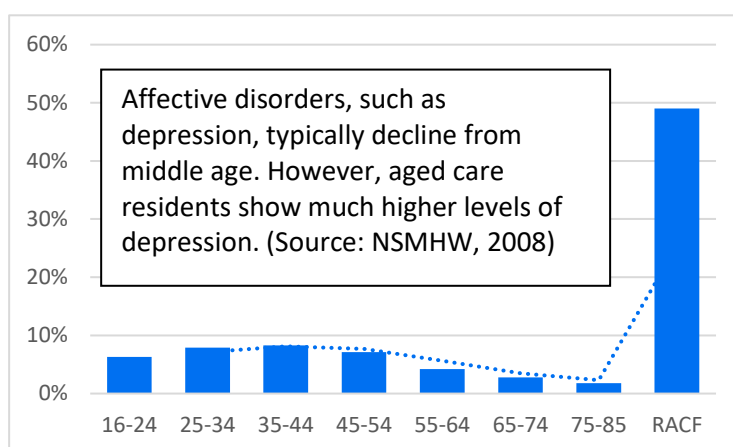
However, mental health conditions among older Australians often remain underdiagnosed and undertreated. The ‘overshadowing’ effect of physical ailments mean people’s mental health is overlooked. Common symptoms of depression, such as persistent sadness, lacking interest and being unable to enjoy daily activities are often unheeded or assumed to be a normal part of ageing (NARI, 2016). Left unaddressed or untreated, these conditions can affect social, emotional and physical wellbeing.

Untreated depression can also increase the risk of suicide. **Men over 85 years old have the highest rate of suicide of any age group in Australia**, with 32.8 deaths per 100,000 older men, more than six times the rate of women the same age (ABS, 2017).

## Routine mental health checks can significantly improve identification and treatment

**Clinical anxiety and depression must be detected in order to be treated.** Early diagnosis and the right treatment are vital for recovery, and improving quality of life (NARI, 2016).

**There are currently no regular checks in RACF for mild-to-moderate anxiety and depression, common mental health conditions which could be managed with early intervention, low intensity mental health support.** This approach would help prevent the deterioration of symptoms and the progression of illness. The Aged Care Funding Instrument (ACFI) is currently used to assess a person’s needs and corresponding funding entitlements in RACF, based on a series of domains including: ‘Activities of Daily Living’, ‘Cognition



and Behaviour’ and ‘Complex Health Care’. It includes the Modified Cornell Scale for Depression in Dementia to assess the signs and symptoms of depression, as part of the Behaviour domain. The ACFI is conducted when a person enters RACF, then annually or “when care needs change” (PC, 2019).

The assessment of a person’s care needs in RACF should include *routine mental health checks* for mild to moderate anxiety and depression, to assess mental health and wellbeing on a regular basis and inform the right support and funding to care for their mental health needs. The [Geriatric Anxiety Index \(GAI\)](#), the [Geriatric Depression Scale \(GDS\)](#) are specifically designed for older people, and demonstrate accuracy in detecting anxiety and depression (NARI, 2016). Without regular screening using evidence-based tools, the mental health and wellbeing needs of older people cannot be appropriately identified and managed.

**The new national assessment framework provides a crucial opportunity to embed mental health and wellbeing checks and evidence-based referral pathways.** A review of the national assessment, classification and funding systems, commissioned by the Department of Health, recommended a series of reforms including “refinement of the ACFI based on clinical expert review.” (McNamee et al., 2017). From 2020, a single eligibility assessment is expected to cover all types of aged care services, including RACF (ACSC, 2016). These changes provide a timely opportunity to incorporate mental health screening and link to relevant psychosocial and clinical treatment pathways.

**Individuals, families and carers should take an active and informed role in mental health and wellbeing checks** alongside health professionals, such as General Practitioners. Whenever possible, mental health checks should consider a person’s preferences and life experiences, and advice from trusted loved ones, as well as professional expertise. This will enable a person’s care plan to reflect the right type and right level of mental health care to support their best possible mental health.

**Routine screening checks can also better identify and treat older people who are at risk of suicide.**

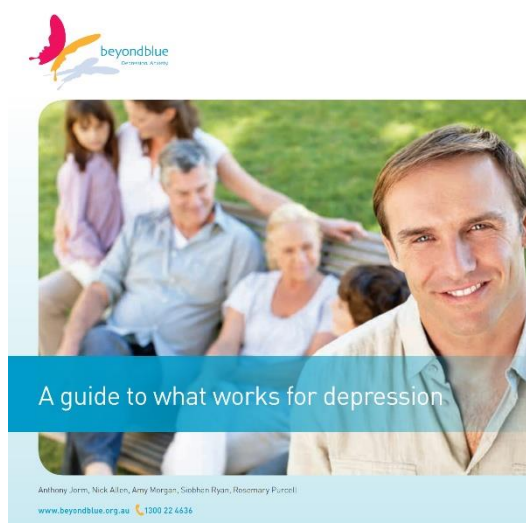
Although the relationship between mental ill health and suicide is not linear (many people who live with mental health conditions do not have suicidal thoughts or behaviours, and many people who die by suicide do not have a diagnosis of a mental health condition), the two are linked. The high rates of suicide among older men aged over 85 years highlights both the urgency and importance of reliable mental health and wellbeing checks and quality support. These checks must be backed up by evidence-informed protocols to support anyone who is identified as being at risk of suicide.

## 2. Expand and improve mental health care and treatment

Residential aged care service providers must be adequately resourced to provide residents with holistic care that reflects the multiple factors linked to the wellbeing of older people - including physical health, mental health and social connection.

The transition into RACF can be a time of significant change and stress for older people, as they settle into new environments, new routines and new neighbours and staff. Older people entering RACF are often faced with reduced autonomy and greater needs, and rely on the provider and staff to offer quality care and activities that support their wellbeing.

Residential aged care providers should foster environments that enable residents to be healthy, active and enjoy the company of others, as much as possible. It is critical that older people and their families and other support people are central in deciding what works to protect their mental health and wellbeing. Cultural preferences should be considered through consultation with older persons and their families, particularly for Aboriginal and Torres Strait Islander people and residents born in non-English speaking countries.



### A holistic approach to mental health and wellbeing

**Recommendations:** Aged care providers should support the relationships between the physical health and social, emotional and mental health of their residents through specific actions that a) provide a high-quality diet and b) support regular participation in physical activity. The evidence base for improving the mental health of old people consistently points to active participation strategies like behavioural activation, befriending and socialisation. These approaches can be integrated into everyday activities such as eating together and engaging in appropriate physical activity.



#### a) Providing a high-quality diet for all residents

A good diet is a key to good mental health. Appetising, nutritious and enjoyable meals served in sociable environments are essential ingredients to residents' wellbeing and connectedness. Older people and their families should be able to contribute to the planning of healthy meals, so their cultural and taste preferences are considered.

Eating a high quality diet is associated with a reduced risk of depression, particularly those with Type 2 Diabetes, which occurs in 10 -20 per cent of older people (Dipnall et al., 2015; AIHW, 2018). Older people in RACF are at risk of nutrition-related problems which can significantly affect their quality of life. These can include unintended weight loss and malnutrition, which increases the risk of falls (Kaiser et al., 2010; Neyens et al., 2013). Falls are a leading cause of injuries among older people and related to 88 per cent of Victorians living in RACF who required hospitalisation for an injury (VISU, 2018).

#### b) Supporting regular participation in physical activity

Participation in regular, appropriate physical activity offers a wide range of physical and mental health benefits for older people - exercise can reduce the risk of developing anxiety and depression, and is

recognised as an effective strategy to aid recovery from mild depression (Wells et al., 2014). Being active in older age is linked to preserving and improving cognition in those without dementia (WHO, 2015). Physical activity is also associated with a reduced risk of cognitive decline and dementia, and may be protective against stroke (Blondell et al., 2014; WHO, 2015).

Both the physical abilities and personal preferences of older people and their families should be taken into consideration when planning evidence-based physical activity. Beyond Blue's ["What works to promote emotional wellbeing in older people"](#) (Attachment A) includes a summary of effective physical activity therapies in RACF (Wells et al., 2014).

## Quality mental health care for all residents

**Recommendations:** The Commonwealth Government should, subject to positive evaluation, expand RACF mental health funding through PHNs, so that effective mental health support and treatment can be provided to *all* residents. In accordance with the stepped care model, evidence-informed low intensity interventions to treat mild to moderate anxiety and depression must be part of the mix of services.

The Commonwealth Government has funded Primary Health Networks (PHN,) to commission new services in RACF to support residents with a diagnosed mental illness or who are assessed as at risk of mental illness, including those with mild to moderate anxiety and depression (DoH, 2018b). The \$82.5 million funding is estimated to reach up to 50 per cent of residents with symptoms of depression over four years, and is extremely welcome.

However, this potentially leaves *half of aged care residents with or at risk of depression still unable to access appropriate support and treatment.*

A range of psychosocial interventions can prevent and manage low to moderate anxiety and depression, along with other important aspects of holistic care including healthy eating, physical activity and social activities (Wells et al., 2014). The Beyond Blue guide to ["What works for depression"](#) (Attachment B) includes a menu of effective, evidence-based psychological treatments which can be implemented and evaluated in RACF (Jorm et al., 2013).

Low intensity support programs which offer effective treatment for older people should be prioritised for expansion into all RACF. Cognitive Behaviour Therapy (CBT) is one of the most effective treatments for anxiety and depression (Wells et al., 2014). There are a number of evidence-based low intensity programs, including the UK's Improving Access to Psychological Therapies (IAPT) program, which demonstrate effective recovery from mild to moderate symptoms of anxiety and depression.

Effective programs based on the successful IAPT model have been adapted for Australia, including NewAccess developed by Beyond Blue (Edwards et al., 2015). The NewAccess program currently operates in RACF in two Primary Health Networks<sup>1</sup>, with an excellent recovery rate of 80 per cent among residents (Beyond Blue, 2019). Other 'talking therapies' such as 'life review therapy' can alleviate symptoms of anxiety and depression in older people (Wells et al., 2014).

A range of technologies including virtual counselling can be used to deliver CBT, and effectively treat mild to moderate anxiety and depression.

In addition to low intensity treatments, clinical pathways should be in place across the stepped care model, to enable residents to be 'stepped up' if they experience more severe symptoms and require clinical mental health support.

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<sup>1</sup>Central and Eastern Sydney Primary Health Network and South Western Sydney PHN provide the NewAccess program to people in RACF.



## Monitoring and reviewing medications

**Recommendations:** Aged care providers must ensure that medications for residents are prescribed in line with clinical guidelines, and in consultation with individuals and their families. Frequent reviews of sedatives and antidepressant medications should be conducted by a General Practitioner or Pharmacist with a focus on matching the type and severity of conditions to the best mix of therapeutic approaches.

The full range of clinically-effective treatments for common mental health conditions should be available to people in RACF. Often, the most effective approach combines medications with some form of talking or active therapy. This includes evidence-based psychotherapies such as behavioural activation and a range of interventions outlined in Beyond Blue's guides to ["What works for depression"](#) and ["What works for anxiety"](#) (Attachment C) (Jorm et al., 2013; Reavley et al., 2013).

Despite a range of evidence-based non-pharmacological treatments, the over-sedation and overprescribing of sedatives, antipsychotics and antidepressants remains an ongoing concern in Australia, with the reporting of inappropriately high rates of prescribing of antipsychotic medications in RACF (Westbury et al., 2018). The health risks of overuse and extended duration of medications are linked to a greater risk of falls and higher mortality among older people (Westbury et al., 2018). An Australian trial with 150 RACF resulted in significant changes for more than one third of all residents who were prescribed sedatives – 39 per cent had their dose reduced or ceased at six months in the Reducing Use of Sedatives (RedUse) project (Westbury et al., 2018). The RedUse project suggests there is a widespread need for evidence-based programs which promote the appropriate use of sedatives in RACF.

Regular reviews, as part of routine care, are needed to safeguard against over-sedation and overprescribing in RACF. Medical reviews should be clearly documented, along with the input of older people and their families, who should be encouraged to share their feedback during regular health checks and medication reviews.

## Investing in the aged care workforce

The workforce that keeps Residential Aged Care running faces a multitude of challenges every day. They are frequently overstretched, under pressure and carry grief for the loss of people to whom they have given care. Fostering a better understanding of mental health among staff will improve their ability to identify and respond to the needs of residents, and also help to promote their own mental wellbeing, and the wellbeing of their colleagues. Investments in mental health knowledge and skills should be made in accordance with the roles and levels of different types of aged care staff.

**Recommendation:** The Commonwealth Government should fund residential aged care providers to upskill their workforces, with training and resources for managing common mental health issues.

The implementation of evidence-based training for staff in aged care, such as Beyond Blue's [Professional Education in Aged Care](#) (PEAC) program, can improve the knowledge of aged care staff about the signs and symptoms of anxiety and depression in older people. PEAC is an online, evidence-based professional development program for staff working in RACF, as well as community settings. The program offers practical information so staff can identify common mental health conditions, have an increased awareness of evidence-based psychosocial support options, and confidently refer onto clinical support for residents with complex mental health conditions.

The high prevalence and complexity of mental health issues among older people in RACF is not currently matched by the capabilities and training of staff in this area. The detection, management and reporting of mental health conditions in RACF may be impacted by levels of social and self-stigma associated with mental health among older people. Symptoms may be incorrectly assumed to be 'just a part of ageing', rather than pointing to detectable and treatable conditions (NARI, 2016). In addition, anxiety and depression can present differently in older people - for example older people with depression report more physical and psychotic symptoms compared to younger people with depression (NARI, 2016).

**Recommendation:** Aged care providers should expand workplace health and safety policies to include the implementation of evidence-based practices to create mentally healthy workplaces.

RACF that implement 'workplace wellbeing' strategies, such as Beyond Blue's free [Heads Up](#) initiative, have the potential for widespread benefits to improve the mental wellbeing of all staff, reduce stigma and promote mentally healthy environments for residents, and their families and carers.

Several studies have been undertaken looking at the return on investment for workplaces who invest in effective workplace mental health interventions. A PwC study commissioned by Beyond Blue found that Australian workplaces can expect a positive return on investment (ROI) of 2.3, or an average of \$2.30 in benefits for every dollar invested in workplace mental health (PwC and Beyond Blue, 2014).

The study also found that, on average, when a 33 per cent reduction in presenteeism, absenteeism and workers compensation claims is achieved, this translates to:

- an additional 10 hours of productivity for people with mild mental health conditions
- an increase of seven productive working days for people with moderate mental health conditions
- an increase of 17 productive working days for people with severe mental health conditions (PwC and Beyond Blue, 2014).

## Better continuity of mental health care for people transitioning into RACF

**Recommendation:** The Commonwealth should implement better pathways of care to enable older people to continue to receive effective mental health support and treatment from their existing and trusted health professionals such as GPs, psychiatrists and psychologists.

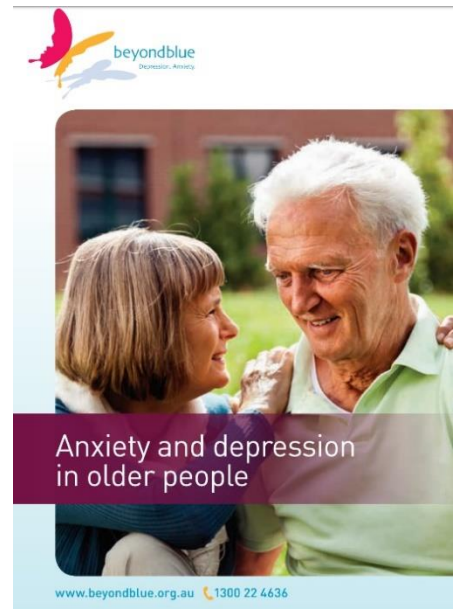
Moving into residential aged care usually breaks the clinical healthcare relationships that people have developed in their own communities, due to changes in funding arrangements, restrictions on the Medicare Benefits Scheme or difficulties in arranging transport or in-reach by health professionals. For older people whose mental health was supported by these relationships, this can be a significant backward step.

People who move into residential aged care tend to be older than people in other types of aged care services and often require more complex care compared to those supported with "in-home" and community care services.

The changing demographics and dynamics of aged care in Australia suggest the expectations and demands on services will continue to grow (ACFA, 2019). This is likely to increase the level of specialist health services, including for mental health, which will be required in RACF. Coordinated care planning, including with families, which enables more holistic, joined-up care should also be supported.

Many older people have existing mental health care plans funded by "in-home" Commonwealth support programs, prior to becoming a permanent resident in RACF. While mental health care can exist under in-home programs such as 'Better Care' support, mental health care is not routinely available to older people in RACF and is not within scope of the personal care or accommodation services in RACF.

The Commonwealth Government announced funding of \$98 million in 2018-19, to increase payments for GPs to attend residential aged care homes to treat patients (DoH, 2018a). The positive results from this scheme, including the appropriate use of medications, should inform future funding. It is vital to improve continuity of care through existing funding channels, such as the Medicare Benefits Scheme, to help ensure the mental health needs of residents are met efficiently and effectively, and informed by the needs of the person, their families and carers.



# About Beyond Blue

Beyond Blue is a national, independent, not-for-profit organisation with a vision for all people in Australia to achieve their best possible mental health. We work to create change to protect everyone’s mental health and improve the lives of individuals, families and communities affected by anxiety, depression and suicidality.

## Six areas for strategic impact

Beyond Blue delivers a suite of integrated initiatives across six areas that we believe are essential to improving Australia’s mental health.

Impact area	Major initiatives
1. Prevention and early intervention where people live, work and learn	<ul style="list-style-type: none"> <li>• <b>Healthy Families:</b> providing practical resources to build children’s resilience and support mentally healthy parents and carers.</li> <li>• <b>Heads Up:</b> facilitating the adoption of workplace mental health strategies in organisations across Australia; lifting resilience, recovery and productivity.</li> <li>• <b>Be You:</b> Australia’s national education initiative, enabling mentally healthy learning communities for educators, children and young people and their families.</li> </ul>
2. New service innovation to support reform of the mental health system	<ul style="list-style-type: none"> <li>• <b>NewAccess:</b> coaching people with mild-to-moderate depression and anxiety; delivering a recovery rate of 70 per cent and a cost-benefit of 1.5.</li> <li>• <b>The Way Back:</b> supporting people after a suicide attempt with one-on-one, non-clinical care and practical support.</li> <li>• <b>BeyondNow:</b> An app for people to develop a suicide safety plan that they work through when they’re experiencing suicidal thoughts.</li> </ul>
3. Changing the conversation - improving mental health literacy, stigma & discrimination	<ul style="list-style-type: none"> <li>• <b>Campaigns:</b> e.g. ‘Know When Anxiety is Talking’, a national campaign to help people to recognise and take action on anxiety conditions.</li> <li>• <b>Traditional and social media:</b> Beyond Blue reaches millions of Australians daily through our newsroom contacts, media releases and opinion pieces. Beyond Blue also has over 835,000 followers on social media.</li> </ul>
4. Supporting people in need	<ul style="list-style-type: none"> <li>• <b>Beyond Blue Support Service:</b> receiving almost 200,000 contacts a year and providing free advice and counselling from mental health professionals.</li> <li>• <b>Online peer-to-peer forums:</b> helping over 1.3 million people a year seek advice and support from others with similar experiences with very positive outcomes.</li> <li>• <b>Beyond Blue website:</b> helping almost 8 million people in the past year with information and tools to recognise and recover from depression, anxiety and suicidal thoughts.</li> </ul>
5. Policy advocacy and research to drive system change	<ul style="list-style-type: none"> <li>• <b>Policy advocacy:</b> delivering high quality policy advice and solutions through expert analysis, strategic insights and collaboration with key stakeholders.</li> <li>• <b>Research:</b> Since 2002, Beyond Blue has invested \$70 million in research to identify and disseminate best practice.</li> </ul>
6. Partnering with people affected by anxiety, depression or suicidality	<ul style="list-style-type: none"> <li>• <b>Blue Voices:</b> an online reference group of more than 7,100 people who provide feedback that informs all aspects of Beyond Blue’s work.</li> <li>• <b>Speakers and Ambassadors:</b> 20 high profile Ambassadors and 300 Speakers undertake 700 national engagements a year, lifting mental health literacy and helping to tackle stigma and discrimination.</li> </ul>

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