Summary of findings and implications for policy and practice

centre for better relationships

Overview

This document summarises the findings and implications from a research report that explored how mental health during the transition into residential aged care. The report draws on a survey of nurses and personal care assistants (PCAs) and interviews with residents and family members. It identifies the transition as a period of heightened psychological vulnerability. While policy reforms emphasise mental health, the findings highlight gaps in everyday practice.

Mental health challenges are common during the transition

Across both studied, psychological distress was a common experience for newly admitted residents. Staff perceived high levels of psychological distress, with 79% rating new residents' distress as high or very high. Residents and families described sadness, grief, withdrawal, and difficulties adjusting. Some minimised this as *"normal"*, and some felt *"lost"* or uncomfortable months after admission.

How mental health is identified and supported

Nurses and PCAs described observation, wellbeing checks, and referral pathways as the primary approach to supporting mental health. PCAs were identified as most likely to recognise changes, with nurses organising follow-up assessment and referrals. Residents and family members reported that medication was the most common intervention, with some benefitting and others continuing to struggle with underlying grief or distress. Interviews highlighted limited engagement with psychological services, prompting one family member to describe professional psychological support as *"the missing piece of the jigsaw*".

Meaningful engagement and social connection are central to wellbeing but unevenly supported

Group activities were commonly used to support wellbeing. Residents' experiences varied significantly. Some integrated quickly, supported by peers. Others encountered barriers, including accessibility challenges and discomfort living alongside residents with high care needs. These challenges led some to withdraw or reduce participation.

Families played an active role in supporting connection by organising visits, encouraging participation, and advocating for personalised activities. However, some requests could not be accommodated, reflecting limited flexibility within facilities.

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Relational care is highly valued but constrained by staffing patterns and time pressures

Residents and family members highlighted the importance of relational care (i.e. meaningful one-on-one time, listening, and genuine personal interest). Positive interactions were not limited to those in caring roles. Lifestyle workers, maintenance staff, cleaners, and gardeners also contributed to residents feeling acknowledged and supported. In contrast, impersonal, task-focused approaches were described as diminishing autonomy and connection.

Staff identified relational care as a key area for improvement to better support new residents' mental health. This suggests challenges in consistently embedding relational practices into everyday care. However, when done well, relational care was seen as having clear benefits for residents' mental health and wellbeing.

Implications for policy and practice

The findings highlight that mental health support remains reactive, with limited involvement from mental health professionals. It relies on a medication-led approach, and group activity model that may not be suitable for everyone.

The report identifies the need to incorporate mental health professionals into admission processes, adopt whole-of-facility approaches to relational care, and adapt activity offerings to support diverse preferences and needs. Current care minute definitions restrict capacity for relational and preventative support by excluding allied health and roles across the aged care setting, despite their important role in supporting everyday emotional connection.

Key implications include the need to:

- **Embed mental health professionals in admission pathways** to provide structured early psychosocial support.
- **Broaden the workforce responsible for relational care**, recognising contributions beyond nurses and PCAs.
- **Ensure meaningful engagement is personalised, flexible, and accessible**, not solely reliant on group activities.
- **Stabilise funding for lifestyle and wellbeing programs** to support consistent, diverse activities.
- **Recognise emotional and social wellbeing as equally important to clinical care** within funding and care models.