Policy brief:
Supporting mental health during the transition into residential aged care

centre for better relationships

This brief was based on research conducted by the Centre for Better Relationships, the research and policy arm of Better Place Australia.

Better Place Australia provides a supportive place for individuals, couples, families. Our Older Person team provides psychological services within more than 100 residential aged care facilities on the Mornington Peninsula, Geelong-Otway regions, and Northern region of Melbourne.

This project involved surveys nurses and personal care assistants (PCAs) and interviews with residents and families. It examined how mental health is experienced, recognised, and supported in residential aged care during the transition period.

Access the full research report here

The value: What policy changes seek to achieve

Improving mental health and wellbeing during a known high-risk period
The transition into aged care is identified as a vulnerable time, with many experiencing mental health decline. Supporting people during this time is central to ensuring dignity, safety, and quality of life.

Ensuring policy intentions translate into practice
Despite reforms intended to elevate mental health, the report finds a persistent gap between policy intention and on-the-ground practice. Strengthening policy implementation will help ensure residential aged care delivers on national commitments to person-centred, holistic care.

Embedding emotional and social wellbeing as core components of care
Wellbeing is shaped not only by clinical care, but by relationships, meaningful engagement, identity, and connection. Residents value being known personally by staff, having personalised engagement, and receiving genuine emotional support.

The problem: What is not working

High levels of psychological distress with limited prevention
Staff perceived high levels of psychological distress, with 79% rating new residents' distress as high or very high. Support is described as largely reactive, beginning only after visible decline in behaviours.

Medication-led approaches dominate
Interviews with residents and families showed that the most common intervention was the prescription of medications, even when residents continued to experience underlying distress. There was limited engagement with psychological services.

Group-based activities do not meet the needs of many residents
Staff reported group-based activities were a key approach to supporting mental health and wellbeing. While group formats suited some residents, others faced barriers to access or discomfort participating alongside residents with high support needs. Some residents would benefit from alternative approaches.

Relational care is valued but constrained
Residents highly valued when staff take time for one-on-one interactions and get to know them personally. However, staff identified time pressure, staffing ratios, and inconsistent contact as major constraints. Current care minute definitions exclude roles that contribute meaningfully to emotional wellbeing, including lifestyle staff.

The solution: What needs to change

1. Embed mental health professionals into admission and transition pathways
There is a need to incorporate mental health professionals into admission pathways so that psychological support becomes a standard, proactive component of early transition, reducing reliance on medication and reactive responses.

2. Broaden responsibility for relational care across the entire facility
Residents described positive interactions with a wide range of staff across the aged care setting. Policies (such as care minutes) should broaden the workforce responsible for relational care beyond nurses and PCAs and acknowledge the wellbeing contributions of all staff.

3. Stabilise funding for lifestyle programs to allow for personalised and diverse engagement opportunities
Establish secure funding streams and staff ratios for social and recreational activities, preventing them from being treated as optional or underfunded. To avoid marginalising residents who do not engage in group activities, funding is needed to allow for meaningful engagement that is personalised, flexible and accessible.

4. Recognise emotional and social wellbeing in funding and standards
Ensure emotional and social wellbeing are recognised in care models, funding frameworks, and quality standards, placing them on equal footing with clinical care.

Expected outcomes: What improvements policy change will deliver

Early identification and prevention of mental health decline
Embedding mental health professionals and proactive supports during the transition into care will reduce reliance on medication-only responses and ensure earlier intervention.

Improved adjustment to residential aged care
Personalised engagement, relational care, and psychological support will help residents navigate this period of heightened emotional distress.

Reduced isolation and withdrawal
Moving beyond group-only models will ensure socially quieter or physically limited residents do not go unnoticed, helping to prevent mental health decline being masked as resident choice.

Stronger person-centred care across entire facilities
Broadening responsibility for relational care and stabilising funding for wellbeing programs will align day-to-day practice with strengthened quality standards and the Royal Commission's vision.

Greater dignity, safety and wellbeing for older Australians
Embedding emotional and psychological wellbeing as core elements of care, the system will move closer to delivering the holistic, person-centred support envisions by reforms and expected by the public.