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**Mental
Health
Council**
OF TASMANIA



COVID-19: A mental health response for Older Tasmanians

May 2021

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Supported by the Tasmanian
Government through the
Department of Health

Executive Summary

In June 2020, the Mental Health Council of Tasmania (MHCT) partnered with Primary Health Tasmania (PHT) and the Mental Health and Drug and Alcohol Directorate (MHADD) to develop a COVID-19 Mental Health and Alcohol and Other Drug Support Plan. As part of the COVID-19 Mental Health and Alcohol and Other Drug Support Plan, MHCT committed to understanding how older people may have been disproportionately affected by COVID-19 to develop recommendations. MHCT worked with key stakeholders to identify the current and emerging impacts on older Tasmanians and the service system that supports them. To inform this report a round table discussion was held in October 2020 with a range of leaders from peak bodies, service providers and funding agencies. MHCT also facilitated consultations with a sample of 42 older aged Tasmanian people between October and November 2020. In this report MHCT presents the concerns raised by older Tasmanians, and the services that support them, as well as a series of opportunities to support better mental health and wellbeing outcomes for older Tasmanians.

Throughout the pandemic, older Tasmanians, faced a range of challenges. COVID-19 impacted on the mental health and wellbeing of older Tasmanians due to concerns associated with:

- access to care during restriction period
- access to transport/ability to move around freely
- having inadequate supplies (inc. groceries)
- changes to service provision (inc. cancellation of services)
- family and friends becoming unwell
- no contact with relatives including grandchildren
- restriction period duration and uncertainty; and,
- financial concerns.

One of the most common experiences that impacted on the wellbeing of older Tasmanians was social isolation which was compounded for older Tasmanians under COVID-19 restrictions. Social isolation was especially prevalent for older people living in communities with significantly reduced social engagement and those in residential care due to many facilities being in protracted lockdown conditions. Other challenges raised by older Tasmanians included the impacts of ageism, disrupted service access, digital exclusion, elder abuse, a reluctance to reengage post lock-down, and difficulty accessing information on wellbeing supports.

Tasmania has the oldest population in the country, with around 20 per cent of Tasmanian residents aged 65 or over. Despite this, there is currently no tailored mental health response for older Tasmanians. While many of these issues experienced by older Tasmanians are not new, COVID-19 has brought them to the forefront, providing an opportunity to review service provision and community development initiatives to ensure they are meeting the current needs of older people. Based on feedback from service providers and older aged Tasmanians MHCT presents nine opportunities for consideration of policy makers, funding agencies and other government and commissioning bodies.

Contents

Executive Summary	2
About Us	4
Background	4
Age Stratification	4
Mental Health Difficulties vs Mental Illness.....	5
The impact of COVID-19 on Older Tasmanians.....	5
Physical health	5
Mental health.....	6
Social isolation	7
Ageism and disempowerment	8
Disrupted service access	9
Digital exclusion	9
Aged care facilities in protracted lockdown	9
Elder abuse	10
Community engagement	10
Reluctance to re-engage post lock-down.....	10
Difficulty accessing information on supports.....	11
Culture or identity-based cohorts.....	12
Older CALD populations	12
Older LGBTIQ+ populations	12
Opportunities for Change	13
▶ Opportunity 1 – Enhance digital literacy support	13
▶ Opportunity 2 – Create a mental health literacy approach to recovery	13
▶ Opportunity 3 – Invest in low intensity psychosocial supports	13
▶ Opportunity 4 – Develop and promote a centralised information system	13
▶ Opportunity 5 – Promote social prescribing practices to general practitioners	14
▶ Opportunity 6 – Facilitate connections with younger Tasmanians	14
▶ Opportunity 7 – Incorporate older aged person co-design.....	14
▶ Opportunity 8 – Create opportunities for peer led community-development	14
▶ Opportunity 9 – Implement peer support programs	14
▶ Opportunity 10 – Invest in identity-based supports.....	14

About Us

The [Mental Health Council of Tasmania](https://www.mhct.org) (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Background

In June 2020 the Mental Health Council of Tasmania (MHCT) partnered with Primary Health Tasmania (PHT) and the Mental Health and Drug and Alcohol Directorate (MHAAD) to develop a *COVID-19 Mental Health and Alcohol and Other Drug Support Plan*. The plan, drafted in line with the foundational principles of the [National Mental Health and Wellbeing Pandemic Response Plan 2020](#), provides a framework for the collaborative action of the Tasmanian mental health and alcohol and other drug community sector to support Tasmanians impacted by COVID-19. As part of the *COVID-19 Mental Health and Alcohol and Other Drug Support Plan*, MHCT committed to understanding how older people have been disproportionately affected by COVID-19 to develop recommendations for a targeted mental health response. MHCT worked with key stakeholders to identify the current and emerging impacts on older Tasmanians and the service system that supports them. To inform this report a round table discussion was held in October 2020 with a range of leaders from peak bodies, service providers and funding agencies. MHCT also facilitated consultations with a sample of 42 older aged Tasmanian people between October and November 2020.

Age Stratification

It is important to clarify what is meant by ‘older people’ in this report. For the purposes of this report older people denotes people aged of 65 years and above. MHCT wishes to acknowledge that within this category exist age stratification cohorts which have different experiences and needs; for example, those who are aged 65 have quite different experiences and needs than those who are aged 86. It was not within the scope of this work to investigate the various age-stratifications separately to report on their differences. When this report refers to ‘older Tasmanians’ or ‘older aged people’ it is not intended to represent all people within this broad category. The older population is a diverse group with chronological age only loosely correlated to biological age, thus readers of this report are encouraged to further explore and account for the nuances of various ages stratifications.

Mental Health Difficulties vs Mental Illness

For the purposes of this report MHCT would like to make the distinction between mental health difficulties and mental illness. Mental health difficulties are commonly experienced by people of all ages and occur in the absence of mental illness. During the pandemic many of us have experienced mental health difficulties whether it be related to financial stress, virus anxiety or feelings of isolation. However, the experience of mental health difficulties in the context of a global pandemic is not the same as an experience of mental illness. Mental illness is typically the experience of prolonged symptomology in the absence of acute environmental stressors which have an ongoing functional impact, and which meet diagnostic criteria requiring some form of therapeutic or clinical intervention.

“Rather than a pathologising framework, [symptomology experienced during COVID-19] can be considered as indicators of normal psychological adjustments to very abnormal circumstances, which have challenged individual adaptive capacities, and altered access to protective social supports and opportunities to participate.” (Fisher et al, 2020)

Whilst it is important not to dismiss or invalidate the experience of mental health difficulties, it is equally important to caution against pathologising mental health difficulties as this locates the cause of the problem within the individual and their perceived inability to cope, rather than a result of their external circumstances. It may not be helpful at this early stage to medicalise what could be an expected and common reaction given the circumstances. Nevertheless, the open-ended uncertainty and trauma of the pandemic creates a climate of risk where mental health difficulties can become chronic and burdensome, and if left unsupported sustained mental health difficulties can become a precursor to mental illness. The importance of making this distinction is that the prevention and early intervention support required to respond to mental health difficulties is different to interventions designed to treat and support mental illness.

The impact of COVID-19 on Older Tasmanians

Physical health

More than ninety five percent of the over two million global COVID-19 related deaths have been among people over sixty years of age¹. The increased risk is largely due to the number of people aged over 60 that had existing health conditions and co-morbidities prior to contracting the virus. Yet early in the pandemic media reports on these rising numbers of deaths did tend to associate risk with age rather than the vulnerability associated with existing health conditions co-morbidities. This fed into a fear of older Tasmanians (or their friends or family) contracting the virus. This meant that some older Tasmanians sat with worry and anxious thoughts through the main impact period of COVID-19 in Australia. That said,

¹ Sandoiu, A. 2020. *The impact of the COVID-19 pandemic on older adults*. <<https://www.medicalnewstoday.com/articles/the-impact-of-the-covid-19-pandemic-on-older-adults>> Accessed 01/10/2020.

older Tasmanians reported they felt safer due to the swift response of the Tasmanian Government to close borders early and as such exposure to virus became a lower concern toward the second half of 2020. Nationally, adherence to social distancing and other protective health practices was highest among older people². Tasmanian older people supported these health guidelines which applied to whole population but noted ignorance and complacency among some community members which they felt limited the efficacy of such measures. During the COVID-19 restriction period some older people noted the impact of delays in the presentation and management of non-COVID19 related physical illness, such as elective procedures and were not able to maintain some appointments for chronic physical health issues which meant managing pain.

Mental health

Over the last six months service providers working with older populations in Tasmania observed increases in demand for support. The new presentations to support services were largely characterised by worry, anxiety or fear. In Tasmania, older aged people cited the following concerns as impacting on their mental health:

- access to care during restriction period
- access to transport/ability to move around freely
- having inadequate supplies (inc. groceries)
- changes to service provision (inc. cancellation of services)
- family and friends becoming unwell
- no contact with relatives including grandchildren
- restriction period duration and uncertainty; and,
- financial concerns.

For the most part presentations to services required low intensity supports such as counselling, coaching of self-management strategies, referrals into issue-based support services (i.e. financial services, material aid) and social prescribing. Service providers reported those with existing mental health vulnerabilities or trauma meant their experiences of mental illness or distress was exasperated during COVID-19. Some older aged people, particularly migrant or refugee populations who have experienced war or other traumas, found some of the experiences of COVID-19 restrictions triggering as it took them back to their trauma. This added a layer of complexity to the mental health difficulties experienced during the COVID-19 impact period. Service providers reported that some clients required intervention from acute mental health services such as the Crisis Assessment and Treatment Team (CATT), but noted that clinical support for older aged people in suicidal distress was difficult access over the COVID-19 impact period.

Additional to the experience of worry and anxiety, other reported impacts on mental health included low mood and other depressive symptoms, helplessness, loneliness, isolation and grief and loss. Some older Tasmanians cited the impact of the loss of future plans, others held concerns around the lack of certainty a post-COVID world may provide. They worried whether international travel would be possible before their declining health prevents them from travelling and held concerns about insurance premiums rising

² Biddle, N 2020 Tracking outcomes during the COVID-19 pandemic (August 2020) – Divergence within Australia, ANU Centre for Social Research and Methods

even further as international travel navigates the realities of COVID-19 risk. This experience has been difficult for those older aged Tasmanians in retirement who have travel to look forward to in their later years. Despite the mental health difficulties experienced by some older Tasmanians, nationally, people aged 65 and above experienced the lowest levels of COVID-19 related psychological distress³ (compared with other age cohorts), furthermore this age group had the highest levels of hope for the future compared with all other age groups⁴. Consultations with older people in Tasmania reflected this trend with many older people acknowledging despite their worries associated with COVID-19, their life experience and wisdom will aid them through difficult times. Many have lived through natural disasters, wars, political and economic crisis, and other global events. They feel this has made them more resilient than other segments of the population and have an understanding that whilst it is a challenging time, things will get better. For those older people that have faced mental health difficulties it is important they continue to have access to low-intensity supports which coach wellbeing and coping strategies and offer practical supports to mitigate the impacts of psychosocial stressors associated with COVID-19.

Social isolation

Perhaps the greatest impact of COVID-19 on older aged Tasmanians was the experience of social isolation. Nationally, the social lives of older aged people have been negatively affected by COVID-19 with more than two thirds reporting spending much less time with people they cared about⁵. This is reflected in the experience of loneliness which was experienced most frequently amongst those aged 75 years and over⁶. The largest increase in loneliness was amongst those aged 75 years and over⁷.

For many older Tasmanians the restriction period (lockdown, or other restrictions on movement and contact) disrupted their connection to community and this loss of community-based social connection contributed to feelings of isolation. During the COVID-19 restriction period many older aged Tasmanians did not have people coming to their home for social visits or to provide support. Whilst older Tasmanians advised they were used to navigating some of the impacts of isolation and loneliness, they did find that the loss of routine and their role in the community compounded these feelings, making the experience more challenging. Community hubs for social connection such as cafes, churches, neighbourhood houses, community sheds or recreation centres were not able to remain open for some time. The socialising and networking that arises organically at such hubs is not always maintained outside of them, thus without access to these hubs the levels of social engagement dramatically decreased for some older aged Tasmanians. Furthermore, many clubs, associations or service providers were unable to provide structured group-based social activities during the COVID-19 impact period, even when the main restrictions were lifted, group activities could not occur due to social distancing requirements. This included community buses or other transport services meaning the routine outings or day trips many

³ Biddle, N 2020, Hardship, distress, and resilience: The initial impacts of COVID-19 in Australia, ANU Centre for Social Research and Methods

⁴ Fisher et al 2020, Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey, Medical Journal Australia, vol 213, no 10

⁵ Mukhtar, S., 2020. 'Psychological impact of COVID-19 on older adults', *Current Medicine Research and Practice*, 10 (4): 201-202.

⁶ Biddle, N 2020 Tracking outcomes during the COVID-19 pandemic (August 2020) – Divergence within Australia, ANU Centre for Social Research and Methods

⁷ Phillip J & Cheria V, 2020, *Impact of COVID-19 on mental health of the elderly*, International Journal of Community Medicine and Public Health, vol. 7, pg. 6

older Tasmanians looked forward to ceased entirely. Social distancing requirements continued to apply well beyond Tasmania's lock down period, so it meant service providers were unable to facilitate social activities for older aged people despite it being considered safe for them to be in the community. This was frustrating for both older aged people and service providers because activities that reduce loneliness and social isolation are a vital protective factor for maintaining positive mental health, yet social distancing requirements created a barrier to engage in such activities.

Ageism and disempowerment

COVID-19 presented additional challenges with older people being positioned under a broad "vulnerable population group" categorisation in health policy, media rhetoric and public attitude. Many of the restrictions aimed at stemming COVID-19 addressed all 'older people' above arbitrary cut-off ages as "vulnerable" (to fatality). Older Tasmanians were quick to point out the problematic nature of labelling an entire age cohort as vulnerable, and certainly felt this description did not align with their perception of themselves or their assessment of COVID-19 risk. They reported that age should be understood as correlated with other underlying risk factors, not as an inherent risk in itself. This would have shifted the focus towards identifying risk as associated with existing health conditions or co-morbidities. Whilst the intention of the vulnerable population categorisation had merit in keeping those (most likely) to be at risk safe, the effect of the blanket policy meant older aged Tasmanians felt they were not afforded the dignity of personal choice around risk.

COVID-19 also brought to the surface deep-rooted ageism with dehumanising and stigmatising language in the media with an exclusive emphasis on older persons' vulnerability which ignores individual strengths and agency⁸. Older Tasmanians were subjected to disturbing fringe discourses about the rationing of care of older people and public commentary pushing for the easing of restrictions that positioned older people as expendable, manifesting in calls for the sacrifice of older people as scapegoats for the social and financial demands of the pandemic. This rhetoric contributed toward feelings of worthlessness, a sense of being burdensome and having no value among some older aged people which has negative implications for mental health⁹. The discourse around older people's vulnerability diminished the great strengths and contributions of older aged people that could have been harnessed during the pandemic. Older Tasmanians cited the tendency for society to "feel sorry for" and "protect" the "helpless" older age population rather than looking at ways that older people could be involved in assisting with the social or economic problems that arose during COVID-19. Older aged Tasmanians prefer to see themselves as active participants in society rather than passive recipients of care and would have appreciated more opportunities to mobilise their skills in local community responses to the pandemic – such a supporting their peers who were more vulnerable (i.e. those with health conditions or with minimal family support). Older aged Tasmanians would like to see the paternalistic approach to protecting older people replaced with an empowerment approach with foundations in the principles of dignity of risk and community co-dependency.

⁸ United Nations, 2020, *Policy Brief: The Impact of COVID-19 on older persons*

⁹ Brooke, J. and Jackson, D. 2020. 'Older people and COVID-19: Isolation, risk and ageism', *Journal of Clinical Nursing*, 2002(29): 2044-2046.

Disrupted service access

Older aged Tasmanians experienced disrupted access to a broad range of services during the restriction period, including suspended face-to-face healthcare outreach services, suspended in-home aged care packages that assist with daily living support, as well as cancelled medical and specialist appointments. Some support services offered phone and videoconferencing options as alternatives. The implications of going without face-to-face support meant a disruption to routine, less social contact, health needs (physical and mental) being overlooked and older people falling behind in household tasks they might usually receive support for.

Digital exclusion

Throughout the COVID-19 impact period there were disparities in access to online technologies and digital resources that were harnessed to provide social support and a perceived sense of belonging. Australians aged 65 and above are the most digitally excluded population group and the least able to use digital technology for social connectivity. It's important to note this is a result of either limited access to technology or a lack of current skill - many older people possess the capacity to learn if given the opportunity and resources. Rates of isolation and loneliness varied based on those with access to technology to stay in contact with friends and family online. In Tasmania many older aged Tasmanians were unable to receive digital support or connect with family online due to either not having the equipment, a reliable internet connection or having low levels of digital literacy. Moving supports and services digital during COVID-19 had a greater impact on older Tasmanians due to these access issues. The Council of the Ageing (Tasmania) were able to mobilise hard copy resources to support older people to get online to connect via a range of popular software used over that time (e.g. Zoom, Facebook, Facetime). It will be important to consider disparities in access to online technologies and digital resources among older populations when developing supports in the recovery from COVID-19 and beyond.

Aged care facilities in protracted lockdown

Health policies of social distancing and visitor restriction aimed at limiting virus transmission in aged care facilities took a toll on the mental health of some older aged people who reported feeling trapped in their facilities. Not being able to receive support from family members in care created enormous distress and grief amongst residents and families who were denied access to loved ones¹⁰. The community visitor scheme in Tasmania which facilitates visits into aged care facilities was also impacted greatly, with no face-to-face contact permitted, support was offered only via phone calls. Whilst it was generally accepted that aged care facilities should have been in lock down during periods of heightened risk of community transmission, the biggest area of complaint from residents was that restrictions were in place far too long. It was reported that in Tasmania many residential aged care facilities were under lock down conditions for well beyond that of the general population and despite official government advice deeming it safe for older aged Tasmania's to enter the community. Despite state health advice aged care

¹⁰ Krendl A & Perry B 2020, *The Impact of Sheltering in Place During the COVID-19 Pandemic on Older Adults' Social and Mental Well-Being*, *The Journals of Gerontology, Series B*, p.g 110.

facilities were making their own decisions meaning there was no consistency in approaches between facilities in Tasmania. Some of the larger organisations who operate nationally or have a footprint in Victoria were the last to ease restrictions. Families who were not permitted to visit became frustrated with no clear communication or guidelines from certain facilities. During this time residents in some facilities felt that their human rights were being violated as decisions were made regardless of whether remaining locked up in the facility aligned with the resident's wishes or their best interests. There were also reports from service providers of emergency legal orders being put in place for those residents that complained about their rights who lost control of their affairs. Many feel these facilities did a poor job of balancing the clinical health risks associated with COVID-19 with the psychosocial wellbeing of the residents under their care as the prolonged lock-down resulted in increased feelings of despair, loneliness, and depressive symptoms.

Elder abuse

It has been reported that there was an increase of phone calls to the Tasmanian Elder Abuse Hotline and that Legal Aid saw an increase in their case load however it is not clear how much of this activity is due to the recent increased advertising and promotion of elder abuse support. It is likely that COVID-19 has created the conditions for abuse to occur, for example the older aged person might be living with perpetrator with greater exposure to abuse during lockdown or more people facing financial difficulties they may be trying to gain access to older people's finances or assets. This requires further investigation.

Community engagement

Older aged Tasmanians represent a large portion of the volunteer workforce, yet many older aged Tasmanians were unable to participate in their volunteering roles during COVID-19 impact period. Guidelines were organisation-dependant but most aged 70 years and over were instructed to step down from their volunteering duties. Volunteering is a significant part of older aged Tasmanians' lives; a chance to use their skills and make an ongoing meaningful contribution to their community. Losing the opportunity to volunteer meant some older people experienced a loss of purpose, usefulness, and social connection. Easing out of the main restriction period, the challenge will be in offering a sense of security to volunteers to remobilise the workforce in the important recovery work associated with COVID-19.

Reluctance to re-engage post lock-down

Since Tasmania's lock down period there have been reports of a slow uptake from older aged people on reengaging with their supports. Some older aged people were reluctant to go to the GP or seek out other medical help in the community as they were concerned about outbreaks in these clinical spaces. Interestingly many cited the message or instruction to stay home and not re-engage in community supports came from family members. This is a result of anxious and overcautious family members discouraging them not to go out, attend groups or reengage with volunteering opportunities due to COVID-19 safety concerns. In future communication strategies should have a greater emphasis on targeting the family members of older aged Tasmanians.

Difficulty accessing information on supports

Social distancing and other health requirements have constricted the activities of older aged people meaning protective factors such as regular walks, acquaintance meetings, voluntary service or congregational gatherings had been sporadic or inaccessible for some time¹¹. It also further isolated a population group who already experiences loneliness and disconnection from community at higher levels than the rest of the population. As noted above, COVID-19 has had a range of impacts on older people's lives, which for some has developed into feelings of distress. Whilst we are seeing heightened levels of distress among this population, for the most part we are not yet seeing this translate into increases in mental illness. Instead, we are seeing mental health difficulties relating to situational distress. The existing mental health sector (or broader health system) is not well established to assist people with mental health difficulties, as the service system is mostly designed around a medical illness model offering clinical or therapeutic intervention.

The pandemic brought to our collective attention the need to focus on wellbeing, preventative health and early intervention. Older Tasmanians who have experienced mental health difficulties have explained that Tasmania's health system should prioritise 'social prescribing' rather than referring them into a clinical pathway from the outset. Social prescribing is the practice linking consumers with social services and social groups as a means of addressing the social determinants contributing to poor health. Older aged Tasmanians advised that a medical model is incapable of responding to social problems impacting on their mental health, such as social isolation. Issues such as social isolation are best helped with community connection or other practical supports. This approach also aligns with the help seeking behaviour of many older Tasmanians (especially men) for whom it is not always easy to directly reach out for mental health support through a health professional. Informal settings and activity-based support are preferred by older Tasmanians rather than 1:1 supports. For example, many older Tasmanians attend groups and activities seeking social contact and connection. such as Men's Sheds or community gardening. Through these groups and activities, they may disclose more about their mental health or find support in the community organically. The issue is that many GPs don't know about the social support programs and initiatives that might exist in the community. Older Tasmanians reports that obtaining information on what supports are available in the community is challenging as information is so scattered and diffuse. Since GP's are often the first point of contact for older people seeking help for their mental health, older Tasmanians would like to see a greater emphasis placed on social prescribing.

¹¹ Mukhtar, S., 2020. 'Psychological impact of COVID-19 on older adults', *Current Medicine Research and Practice*, 10 (4): 201-202

Culture or identity-based cohorts

Older CALD populations

Tasmania has a large and diverse migrant and refugee population. COVID-19 impacted CALD populations in different ways. However, some reported worrying about family and friends in their country of origin, the lockdown conditions and restriction of movement triggering past trauma, and the prolonged period without any family visits along with the uncertainty around when they may be able to see some of their loved ones in person again. Tasmania's Migrant Resource Centre (MRC) reported that CALD populations with English language difficulties and/or low levels of literacy relied heavily on MRC services to access and interpret information around health and safety guidelines. MRC found creative ways to keep various CALD groups informed, for example providing sound recordings in language for those that were unable to read both English and their own written language. CALD populations consulted by MHCT reported feeling high levels of trust in the Tasmanian government and felt a sense of safety with the borders being closed. These consultation participants wanted the government to know how much they depend on the Migrant Resource Centre for support.

Older LGBTIQ+ populations

LGBTIQ+ people have a history of coming together to support each other, especially in times of crisis. This was seen with the various social networks that exist within the LGBTIQ+ community in Tasmania, through moving their regular social activities to the online space, but also keeping in touch with people who may not have digital access or literacy. Social interaction with other members from the LGBTIQ+ is essential, with many having strained relationships with their family due to non-acceptance of their sexuality. This means that for many LGBTIQ+ older people, their peers are their family. During lockdown, many LGBTIQ+ older people experienced social isolation and loneliness, perhaps even deeper in the absence of a supportive family who could check in with them over that time. The Tasmanian organisation Working It Out quickly mobilised to provide support with volunteers reaching out and connecting with people who registered that they were feeling lonely or isolated. Members of the LGBTIQ+ community who were consulted to inform this report expressed a desire to have support from the government to be able to continue organic community development that creates opportunities for social connection that is so vital for the wellbeing of the LGBTIQ+ community. Some older LGBTIQ+ people in aged care facilities did find it more difficult to navigate their relationships with the restrictions in place. For example, their visits from partners were required to be held in public spaces and due to not feeling comfortable being 'outed' in the aged care system, they could not show affection to each other or have a natural conversation. The issue of older aged Tasmanians having to hide their sexuality in aged care facilities for fear of discrimination is not a new one, but COVID-19 meant it was difficult to find any opportunity to connect authentically with a loved one, adding an additional layer of hurt to an already difficult situation.

Opportunities for Change

► Opportunity 1 – Enhance digital literacy support

Assisting older aged people to maintain or improve their digital literacy is more important than ever in the COVID-19 landscape. To be able to continue to provide support, many services shifted their mode of delivery online, thus its important all segments of the population have the skills to engage digitally and online in preparation for any possible future outbreaks so that they can continue to receive support. Investment in digital literacy programs should continue and attention should be given to strategies that target older aged people particularly in geographically isolated areas.

► Opportunity 2 – Create a mental health literacy approach to recovery

Develop a mental health education campaign designed to improve the mental health literacy of older Tasmanians, which promotes protective wellbeing factors and teaches wellbeing strategies. An investment into a mental health literacy approach would aim to see more Tasmanians know how to take care of their mental health and get help early if they need it, which will have a direct impact on service demand, and will reduce the pressure on the public mental health system. The proposed approach outlined in [MHCT's response to the Premiers Economic and Social Recovery Advisory Council](#) would also support older aged Tasmanians to find support for mental health difficulties outside of the medical model through its community capacity building and referral mechanisms.

► Opportunity 3 – Invest in low intensity psychosocial supports

MHCT is aware that there are gaps in service mental health service system, where due to capacity constraints many mental health services are unable to accept new referrals, particularly for mild-moderate mental health needs, which might be associated with mental health difficulties rather than mental illness. Older aged Tasmanians are seeking psychosocial supports from services such as the Tasmanian Lifeline but are experiencing difficulty finding support services to be referred into. Investment into low intensity psychosocial supports would meet the majority of mental health needs experienced by older Tasmanian during this pandemic and into the future, particularly where the support can assist to connect older Tasmanians with social supports.

► Opportunity 4 – Develop and promote a centralised information system

Older aged Tasmanians suggested that a central information or access point should be created which contains details on what services exist (by location), service criteria, current capacity/estimated wait times and a clear referral pathway. They feel this would need to be resourced adequately so that it is a 'live' information point which is updated as changes occur. This should include a website, phone service and localised hard copy printed version.

► Opportunity 5 – Promote social prescribing practices to general practitioners

Social prescribing is the practice linking consumers with social services and social groups as a means of addressing the social determinants contributing to poor health – particularly the impacts of loneliness and social isolation. A GP may, for example, suggest a patient join a local Men's Shed or walking group to enjoy the benefits of exercise and interaction. Opportunities for social connection and engaging with others 'shoulder to shoulder' while doing activities together are not explicitly promoted as mental health interventions for mental illness but would be an appropriate intervention for those experiencing mental health difficulties. Every geographical area has its own community initiatives so social prescribing does need to be location specific. Social prescribing could be supported by local infrastructure such as social service and support directories that GP's and other community organisations have easy access to.

► Opportunity 6 – Facilitate connections with younger Tasmanians

Older aged people have expressed a desire for young people to understand that they are considering their needs during these uncertain times of global crisis (i.e. climate change, global pandemic) and would like to find ways to offer support. COVID-19 has brought out an ageist discourse about older people vulnerability and their expendability. In some cases, this has its roots in younger generations blaming older aged people for either their perceived historical responsibility or current complacency in the social issues impacting younger generations today. A way forward will be to facilitate meaningful relationships between younger people and older people but not where the focus is on the one-way provision of care to older people. The Council of the Ageing have already demonstrated an example of this in their partnership with YNOT with the #YouthGotThis campaign.

► Opportunity 7 – Incorporate older aged person co-design

Tasmanian older aged people have expressed that many community activities and wellbeing programs are designed by organisations without input from older aged people. Whilst there are great examples of community driven activities that create opportunities for natural supports, older aged Tasmanians have requested more formalised opportunities for the co-design of programs established to support them. Older Tasmanians would like to play a more active role than participating in a consultation session or focus group. They feel as though contribution to the design, development, and implementation of initiatives from the outset would be best as they could have a stake in driving its success.

► Opportunity 8 – Create opportunities for peer led community-development

Older aged Tasmanians report a preference for natural supports where they are active participants rather than passive attendees of 1:1 clinical appointments or group programs. They would like to see opportunities provided to older people to run community development initiatives on their own. They wish to drive peer-led community development that place greater value on community co-dependence among older Tasmanians rather than the existing “holy grail” of older person independence. Specifically, they have advised they would need funding to facilitate social groups however this should not be limited to sporadic grant opportunities. To be effective they feel there need to be long term funding stability so that community initiatives have time to expand and evolve over time according to community needs. An example provided included narrative and story-based mental health and wellbeing interventions from older aged people with a lived experience of mental health difficulties.

► Opportunity 9 – Implement peer support programs

Peer support via older aged Tasmanians with a lived experience of mental illness could help others who might be experiencing troubling symptoms for the first time to navigate through the often isolating experience of mental health difficulties. Older aged Tasmanians should be provided with opportunities to engage in mental health lived experience speaker training or peer work training.

► Opportunity 10 – Invest in identity-based supports

Older Tasmanians from certain culture or identity-based population groups have expressed the importance of having access to support services which are identity specific – such as Aboriginal, CALD or LGBTIQ+ services. Similarly, they would like to see social groups or clubs in communities that are identity-specific, where they can feel safe and open and receive natural support from their peers.