

Counsellors offer vital support

We need recognition and integration of counsellors across the spectrum of aged care, writes CAROLINE ROMEO.

When discussions in any media focus on poor mental health of older Australians, it typically focuses on older people who live in aged care homes. We are told that men in facilities are at higher risk of suicide; that people feel isolated or lonely with no one to talk with; and that psychologists are the preferred option to manage older adults' mental health issues.

My view of older adults' mental health is that for some, there are historical issues of childhood trauma, addictions, grief, compounding losses, such as death of family members or end of relationships, and existential struggles about ageing, disability, chronic illness, and declining independence.

As people age and receive aged care services, some of the isolation, sadness and loss may translate into behaviours as the original problem was unaddressed. Ageing or facing mortality can be a time for reflection that brings strong emotions like sadness, guilt or regret to the fore.

In essence, we are dealing with people and complex human concerns. This does not mean these human concerns can only be addressed by psychologists, and other allied health professionals.

The problem

Counsellors in an aged care environment are a relatively unknown professional group and talk therapy is not well understood beyond therapies such as cognitive behaviour therapy.

Where there is some research about the effectiveness of counselling in aged care, it seems to focus on residential care environments rather than the breadth of aged care settings.

We have almost no research that explores the counsellors' perspective, so we know little about the effectiveness of talk therapy and the impact that counsellors could make across different aged care programs or environments.

Counselling is not a visible service option under the Short-Term Restorative Care or Home Care Package programs, while the proposed Support At Home service list excludes counsellors in their own right.

However, the National Disability Insurance Scheme recognises counselling as a service and offers a pathway for recognition and visibility of counsellors as individual providers.

Who are counsellors?

Counsellors are trained professionals who may have an undergraduate or postgraduate qualification in counselling or psychotherapy or both.

Most counsellors are registered with a counselling association that requires them to meet specific conditions for ongoing registration, such as 10-15 hours supervision and 20



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hours professional development each year. Thus, the cost of being a counsellor can be heavy.

Counsellors are more likely to support people with mild-to-moderate mental health issues and, typically, will develop expertise in an area such as trauma, or population group, such as older people.

Counselling offers older people an opportunity to explore aspects of identity, spirituality, relationships with self and others, trauma and other human concerns. Change through therapy may explore new ways of thinking about a problem in one's life, awareness of feelings, new actions, or even new decisions about life.

However, the profession continues to experience a few challenges. For example, the title 'counsellor' is not protected, counsellors are not considered allied health professionals and they cannot offer Medicare rebated services.

I am a curious counsellor building expertise through existential therapy – which focuses on understanding our existence as flawed individuals

and explores the meaning of living – that I believe fits with the human condition of ageing, disability and caring.

My work is that of an explorer, facilitator of unfinished projects, and never the expert.

Over the last two years, I experienced the unfolding of a woman in her seventies whose voice was largely silenced in childhood and who was denied an education by virtue of her gender.

She found a way to university in her mid-30s and became a mother late in life. When I met Veronica*, she'd had a few brushes with cancer, suffered with long-term depression including long-term psychiatric admissions, and lived alone but not isolated from friends.

Over time, I noticed a shift in her demeanour from a nervous woman to someone confident and willing to risk a public exhibition of her artwork.

Sadly, Veronica passed away in August, the month slotted for an exhibition of her drawings and poetry. I want to imagine that I had a part in creating change for Veronica, particularly giving her the confidence to believe in her self.

Counselling offers a pathway to change. Sometimes it's small but it's the compounding effects that are important, rather than a single effect.

We need counselling to be a recognised aged care service option, and we need increasing visibility of counsellors in aged care across all settings. The result will be an aged care population who could have a better experience of ageing. ■

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**not her real name*