



## **COTA AUSTRALIA SUBMISSION TO THE COVID 19 RESPONSE INQUIRY**

COTA Australia is the peak body representing the almost nine million Australians over 50. For over 70 years our systemic advocacy has been improving the diverse lives of older people in policy areas such as health, retirement incomes, and more. Our broad agenda is focussed on tackling ageism, respecting diversity, and the empowerment of older people to live life to the full.

### **Introduction**

COVID 19 has challenged all Australians. Governments at State and Federal level all took different approaches but there is no doubting that all were absolutely focussed on protecting the population, including vulnerable groups such as older people.

In line with this, and the intention of the review, our submission focusses on the lessons learned. As the national peak body for older Australians we were significantly involved with supporting people in the population generally and those living in aged care as well as working with the Federal Government on policy setting and implementation matters. Our State & Territory COTA member organisations were all involved in supporting older people and working with their Governments as well. COTA Tasmania undertook conversations with older Tasmanians that provides a good overview of the issues they faced, many with applicability around the country. [COTA-COVID-Conversations-Report\\_FINAL.pdf](#) ([cotatas.org.au](http://cotatas.org.au))

Our submission focusses on the importance of clear messaging, ensuring peoples mental health is protected and maintaining contact and connection even when there is an outbreak of COVID, or any infectious disease.

### **Clear Messaging**

Over the course of the Pandemic public health messaging became clearer particularly around vaccinations facilitating good take up rates in the community and eventually in residential aged care. In recent times there has been a worrying drop off in vaccination rates within the general public as well as in residential aged care.

More recent messaging has lost some of its clarity and urgency. A comprehensive awareness campaign on the dangers of being COVID complacent is needed. This is particularly pertinent for those cohorts who are immunocompromised and are unable to be vaccinated or who have still been unable to receive a complete (including boosters) vaccination schedule.

This should include information about access, eligibility and benefits of anti-viral medication as well as the eligibility, benefits, and access to anti-viral medications, which have significant benefits for vulnerable cohorts, including older people.

### **Aged Care**

Aged Care, particularly in Victoria, experienced devastating effects from the Pandemic.

## ***Residential Care***

In the early days the Government and sector adopted the lockdown approach used for other infectious diseases like gastro and influenza. This meant no visitors were allowed. COVID lockdowns were much longer affairs which saw people isolated for extended and continued periods of time. This had serious consequences for mental health as well as physical impacts for those required to stay in their rooms losing mobility.

COTA Australia initiated the development of a Visitor Code for residential care to address these issues. The Code was developed with other organisations who represent older people and aged care providers. It was a difficult negotiation to balance physical and medical health safety with the mental health of residents and their loved ones.

The key concept of the Code is that every person can have at least one nominated visitor on a regular basis – multiple times a day if that is what is needed for social connection and wellbeing. In many instances these visitors are an important part of the care team and their absence impacted on appropriate care as well as mental health.

The Code achieved its aim and older people and families were able to reunite and connect over the course of the Pandemic. However, there is still a tendency for some providers to move into a lockdown or restrict visitors in the interests of physical health safety. As the system regulator the Commonwealth Government must ensure that the concept of the nominated visitor remains in place during any infectious disease outbreak. This requires a continuing focus on good infection control in aged care facilities noting that given the nature of the setting this will not be hospital level infection control.

## ***Home Care***

Over a million people are supported to live in their own homes. Many, out of fear of COVID being brought into their home, cancelled needed services. While the sector practised infection control prior to the Pandemic there was limited use, and supply, of PPE. Ensuring that home care providers maintain good infection control practices and have easy access to PPE is important to ensure that services aren't stopped when there is an outbreak.

## **Volunteering**

Many older volunteers withdrew from service delivery for their own health and safety. Volunteer availability and commitment continues to be difficult for organisations and programs. Consideration should be given to ways of supporting the critical volunteer role in outbreaks.

## **Mental Health**

The COVID-19 Pandemic and lockdowns had profound impacts on the mental health and wellbeing of people aged 75 and over.

Our research report '*Mental health and wellbeing during the COVID-19 Pandemic: The lived experience of Australians aged 75 and over*' surveyed over 1000 Australians aged 75+ about the impact the Covid-19 Pandemic had on their mental health. Key findings included:

- older women were more likely than older men to report their mental health worsened during the Pandemic, fluctuated regularly, or they experienced mental ill health for the first time.

- 14 per cent of respondents reported their mental health worsened during the pandemic period.
- 15 per cent said their mental health fluctuated regularly.
- Loneliness and distress arising from social isolation and separation from friends and family were identified as the key impacts.
- Even those who considered themselves unaffected by the Pandemic described themselves as living with ‘worry’ and ‘stress,’ of experiencing sadness, loss, lack of sleep and appetite, of distress.
- 20% of those who reported their mental health suffered said they had no one to talk to during periods of lockdowns.
- 8% of those who reported their mental health suffered said they couldn’t get the help they needed.

The report highlighted that existing mental health services were not accessible to older people, particularly those in regional areas, those living in residential aged care, and for people from CALD backgrounds. Instead older people relied on family, GPs and community based organisations and networks for their mental health and wellbeing.

The COVID-19 Pandemic exacerbated pre-existing inequalities (particularly in relation to mental health services), created new ones, and heightened the impact of ageism on the lived experience of older people during the Pandemic. These impacts are likely to be long term, and will require localised, iterative, and committed responses to address them.

The full report can be found here [Research reveals older Australians’ mental health hit hard by pandemic - COTA Australia](#)

## **Conclusion:**

For many people aged 75 and over:

COVID is still a threat.

The impacts of lockdowns are still manifest – they were long term, but the responses were short term and people are still experiencing the aftereffects of lockdowns.

Older people still do not have access to the home care services they need (especially those receiving care at home – shortage of staff).

We need to ensure that the strategies that people aged 75 and over asked for – strong social connections, the right information, access to social support and services, age-informed mental health expertise, and engagements with community-based organisations – are in place, adequately funded and accessible to all.

We also need to reiterate the right of older people to the highest standard of healthcare, including adequate and appropriate mental health services. This should inform any crisis response, and post-crisis planning. The Pandemic exposed the inadequacy of mental health services that are ageing and ageism aware, accessible and affordable for older Australians.

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