

Consumers of Mental Health WA

A Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing in Western Australia

This Philosophy of Care was developed by Older Adult consumers.



Contents

COMHWA Philosophy of Care for Supporting the Mental Health and Wellbeing of Older Adults	3
Philosophy of Care	3
Historical Perspective	5
Ageing, Mental Health and Wellbeing.....	5
Holistic Approach to Older Adult Mental Health and Wellbeing	6
Cultural Considerations for Older Adult Mental Health and Wellbeing	7
Philosophy of Care Values Statements	8
Appendix 1: Core Values or Principles of Philosophy of Care for Older Adult Mental Health Services	10
Appendix 2: References	18
Appendix 3: Definitions of Terms	19

*Prepared by Michael Finn
on behalf of the CoMHWA
Co-design Group, facilitated
by Bridget Clarke*

We **strengthen** and **advance**
the voice, leadership and
expertise of people with
lived experience of mental
health issues.”

Consumers Of Mental Health WA –
Our Strategic Plan 2025-2030

*CoMHWA acknowledges and thanks the consumers who
contributed their lived experience, knowledge and expertise
through the co-design process: Anna Richards, Howard
Lance, Iren Hunyadi, Margaret Cook, Pauline Miles and
Vanessa Corunna*

CoMHWa Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing

Philosophy of Care

The CoMHWa Older Adult Mental Health Co-design Group was formed to assist in developing *The Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing* in accordance with CoMHWa's values and with recognised principles of co-design in Western Australia.

For the purpose of this activity, the term "co-design" is defined as a group of older adult consumer experts with mental health lived experience, who are identified by Consumers of Mental Health WA as representative of this group.

A philosophy of care is the underpinning set of beliefs, values, and principles that guide how care should be delivered. It answers the question: "What do we believe good care looks like?" It sets the ethical and cultural direction for everything else. However, it doesn't though specify how services are delivered, as this is the task of service providers.

A philosophy of care must begin with the question: "What gives the person engaging with the service meaning and purpose?" The philosophy outlined here reflects the group's aspirations for safe, holistic and person-centred, recovery-oriented, evidence-informed, and culturally responsive mental health care which acknowledges:

- every older person has inherent dignity and worth.
- mental health and wellbeing are important at every stage of life.
- older people are experts in their own lives.
- recovery and wellbeing remain possible regardless of age.
- people have the right to participate in decisions affecting their lives.
- families and carers are valuable partners in care when desired by the person.
- diversity, culture, spirituality, gender and sexual identity influence wellbeing and should be respected.

Following a series of workshops, the co-design group identified key areas of importance or values for people who may need to access care from Older Adult Mental Health Services.

These value statements encompass and reflect a Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing that an older person who engages with an Older Adult Mental Health Service would expect to see in place. [See Figure 1. *Model of cycle of support using core values of the Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing in Western Australia*]

Older adults thrive when they are supported to maintain a sense of meaningful purpose, direction, contribution, identity and personal significance. This principle must be foremost in ensuring that support and care is anchored in what matters most to the person and is central to and aligns with the intent of the *WA Seniors Strategy*.¹²

Rather than focusing solely on diagnosis or symptoms, Older Adult Mental Health Services that adhere to individualised holistic models of service provision reflect the same core values as those expressed in the *Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing*.

This model is also consistent with the related area of *The Aged Care Quality Standards* where the cycle of support is also demonstrated as continuous, ongoing, and subject to review and progressive evaluation.⁴



Figure 1: Model of cycle of support using core values of the Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing in Western Australia

Historical Perspective

To appreciate where changes have occurred or are required, it is important to consider the background to current service provision. Historically, mental health services for older adults have been influenced by a pathologised or biomedical model of ageing that emphasised illness, deterioration, biological decline and increasing reliance on others.⁷

Within this framework, conditions such as depression, anxiety, grief, and social isolation were sometimes viewed as inevitable consequences of ageing rather than as mental health challenges. This pathologised or biomedical model approach to ageing had contributed to services operating through paternalistic management strategies, where professionals made decisions on behalf of older people, often limiting the older person's rights, independence, and participation in decision-making.⁸

"floating on water with no oars"

Participant describing the sensation of being unable or powerless to engage services in ways that are helpful

As the proportion of older people is growing, and the impact of disease and injury or harm in older age groups is increasing, embedding prevention throughout the life course supports better health at all ages and stages, and healthier ageing for Western Australians.¹

*"Mental health promotion and prevention strategies for older adults focus on supporting healthy ageing. That means creating physical and social environments that support well-being and enable people to do what is important to them, despite losses in capacity."*¹⁰

Ageing, Mental Health and Wellbeing

Mental health problems in later life are no longer viewed as inevitable consequences of ageing but as conditions that warrant assessment and treatment in the same way as at other stages of life.

Good mental health is essential to successful ageing, and older people require the same full spectrum of mental health supports as other people, across prevention to early intervention and ongoing care and support.

It is important to recognise that many older people do not have mental health challenges or disorders of ageing, and that ageing is not always associated with the development of severe mental illness.⁸

Although ageing is frequently associated with loss of function, it should not be equated with inevitable decline. As an older person's mental health status, recovery goals, risks, strengths, and support needs can change over time, services will need to continually re-assess, adapt, and improve the models of care they provide.

"I'm a person, not a problem to be managed."

Participant describing what support provision should look like in mental health care

Strategic policy development planning in WA advocates that care planning must be recovery-oriented and led by the consumer, developed collaboratively with the person receiving care, their family and carers, professionals and support staff, local general practitioners, and other key service providers.¹⁴

Clinical and service provider descriptions also emphasise improved holistic, coordinated and efficient care within and across services.⁷ In recognition of this, modern mental health and aged-care frameworks increasingly emphasise the requirements that services demonstrate:

- individualised holistic care
- rights-based models of care
- recovery-oriented practice
- consumer choice and self-determination
- shared decision-making
- strengths-based approaches
- healthy and successful ageing

While it is stated that care plans must reflect the individual's specific needs, clinical priorities, personal goals, and the broader social and cultural context of their life, the lived experience of recipients of older adult mental health services suggests this is **not consistently in evidence**.

Holistic Approach to Older Adult Mental Health and Wellbeing

Current evidence acknowledges that older adults can benefit significantly from a more holistic approach to service provision with access to psychological therapies, social interventions, rehabilitation, and recovery-focused mental health care.⁸

An individualised holistic care model for the mental health of older adults is a person-centred approach that recognises how mental health is influenced by biological, psychological, social, cultural, spiritual, environmental, and functional factors to promote healthy ageing.

Mental health services for older adults must consider an older person's mental health status as dynamic rather than static. The supports provided should also align with the consumer's expressed recovery goals and needs and that the risk of harm to consumers, their families and carers is minimised and managed.

Life transitions such as retirement, relationships, bereavement, financial strain, and shifting social roles often present as psychological and emotional challenges; however, older adults demonstrate remarkable resilience and are often capable in actively adapting and redefining to meet life challenges.¹¹

"[It's] good to have people there, they're *anchors of support* that help keep us safe"

Participant describing when mental health support planning and delivery has worked well

Mental health service providers are expected to develop, implement and maintain systems to partner with consumers, their families and carers. These partnerships relate to the direct delivery of care as well as the planning, co-design, measurement, review and evaluation of mental health services.

Holistic assessments are essential because they provide a comprehensive understanding of the older person's mental health within the context of their physical health, psychological functioning, sexuality, social circumstances, cultural background, spiritual beliefs, and everyday life.

In contemporary older adult mental health services, holistic assessment is considered a cornerstone of best practice because it moves beyond a deficit-focused medical model and recognises the whole person.

The participatory approach to service provision recognises that the consumer is an expert in their own lives and that, therefore, consumer expertise should guide and inform services, with consumers being actively engaged in the planning and delivery of services.⁵

"[What makes a difference is] whether staff treat older adults as the *expert in their own life*"

Participant describing what support planning should look like in mental health care

Holistic assessments support accurate diagnosis, person-centred care, recovery-oriented practice, and coordinated interventions that enhance wellbeing, independence, and quality of life.

Cultural Considerations for Older Adult Mental Health and Wellbeing

It should be recognised that older adults from culturally diverse backgrounds experience increased risk of poor mental and physical health related to factors associated with migration journey, colonisation, trauma, marginalisation, visa status, financial hardship, institutional harm, socioeconomic disadvantage and social isolation.⁶

Mental health services should also incorporate culturally responsive assessment practices rather than assuming Western concepts of mental health, wellbeing and illness apply universally. As a person ages, and where English is not a person's first language, these considerations become even more important because communication barriers can affect assessment accuracy, informed consent, therapeutic relationships, and clinical outcomes.

When considering cultural aspects of support, a holistic approach is also consistent with some of the principles, domains and determinants related to Aboriginal and Torres Strait Islander perspectives on Social and Emotional Wellbeing (SEWB).

In this model of care, Older Adult Mental Health Service providers are encouraged to consider how services should be delivered in step with traditional practices, and how they will engage with and include families, the wider community of Elders, "Aunties" and "Uncles," and traditional healers in service provision.^{2,3}

A Shared Approach to Implementation

A philosophy of care though cannot be developed in isolation from those services involved in the delivery of care. A philosophy of care is fundamentally a **shared statement of values and principles** that guide how care is delivered.

Because care is a collaborative process involving consumers, carers, staff, and service providers, the philosophy must also be co-developed with them to be relevant, credible, and effective.^{9,15}

While there is ample evidence provided of the need to better engage with older adults in the planning for and the delivery of support, the challenge now is how Older Adult Mental Health Service providers can develop their **models of care** to mirror the expectations provided in the consumers' **Philosophy of Care**.

Philosophy of Care **Values Statements**



Person Centred Care (Individualised Holistic Care)

**I am a person who
should be treated with
dignity and respect**

Person Centred Care

This foundational principle for the Philosophy of Care recognises that older adults are individuals with unique life experiences, values, preferences, strengths, and needs. Older Adult Mental Health Services demonstrate the recognition of this by:

- Acknowledging the older person as an individual beyond their diagnosis, symptoms, or age.
- Ensuring consumers remain active participants in decision-making.
- Respecting autonomy, rights, and personal choices.
- Embedding a service model of care that recognises and incorporates multidisciplinary and interagency and other services collaboration.
- Conducting holistic assessments that consider physical, psychological, social, cultural, spiritual, and functional factors.
- Measuring the effectiveness of support provision not only by clinical outcomes but also by the person's own experience of care, dignity, choice, independence, and quality of life.
- Using language that promotes dignity and avoids ageist assumptions.



**Impact of
support**
**Be aware and
understand how
providers can impact
on my life**

Impact of Support

This principle acknowledges that every interaction between a provider and an older person can influence their wellbeing, confidence, independence, and recovery. Older Adult Mental Health Services demonstrate the recognition of this by:

- Understanding the effects of professional attitudes, communication, and interventions.
- Promoting recovery, hope, and empowerment.
- Avoiding paternalistic practices that reduce autonomy.
- Considering how service decisions affect relationships, lifestyle, independence, and quality of life.



**Support
planning**
**Listen and support
me around what's
important to me**

Support Planning

This principle acknowledges that support planning is driven by the person's goals rather than solely by clinical priorities. Older Adult Mental Health Services demonstrate the recognition of this by:

- Actively listening to the person's wishes and concerns.
- Identifying personal goals and desired outcomes.
- With the informed consent of the individual, incorporating family, carers and nominated advocates where appropriate.
- Developing plans collaboratively rather than directing care on the person's behalf.
- Fostering independence and dignity of risk.



Support provision

Be present and provide the support I need when I need it

Support Provision

This principle focuses on responsive, reliable, and coordinated service delivery. For older adults, this includes ensuring collaboration with and integration of relevant mental health, primary care, aged care, and community services. Older Adult Mental Health Services demonstrate the recognition of this by:

- Providing timely access to assessment and treatment.
- Delivering evidence-based interventions based on what works for the individual.
- Effectively coordinating care across providers and services.
- Adjusting support according to changing needs.
- Ensuring continuity of care and follow-up.



Support evaluation

Work with me and act on what's working and what's not

Support Evaluation

Evaluation is an ongoing process that ensures care remains relevant and effective. This reflects the understanding that mental health recovery and ageing are dynamic processes requiring continuous review and adaptation. Older Adult Mental Health Services demonstrate the incorporation of this by:

- Regularly reviewing progress against goals.
- Consistently seeking and acting on feedback from consumers and carers.
- Monitoring outcomes and wellbeing – what's working and what's not.
- Modifying services and approaches when needs or circumstances change.
- Using consumer feedback and experiences in service quality improvement processes.



Continuous Person Centred Care

A continuous cycle of care that adapts to me and my changing needs

Linking it all together

Together, these principles form a continuous cycle of support. This cycle aligns closely with contemporary best-practice approaches in older adult mental health, including person-centred, recovery-oriented, strengths-based, and rights-based models of care.

It also represents a clear departure from historical paternalistic approaches in which professionals determined what was best for older people without adequately involving them in decisions about their own care.

While there is ample evidence provided of the need to better engage with older adults in planning for and in the delivery of support, the challenge now is how Older Adult Mental Health Service providers can develop their models of care to mirror the expectations provided in the consumers' philosophy of care.

Older Adult Mental Health Services that adhere to person-centred or individualised holistic models of service provision reflect the **same core values** as those expressed in the *Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing*.

Appendix #1. Core Values or Principles of *The Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing* unpacks the expectations of older adults into examples for Older Adult Mental Health Services to consider that would show alignment to this philosophy of care.

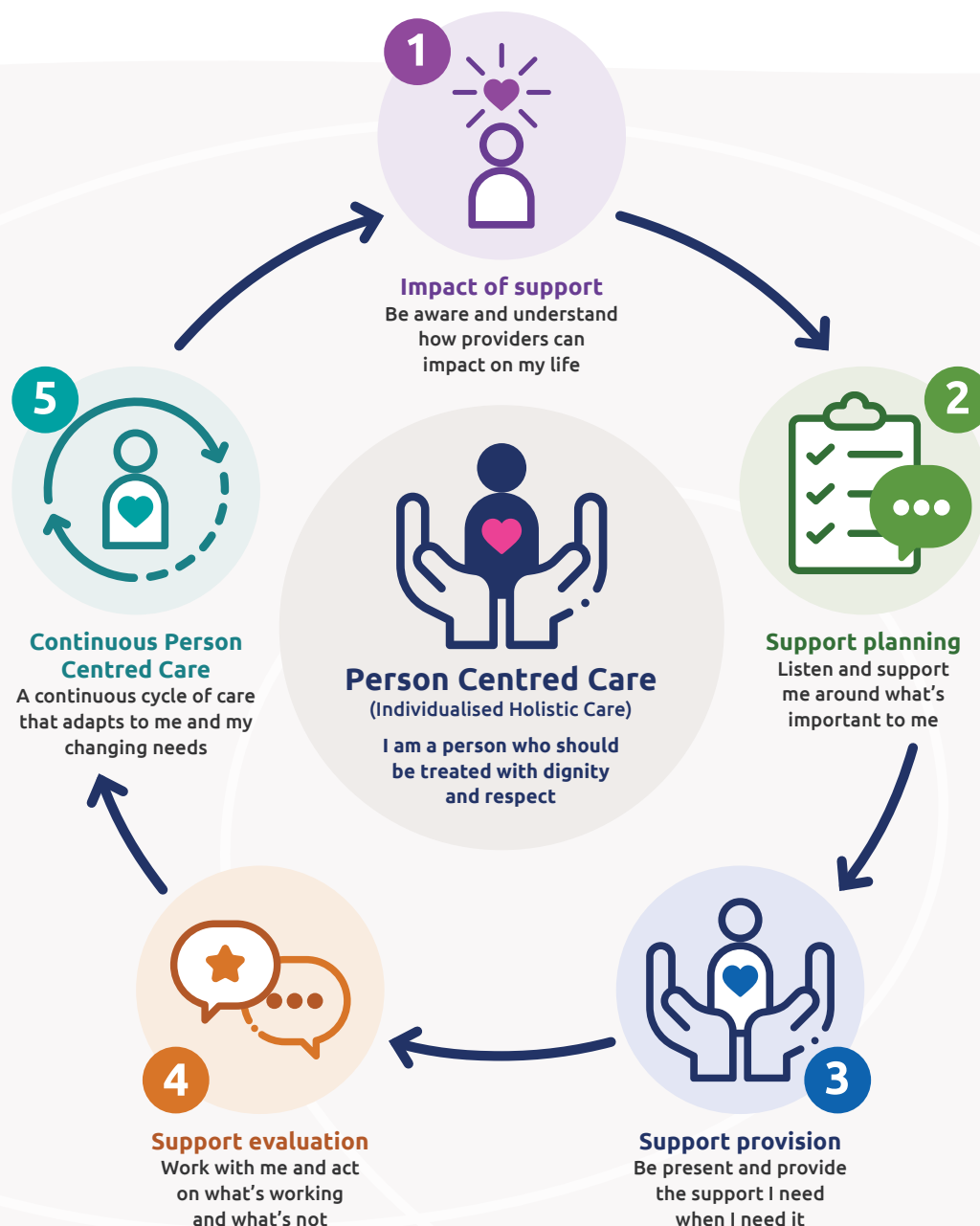
Appendix 1:

Core Values or Principles of the Philosophy of Care for Supporting Older Adult Mental Health and Wellbeing in Western Australia

This appendix provides details of ways that Older Adult Mental Health Services can demonstrate that they are working in a manner aligned with this Philosophy of Care that meets the expectations of older adults.

Older Adult Mental Health Services that adhere to person-centred or individualised holistic models of service provision reflect the same core values as those expressed in this Philosophy of Care.

Rather than focusing solely on diagnosis or symptoms, individualised holistic models of care seek to understand the whole person and support their quality of life, independence, dignity, and wellbeing by engaging in a meaningful way with the person in planning care.



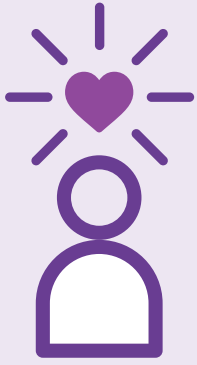


Person Centred Care (Individualised Holistic Care)

I am a person who should be treated
with dignity and respect

This foundational principle recognises that older adults are individuals with unique life experiences, values, preferences, strengths, and needs. Evidence that Older Adult Mental Health Services are effective in addressing person-centred care/ individualised holistic care include:

- Involving the older person as an active partner in assessment, treatment and recovery planning.
- Asking the person what is important to them not just what is the matter with them in language and terms that are understandable to them.
- Incorporating personal values, routines, interests and life experiences into care planning.
- Considering factors such as housing, relationships, grief, isolation, financial concerns and physical health conditions.
- Encouraging participation in decisions about medications, therapies, supports and future care.
- Ensuring care plans reflect the person's goals rather than solely service provider priorities and gaining confirmation of this from the older person.
- Records demonstrating collaboration between older adult mental health clinicians, aged care staff, general practitioners, families, and community services.



1

Impact of support

Be aware and understand how providers can impact on my life

Impact of Support

This principle acknowledges that every interaction between a provider and an older person can influence their wellbeing, confidence, independence, and recovery. Evidence that Older Adult Mental Health Services are effective in addressing impact of support include:

- Ensuring progress against goals identified by the individual rather than only clinical indicators is the focus of any review or care plan evaluation.
- Regularly seeking feedback from the older person, families and carers to understand the difference that support is providing.
- Incorporation of information obtained from consumer feedback, consumer surveys and outcome of review processes to assist in service development.
- Analysis of complaints, compliments, incidents, and feedback.
- Quality improvement projects undertaken in response to identified gaps in support provision.
- How reflective practice is embedded in the model of service and how clinical supervision is used to promote skill development and continuous learning in clinicians.
- Staff training records relating to person-centred, recovery-oriented, trauma-informed, age-friendly practice, communication styles and interview practices.
- What policies and procedures are in place promoting dignity and choice.
- Observations, audits, or competency assessments showing staff provide care consistent with the service's model of care, policies and procedures.



2

Support planning

Listen and support me around what's important to me

Support Planning

This principle acknowledges that support planning is driven by the person's goals rather than solely by clinical priorities. Evidence that Older Adult Mental Health Services are effective in addressing support planning include:

- Evidence that goals were identified through discussion with the older person and records of choices offered and decisions made.
- Care plans that demonstrate the older person was actively engaged in decision making around their own goals and desired outcomes.
- Examples of Wellness Recovery Action Plans, Advance Health Directives and Crisis and Relapse Prevention Plans developed in agreement with the older person.
- Ensuring that where required, there is transparency in identifying the older person's designated advocate or alternative decision maker and that appropriate consent forms have been completed.
- When an older person's wishes cannot be fully accommodated, the reasons are explained and documented along with evidence of what alternatives were offered.
- The older person's preferences regarding treatment, support and interventions are confirmed with the older person's signature or documented agreement with the plan.
- Evidence-based staff training and on-going education in shared and supported decision-making approaches.



3

Support provision

Be present and provide the support
I need when I need it

Support Provision

This principle focuses on responsive, reliable, and coordinated service delivery.

For older adults, this includes ensuring collaboration with and integration of relevant mental health, primary care, aged care, and community services. Evidence that Older Adult Mental Health Services are effective in addressing support provision will include:

- Care plans showing how identified needs, preferences, strengths, cultural considerations, and goals are translated into daily support.
- Audits of service response times, multidisciplinary care coordination, crisis support arrangements, and continuity of care processes.
- Documentation demonstrating support is provided in accordance with the person's wishes and changing needs.
- Records showing adjustments to support following reviews or changes in circumstances.
- Feedback from the older person that staff understand their individual needs, preferences, goals, and circumstances and that they feel safe, valued, heard, and treated with dignity and respect.



4

Support evaluation

Work with me and act on what's working and what's not

Support Evaluation

Evaluation is an ongoing process that ensures care remains relevant and effective. This reflects the understanding that mental health recovery and ageing are dynamic processes requiring continuous review and adaptation. Evidence that Older Adult Mental Health Services are effective in addressing support evaluation include:

- Policies and procedures requiring evidence of routine evaluation of care planning processes and outcomes of reviews.
- Direct involvement of the consumer or the consumer's designated representative in the care plan review process.
- Minutes of planning meetings where reviews occur and consistency in case note entries where reviews have occurred.
- Internal audits of review processes.
- Monitoring use of standardised outcome measures.
- Consumer satisfaction surveys with evidence of actions arising from feedback.
- Focused quality improvement activities.
- Evidence of updated care plans following reviews.



5

Continuous Person Centred Care

A continuous cycle of care that adapts to me and my changing needs

Linking it all together

Together, these principles form a continuous cycle of support. This cycle aligns closely with contemporary best-practice approaches in older adult mental health, including person-centred, recovery-oriented, strengths-based, and rights-based models of care.

It also represents a clear departure from historical paternalistic approaches in which professionals determined what was best for older people without adequately involving them in decisions about their own care.

There is ample evidence provided of the need to better engage with older adults in the planning for and the delivery of support.

The challenge now is how Older Adult Mental Health Service providers can develop their models of care to mirror the expectations provided in the consumers' Philosophy of Care.



Appendix 2:

References

1. Australian Commission on Safety and Quality in Health Care (2022). *National Safety and Quality Mental Health Standards for Community Managed Organisations*. <https://www.safetyandquality.gov.au/national-standards/mental-health-standards-community-managed-organisations>
2. Aboriginal Health Council of WA (2024). *ACCHS Social and Emotional Wellbeing Service Model – A Service Delivery Approach*. https://www.ahcwa.org.au/wp-content/uploads/2022/11/SEWB_SocialandEmotionalWellbeingServiceModel_DEC24_FINAL.pdf
3. Australian Government (Australian Health Ministers Advisory Council) (2017). *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017-2023*. <https://www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental>
4. Aged Care Quality and Safety Commission (2025). *Strengthened Aged Care Quality Standards*. <https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards>
5. Briede-Westermeyer, J. C., Radici Fraga, P. G., Schilling-Norman, M. J., & Pérez-Villalobos, C. (2023). Identifying the Needs of Older Adults Associated with Daily Activities: A Qualitative Study. *International journal of environmental research and public health*, 20(5), 4257. <https://doi.org/10.3390/ijerph20054257>
6. Centre for Cultural Diversity in Ageing (2024). *Practice guide for culturally appropriate mental health support for culturally diverse seniors*. <https://www.culturaldiversity.com.au/page/practice-guides>
7. Curtin School of Population Health (2025). *A Philosophy of Care for The Mental Health of Older Adults in Western Australia: A Rapid Review*. <https://comhwa.org.au/wp-content/uploads/2026/05/Mental-Health-of-Older-Adults-A-Rapid-Review.pdf>
8. Ottemöller, F. G., Matenga, T. F. L., Corbin, J. H., Nakhuda, H., Delobelle, P., Ayele, C., Boston-Fisher, N., Leitch, S., Wicker, J., & Mweemba, O. (2021). Re-envisioning health promotion: Thinking and acting salutogenically towards equity for historically resilient communities. *Global health promotion*, 28(4), 88–96. <https://doi.org/10.1177/17579759211035089>
9. Primary Health Tasmania (2024). *Head to Health – Our Philosophy of Care*. <https://assets.primaryhealthtas.com.au/uploads/2024/04/Head-to-Health-services-philosophy-of-care.pdf>
10. Royal Australian & New Zealand College of Psychiatrists (2018 [updated Nov 2019]). *Position Statement – Psychiatry Services for Older People* <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/psychiatry-services-for-older-people>
11. South Metropolitan Health Services (2026). *Older Adult Health Hub*. <https://smhs.health.wa.gov.au/Our-services/Sub-acute-community-care/Older-Adult-Health-Hub>
12. Upasen, R., Saengpanya, W., Awae, W., Prasitvej, P., & Stithyudhakarn, S. (2025). Understanding how older adults sustain mental well-being when facing challenging in later life. *Acta psychologica*, 259, 105293. <https://doi.org/10.1016/j.actpsy.2025.105293>
13. WA Department of Communities (2023). *An Age-Friendly WA: State Seniors Strategy 2023–2033*. <https://www.wa.gov.au/government/publications/age-friendly-wa-state-seniors-strategy>
14. WA Country Health Service (2025). *Older Person Mental Health Model of Service Western Australia 2025-2030 [DRAFT]*
15. WA Department of Health (2025). *State Public Health Plan for Western Australia 2025-2030*. <https://www.health.wa.gov.au/~media/Corp/Documents/About-us/Public-Health-Act/State-Public-Health-Plan-2025-2030.pdf>
16. World Health Organisation (2021). *Comprehensive Mental Health Action Plan 2013–2030*. <https://www.who.int/publications/i/item/9789240031029>
17. World Health Organisation (2026). *Mental Health of Older Adults*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

Appendix 3:

Definitions of Terms

Advocate is a person chosen by the older person, or acting in the person's interests, to support them in expressing their views, preferences, rights, and wishes. Advocates assist the person to participate in decisions affecting their care and wellbeing but do not necessarily have legal decision-making authority.

Alternative Decision-Maker is a person with legal authority to make decisions on behalf of an older person when the person lacks decision-making capacity for a specific decision. The role and authority of the alternative decision-maker are determined by applicable legislation and legal instruments.

"Aunty" and **"Uncle"** are respectful terms that can be used to address or describe older Aboriginal adults. It is suggested to ask a person if they would like to be addressed using these terms before assuming so.

Carer is identified by the older person themselves and includes any individual who provides support that is important to the person's wellbeing, care, or daily living. This can be a family member, partner, friend, advocate, or another person chosen by the older person. In this definition, the carer provides this role in an unpaid capacity.

Co-design Group – for the purpose of this activity, the "co-design group" is defined as a group of older adult consumer "experts" with mental health lived experience and who are identified by Consumers of Mental Health WA as representative of this sector.

Informed Consent has at its core the fundamental principle that age alone does not determine a person's capacity to provide informed consent. Informed consent is the voluntary agreement of an older adult to assessment, treatment, care, support, or disclosure of information, based on a clear understanding of the nature, purpose, benefits, risks, alternatives, and potential consequences of the proposed action. The older adult is supported to make decisions to the greatest extent possible, consistent with their values, preferences, rights, and decision-making capacity.

Model Of Care is the structured framework that translates organisational values into practice and specifies how services are delivered. A model of care will define service components, workforce roles, pathways, and interventions. A best practice model of care for older adults is a model in which care is individualised, holistic, culturally responsive, and focused on promoting wellbeing, recovery,

independence, dignity, participation, and quality of life through collaborative, integrated, and continuously evaluated support.

Older Adult is the term applied to a person who is generally aged 65 years or older, or 50 years or older for Aboriginal and Torres Strait Islander peoples, recognising the diversity of ageing experiences and individual circumstances. The term reflects a respectful, person-centred approach that values the dignity, strengths, rights, and life experiences of people in later life.

Older Adult Mental Health Service is generally regarded as a specialist multidisciplinary mental health service that provides person-centred, recovery-oriented, and age-responsive assessment, treatment, care, and support for older people experiencing mental health conditions, cognitive impairment, behavioural and psychological symptoms, emotional distress, or complex mental health needs associated with ageing. These services work collaboratively with older people, carers, families, advocates, alternative decision-makers, primary care providers, aged care services, and other health and community services to promote wellbeing, recovery, independence, dignity, and quality of life.

Person-Centred Care is a philosophy and approach to service delivery that places the person at the centre of all decisions about their care and support while Individualised Holistic Care is a way of delivering that care. For the purpose of this document while Person-Centred Care and Individualised Holistic Care are closely related concepts and are not strictly synonymous they are used interchangeably.

Philosophy Of Care is the *underpinning set of beliefs, values, and principles* that guide how care should be delivered. It answers the question: *"What do we believe good care looks like?"* It sets the ethical and cultural direction for everything else but does not specify how services are delivered.

Social and Emotional Wellbeing or 'SEWB' describes the social, emotional, spiritual and cultural wellbeing of a person, recognising how a person's connection to land, sea, culture, spirituality, family and community impacts their wellbeing. Many Aboriginal and Torres Strait Islander people prefer the term as it fits well within a holistic view of health, rather than focusing on medical terms or 'problems'.



12 / 275 Belmont Avenue, Cloverdale WA 6105
9258 8911 | admin@comhwa.org.au | ABN: 95 581 286 940

www.comhwa.org.au

© 2019 COMHWA