



Family carers of older adults

We read with interest Professor Bob Knight's piece on family carers of older adults (*InPsych*, December, 2016). We agree that informal carers for older people, most likely family or friends, experience significant strain and their mental health needs "are often overlooked".

Professor Knight discussed specific psychoeducational approaches, individual psychotherapy, and multi-component interventions as useful for working with carers. We argue that while carers can access services for themselves through a GP Mental Health Treatment Plan or other initiatives, they will often need to be prompted to do this as the focus is on their relative rather than their own needs.

Current policy and service structure may also not adequately guide health professionals regarding carer involvement in the older adult's care. In our own work¹, we found that carers felt uninformed regarding decisions made by health professionals because of confidentiality to their primary client. Psychologists need to consider the implications of confidentiality to a primary client on the person's carer. Carers are also frequently the main navigator in accessing mental health services, and this can be complex and bewildering when care crosses both health and social care sectors, and involves different funding packages. Furthermore, when services from both sectors are involved, there is not likely to be an overarching case manager to facilitate communication between health professionals. In our work, we found that this meant carers had to take on this role.

As a consequence, there is a need for mental health and social services to work together. Psychologists may face difficulty in providing services to carers who are not their client due to funding arrangements but it is important that psychologists consider the complex stressors faced by carers beyond clinical symptoms outlined by Professor Knight. These stressors include grief, guilt, changes in marriage/family relations and employment, and social isolation. Harnessing carer strengths, including community ties, is an important approach. As Professor Knight identified, approaches stressing family-level interventions (and we would suggest family-inclusive service culture) hold promise.

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¹ Dawson, S., Gerace, A., Muir-Cochrane, E., O'Kane, D., Henderson, J., Lawn, S., & Fuller, J. (2017). Carers' experiences of accessing and navigating mental health care for older people in a rural area in Australia. *Aging & Mental Health*, 21, 216-223. doi: 10.1080/13607863.2015.1078283.

When are confidential Board processes not confidential?

As a past Director of the Board of the APS and as a psychologist with an endorsement in clinical psychology, I have been dismayed and deeply troubled about recent emails distributed to some APS members. At the last election, members did *not* vote for a majority of non-clinical Directors on the Board, as alleged in those emails. Two Directors were elected to the Board at the last election. One of those Directors has an endorsement in clinical psychology and the other does not. Furthermore, any Director who has completed the Australian Institute of Company Director's (AICD) training is very aware that it is their responsibility to represent *all* members fairly regardless of their professional interests. So a Director *without* an endorsement in clinical psychology is *required* to represent the interests of APS members who have such an endorsement just as much as they represent members who do not. Similarly, a Director *with* an endorsement in clinical psychology is *required* to represent the interests of APS members who do not have such an endorsement just as much as they represent the interests of members who do. Therefore, if Directors are doing the job that members pay them more than \$26,000 a year to do, there can be no factions on the Board. Of most concern, however, is how the authors of these emails, who are not APS Board members, come to speak with authority about confidential Board processes. Again, it is made abundantly clear at the AICD training that Board meetings are confidential. So, how do the authors of these emails know what will happen at the Board meeting in February? How do they know that there was a vote on the Board that was tied at 4-4 and the President had to make a casting vote? How could they possibly know the alleged voting habits of Board members unless there has been a breach of confidentiality obligations by one or more Directors? As a membership organisation, we must demand the highest standards of all our Directors, as required, not only by the general membership, but by the common law and the Corporations Act with which Board Directors must comply.

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Submitting letters

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