**Title:** Development of an online application to enable wellbeing intervention options for older Australians through their local GP.

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**Abstract**

The ageing of the population in Australia has resulted in changes in the demand for services in the health care system. The Commonwealth Aged Care reform process has focused on streamlining the system in order to reduce fragmentation, increase options and improve funding sustainability. Underpinned by the philosophies of wellness and reablement and the practice of consumer directed care, the reform agenda emphasizes increased consumer choice and control in the context of growing demand for services and changing expectations of a rapidly ageing population. Reform of mental health care has largely overlooked older people. The role of general practitioners (GP’s) has been endorsed as a vital component in supporting older patients to maintain their mental health, specifically to avoid escalating mental illness that may be caused by age-related factors such as loneliness, loss of a spouse, or loss of function.

The South Australian Health and Medical Research Institute’s (SAHMRI) Wellbeing and Resilience Centre (WRC) is delivering preventative wellbeing and positive psychology interventions to older South Australians to a variety of cohorts. Research from our team and others indicates that wellbeing interventions can improve the quality of life of elderly participants, by providing new skills that enable a practical and concrete focus on purpose, values-based goals, community engagement, and volunteering. Unfortunately these interventions are not always readily available to older people, and their potential impact on the mental health of older people is not well understood and it has not been adopted by GP’s and the wider health care system.

Another aspect of the WRC’s research aims to extend Keyes’ (2005) Complete State Model of Mental Health. This model suggests that mental illness and mental health are two separate but related concepts, and are not two ends of the same spectrum, as was previously thought. An individual is said to have complete mental health (CMH) when they have both a high level of wellbeing, and low level of mental illness symptomology

The WRC is developing novel research to better understand CMH. Its main aim is to understand what the ‘forces’ are that influence an individual’s CMH status. These include forces such as socio-demographic status, employment type, personality, physical activity, nutrition, and sleep. The WRC is also investigating how an individual’s CMH status can be influenced by wellbeing interventions, as well as traditional mental illness therapies such as clinical psychology and psychiatry.

An algorithm will be created from our research that will improve the patient-to-intervention fit by considering age, personality, severity of mental illness, functional ability, technological literacy, and treatment preference. We plan to develop an application that will monitor the CMH of individuals, particular older individuals, present that information (with consent) to their GP’s, and provide GP’s with treatment recommendations to discuss with their patients. We suspect that treatment preference in particular will be a very important consideration for aged Australians, as it will build a sense of autonomy for the patient, aligns with prevailing philosophies of person-centred care and consumer-driven services, and reduces a GP’s reliance on traditional treatment options, such as traditional psychology interventions or antidepressant medication, which may not be desirable for aged patients.