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**Mental Health, BPSD, and Residential Aged Care**

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# Outline

- **Epidemiology**
- **Cases**
- **Staff well-being and resident well-being**

# MH Epidemiology in residential care: Revenge of the rubbery figure

## Depression

**Australia: 6-17%**

**USA: 30-50% (6-26% major depression)**

**Europe: 30-48% (6-28% major depression)**

## Anxiety disorders (GAD, Panic Disorder)

**Australia: 4%**

**USA: 3.5-13%**

**Europe: 9.9-13.2%**

## Psychosis:

**Australia: 5.4%**

**USA: 2.4%**

# BPSD in Nursing Homes

<b>Behaviour</b>	<b>Reported Range (%)</b>
<b>Wandering</b>	<b>4 – 24</b>
<b>Verbal Aggression</b>	<b>8 – 25</b>
<b>Active Aggression</b>	<b>8 – 33</b>
<b>Resistive to Care</b>	<b>11</b>
<b>Restless</b>	<b>12 – 33</b>
<b>Depression</b>	<b>18 – 75</b>
<b>Delusions</b>	<b>12 – 100</b>
<b>Hallucinations</b>	<b>13 – 34</b>

*Butler et al. 1998, Colenda 1995, Rosewarne et al. 1996, Rovner et al. 1986, Snowdon et al. 1996, Zimmer et al. 1984, Rovner et al. 1991, Ames 1993,*

# Common sources of residential staff stress

**Resident variables:**

**Impact of resident behaviour**

**Systemic variables:**

**Staff/patient ratios**

**NH organisation/culture**

**Staff variables:**

**Mental Health/Dementia literacy**

**Attitude towards residents**

**Skills**

**Sense of efficacy**

**Personality**

# Variability amongst staff and facilities

**Hands-on care staff disagree about how stressful they find these residents**

**They disagree about how frequently problematical occurs, even about whether it occurs**

**Senior staff disagree about which residents are difficult to care for**

**A resident can be ‘a monster’ in one facility, no problem in another**

**Bird, Llewellyn-Jones, Smithers & Korten (2007)**

**What determines whether a facility finds someone ‘challenging’ depends more on the facility than the resident**

**Moniz Cook (2000)**

# Mary: Psychosis

99 year old widow living in a nursing home losing weight

## The problem according to staff:

- **Delusions: “I can’t eat today, I’m scheduled for surgery/I have no tongue”, “You’ve stolen my clothes. These aren’t my teeth”**
- **Delusions said to be interfering with caring for Mary and requiring antipsychotic medication**
- **Distressing for staff when accused of stealing**

# Mary- Assessment

- **Hypothesis: Delusions are precluding adequate food and fluid intake and causing significant weight loss which in turn is causing delirium**
- **Tests:**
  - **Fluid balance chart,**
  - **Daily weighing, and**
  - **Bowel monitoring**

# Mary Assessment

## Results:

- Receiving adequate food and fluids
- No significant recent weight loss
- Bowel regime not adequate to prevent impaction and resultant delirium

## Conclusions:

- Delusions almost certainly caused or exacerbated by delirium
- No significant distress or harm caused by delusions

# Mary: the solution

Assistance with bowel regime

Education for staff from Dementia Advisor

- **Mary not being nasty/manipulative; she can't help it.**
- **We know you have not stolen from her**
- **Challenging delusions won't help**
- **This led to a different perspective of what “the problem” was**

# Marie

**73 years**

**Nursing Home resident**

**Hypoxic brain damage, moderate impairment**

## **Problem**

- **Violence**
- **Intolerable demands on staff**

# Marie: Causes of staff distress

- **Not understanding the causes of the behaviour**
- **‘Duty of care’ to meet her demands**
- **Anger at her ‘selfishness’**
- **Magical beliefs in the power of psychotropic medication, and consequent helplessness**
- **Night staff beliefs about the necessity to change her, and about getting into trouble**

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# Marie: Sources of staff stress

**Resident variables:**

**Impact of behaviour**

**Systemic variables:**

**NH organisation/culture**

**Staff variables:**

**Understanding of dementia**

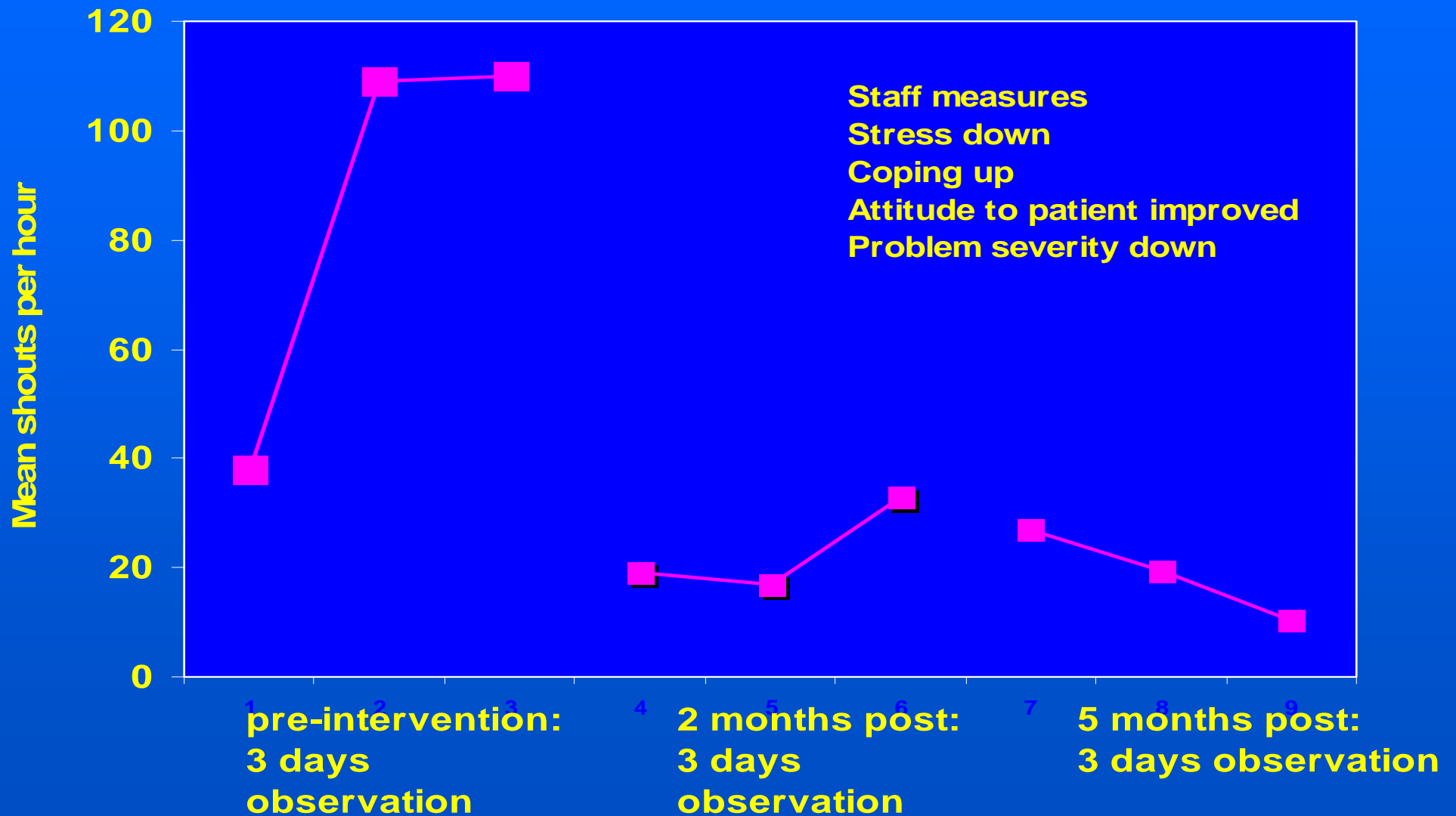
**Attitude towards resident**

**Skills**

**Sense of efficacy**

**Personality**

# 'Marie'. 73 years: Shouting: Intolerable demands on staff



# **Edberg, Bird et al. in progress**

**Focus groups of care staff in Sweden, Australia and UK\*  
produces 64 items for a Strains in Dementia Care scale**

**Factor analysis produces 5 factors:**

- **Empathy and desire to protect residents**
- **Lack of understanding**
- **Tough love**
- **Systemic factors**
- **Emotional engagement**

**\*Aging and Mental Health (2008)**

**Distress amongst care staff is alive and  
well: So what?**

# Hallberg and colleagues: Clinical support and supervision study

Preliminary work shows:

- **Excellent physical care**
- **Poor social interactions (task oriented)**

**But**

- **Staff show evidence of care and empathy;  
...the problem is perceived helplessness to  
relieve residents' psychological distress.**

# Hallberg and colleagues: Clinical supervision study

**Intervention. Staff support and supervision sessions aimed at:**

- 1. Increasing understanding of residents' world and emotional needs**
- 2. Care plans based on residents' physical and emotional needs rather than the problems they present**
- 3. ENs, assisted by two project RNs, assume greater autonomy in developing and responsibility for implementation of care plans, and resident advocacy.**

# Hallberg and colleagues: Clinical supervision study

## Outcome

**Improvements in staff morale, job satisfaction, job creativity, quality of resident/staff interactions, nursing care, resident mood**

**Decreases in staff stress, task oriented nursing, difficult resident behaviour**

# Replications of the Lund Study

**Canberra study (2004) 6 facilities, three control, using an Austin A40 model.**

**Current trial run by Hammond Care, using 7 facilities in NSW and Victoria.**

# Key points

- 1. Only recent research focus on residential care staff - a curious omission**
- 2. Resident characteristics are only part of the variables which cause stress**
- 3. There is good research showing that many of these variables are remediable**
- 4. Caring for staff matters because psychological health and skill-base of staff affects quality of care, which in turn affects patient well-being**

# Take Home Message

**Residential care staff deserve to be looked after. They deserve it both for themselves, and for the sake of the people we entrust to their care.**