



Positive Living in Aged Care

AWARDS

Mental Health Promotion Project in Residential Aged Care Facilities

FINALISTS STRATEGIES - 2008, 2009 & 2010



Aged & Community Services
Association of NSW & ACT
Incorporated



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Introduction

This document provides articles written by the finalists who profiled their strategies in the Positive Living in Aged Care Awards for 2008, 2009 & 2010. There were three winner awards of \$10,000 and three runner up awards of \$5,000 across the three categories.

(Note: In 2009 only one award was made in Category 3 and a commendable was awarded in Category 2).

The aims of this document are to:

- provide positive examples of strategies implemented to improve the mental health and wellbeing of residents
- share these strategies with the wider aged care industry
- provide examples of finalist strategies for potential applicants in 2011.

The finalists' powerpoint presentations are available on the ACS (www.agedservices.asn.au) and ACAA-NSW (www.acaansw.com.au) websites for your reference.

Please note that in instances where the management of a facility has changed since the awards were presented, the current management has reviewed the article.

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Background to the Positive Living in Aged Care Awards

The Positive Living in Aged Care Awards project commenced in 2007 and is now entering its fourth year. This health promotion project aims to recognise residential aged care providers in NSW who are implementing strategies to promote a positive approach to the prevention and management of mental health conditions.

Specific objectives of the project are to:

- identify and document innovative strategies and initiatives implemented by Residential Aged Care Facilities (RACFs) to promote the positive mental health of their residents.
- reward and showcase innovative approaches to promoting better mental health and wellbeing for residents of RACFs.
- compile and disseminate within the residential aged care sector, information about innovative approaches to improving the mental health and wellbeing of residents.

This project has been developed by the Older People's Mental Health Working Group (OPMHWG), established by NSW Health to support the implementation of the *NSW Service Plan for Specialist Mental Health Services for Older People* (SMHSOP) 2005-2015 and other strategies to improve older people's mental health. The project is funded by NSW Health and is being managed by the project partners, NSW Health OPMHWG, Aged & Community Services Association of NSW & ACT and Aged Care Association Australia – NSW.

In 2008, there were 60,258 people living in RACFs in New South Wales¹, and whilst this is only a small percentage of the older population, this group is susceptible to mental health disorders and associated challenging behaviours². Providing appropriate care for this group of residents is one of the greatest difficulties currently facing residential aged care providers.

Australian literature indicates there are high rates of major depression, anxiety disorders and behavioural and psychological symptoms of dementia in aged care facility residents. It was also estimated that 5% of residents have a diagnosis of schizophrenia or paranoid disorder^{3,4}. A recent Australian study reported that 44.5% of residents in high care facilities and 28% in low care facilities are depressed⁵. Findings also indicate that diagnosis and treatment of mental health conditions/disorders in this group may not always occur, particularly if their symptoms are not obviously displayed and/or are masked through behavioural disturbance. There are also indications that specialist mental health services are underutilised and there is anecdotal reporting suggesting a lack of awareness of appropriate sources from which to access non-pharmacological treatment⁶.

The failure to diagnose and treat symptoms of mental health disorders has the potential to impact significantly on the whole residential community. It places increased demands on staff time⁷ and increases the potential for resident aggression, inappropriate restraint use, increased staff stress and lower levels of

satisfaction for the residential community including residents, relatives and staff.

RACFs have the capacity to implement a range of prevention and intervention strategies that provide supportive environments to enable residents to maintain their optimal wellbeing and quality of life. Examples of strategies directed towards increasing protective factors to reduce or prevent the risk of developing or exacerbating mental health symptoms include those directed towards:

- increasing social connectedness and reducing isolation
- engaging residents in activities/roles which make them feel valued as members of the community
- supporting staff to understand resident behaviours and needs, and to reduce occupational stress.

In summary, the project aims to develop innovative approaches to promote better mental health and wellbeing for residents of RACFs and the broader residential aged care community including staff, families and carers.

For more information on the 2011 Awards and the application conditions, please refer to the Application Form and the Application Information available on the ACS (www.agedservices.asn.au) and ACAA - NSW (www.acaansw.com.au) websites.



Dr Anna Wheatley (Clinical Psychologist, St Vincent's Psychogeriatric Service) and Patrick Chan (Elizabeth Lodge) presenting the Club Bright strategy.

¹ Australian Institute of Health & Welfare, Residential aged care in Australia 2007-08: A statistical overview.

² Brodaty, H, et al. (2001). Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors. *International Journal of Geriatric Psychiatry*, 16(5), pp. 504-512.

³ Snowden, J., (2001). 'Is depression more prevalent in old age?', *Australian and New Zealand Journal of Psychiatry*, 35, pp.782-787.

⁴ Brodaty, H, et al. (2001). Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors. *International Journal of Geriatric Psychiatry*, 16(5), 504-512.

⁵ Hammond Care, Challenge Depression Project, An initiative funded by the Commonwealth Department of Health and Ageing, 2001.

⁶ Beyondblue, (2004). Recognising and screening for depression among older people living in residential care. Deakin University Centre for Health Risk Behaviours and Mental Health. p 55.

⁷ Beyondblue, (2004). Recognising and screening for depression among older people living in residential care. Deakin University Centre for Health Risk Behaviours and Mental Health. p. 5.

Positive Living in Aged Care Awards Finalists 2010

On Monday 30th August 2010 the Hon. Barbara Perry, Minister Assisting the Minister for Health (Mental Health) announced the winners and runners up in the Positive Living in Aged Care Awards 2010.

Category 1: Targeted Strategy

Strategy to improve outcomes for residents with a mental health diagnosis.

Winner	Wellbeing Program	Killara Gardens, Pathways Aged Care, Killara
Runner up	Memories of My Youth Program	Mt Carmel House, Catholic Care of the Aged, Port Macquarie

Category 2: Universal Strategy

Strategy to promote the mental health and wellbeing of residents by increasing protective factors to reduce the risk of the development of symptoms of a mental health condition.

Winner	Intergenerational Program: Improving outcomes, wellbeing and quality of life for people living with dementia	Starrett Lodge, UnitingCare Ageing, Hunter, Central Coast and New England Region, Hamlyn Terrace
Runner up	Sense of Worth Philosophy	Macquarie Care Centre, Catholic Healthcare, Bathurst

Category 3: Selective Strategy

Strategy to promote the mental health and wellbeing of residents with special needs by increasing protective factors to reduce the risk of the development of symptoms of a mental health condition.

Winner	Safe Space at Our Place Project	Anita Villa, B.C.P Health and Aged Care (formerly Riviera Health), Katoomba
Runner up	Intergenerational Strategy - the Zikaron V'Tikvah Project	Sir Moses Montefiore Jewish Home, Randwick Campus

The Hon Barbara Perry with some of the Positive Living in Aged Care applicants 2010



Wellbeing Program

Killara Gardens, Pathways Aged Care

Leone Muffett, *Executive Manager*

Killara Gardens developed a Wellbeing Program to improve the mental health and wellbeing of residents identified with symptoms of depression and anxiety. The Wellbeing Program is a comprehensive approach which includes the development of an assessment tool; a range of small group activities; the employment of personnel with specific skill sets; and the development of partnerships with mental health specialists.

In July 2008 staff identified an increase in the number of residents admitted with symptoms of anxiety, depression and isolative behaviour. A review of residents identified that 68% had a diagnosis or symptoms of depression and/or anxiety. This was even higher than that reported in the literature, 51% in high care and 30% in low care. Literature also indicated that 50% of clinical depression suffered by aged care residents was undiagnosed and that these residents are more likely to withdraw and experience physical symptoms such as disturbed sleep.

The Killara Gardens team identified that residents' isolative patterns of behaviour often commenced prior to admission and that approximately 60% of newly admitted residents found participation in group activities overwhelming; had difficulty in expressing needs; and seemed to have lost the art of conversation and socialising.

This was seen as an opportunity to implement a range of strategies to support these residents in settling into the facility and regaining their socialisation skills. An eight month pilot program was conducted with fifteen residents. All participants had a history

or diagnosis of depression/anxiety or were self isolating. Isolative behaviours included frequently voicing reluctance to participate in group activity; preferring to dine alone; or showing difficulty in conversing in a social setting.

Residents were assessed and allocated to activities based on their individual preference. The focus was on individual or small group activities which were not threatening to residents. A 'Wellbeing Program Assessment' tool was developed specifically to assess the residents and to evaluate the outcomes of the program. This assessment includes weight, current symptoms and history of depression and/or anxiety, Cornell Depression Scale, current pharmaceutical interventions, medical and social history.

Activities in the Wellbeing Program included:

- Individual reassurance/emotional support
- Participation in small group activities
- Gentle exercise group
- Tai chi / Qi Gong (Tai Chi has been shown to improve sleep quality for the older person)
- Dance movement class
- Aromatherapy and massage
- Pet therapy visits by Delta Society dogs continues to provide emotional support to residents.

Based on the success of the pilot, the program was expanded across the facility in February 2009 for all residents with symptoms of depression and anxiety.



The program content was extended and additional resources engaged, e.g. a mental health social worker and a person skilled in aromatherapy, nutrition and naturopathy. The assessment tool was refined and staff were trained in the use of the tool to support consistency.

In April 2010 approximately 44% of residents were participating in the program. The evaluation identified that there has been an 18% reduction in signs and symptoms of depression/anxiety in the participant group over the four month period. This included a reduction in:

- expressing feelings of hopelessness
- symptoms of anxiety/observable agitation
- disturbed sleep
- pain impacting on mood
- episodes of self isolation.

A review of psychotropic medication use in March 2010 also identified reductions in the use of anti-anxiety medications and sedatives.

This program is strengthened through the development of ongoing partnerships with the University of Technology on the Person Centered Environment & Care research project and the Dementia Behaviour Management Advisory Services (DBMAS) Northern Sydney Central Coast Area Health. The DBMAS partnership provides mentoring support to staff to increase empathy and to sensitise staff to identify feelings and behaviour arising from depression/anxiety and to develop effective strategies.

If you would like to know more about this project contact Leone Muffett at leone@killaragardens.com.au



Memories of My Youth

Mt Carmel House, Catholic Care of the Aged, Port Macquarie

Alison Sherratt, *Lifestyle/Volunteers Co-ordinator*

The Memories of My Youth Program is a collaborative intergeneration strategy which has multiple benefits for the residents and relatives of Mt Carmel House as well as the students of St Joseph's Primary School.

A review of the social connections of the residents at Mt Carmel identified that approximately three quarters of the residents only received visits from their grandchildren/great grandchildren at traditional holidays and celebration times. It was also recognised that many of the residents' relatives did not live locally, and some did not have any relatives. Staff observed that on the occasions when children visited, the residents responded positively and their moods improved. Residents would also often comment to staff that they missed their family members. It was also identified by staff that there was a high prevalence of mental health conditions/symptoms amongst the residents of the facility, including depression and anxiety. This project, commenced four years ago, was seen as an initiative to bridge the generation gap and provide a positive experience for residents.

The aim of the Memories of My Youth program was to develop and nurture a bond between Mt Carmel residents and the children of St Joseph's Primary School. Evidence shows that such a strategy would have mutual benefits for both the residents and the children. Intergenerational programs have been shown to increase the aged persons' self esteem and decrease their isolation whilst diminishing ageist stereotypes and strengthening community relationships.

The Lifestyle Facilitator, Mt Carmel residents and the teachers from St Joseph's developed a program which encompasses aspects of human development across the life span. They developed a range of activities that brings the residents and children together to achieve mutual benefit. These activities include:

- **Scheduled visits** to the Mt Carmel Hostel by the students and to the classroom by the residents.
- **Making an annual calendar.** A yearly calendar is made with photos of the residents and the school children.

- **The memories book project.** This is a simple book written through the eyes of a child. It has simple questions developed by students which provide the residents an opportunity to take a step back and remember their own childhood. It also provides students the opportunity to gain a different perspective on how things were in the past.

- **Knitting groups** were established in response to a request from a student. This has become a popular ongoing activity.
- **The Games Day.** This was originally held at the school followed by a return visit to the hostel so residents could show the children some games from their own childhood as well as present favourite games. A DVD of the day was collated and put together by the students and residents, using computer technology, to create a memory of the event.
- During **Catholic Schools Week** an invitation is extended from the school to the community to showcase their programs. Mt Carmel residents now participate in this event giving them a chance to interact with the children and their parents.

The implementation of this program was supported with processes to ensure the privacy, dignity and confidentiality for both groups. Both the resident and guardian of each child were required to complete a consent form. The children participating in the program also received training preparing them for the visits and interactions. This training included a tour of the facility and overview of some of the common situations they might encounter. For example:

- Mobility issues such as the use of walking aids and the potential for falls.
- The need to be careful with an aged person due to increased risk to skin integrity.
- Sensory impairment such as hearing and vision.



Residents teaching student to knit

- Memory deficits. Some information on how to discuss this with children was provided by Alzheimer's Australia.

The evaluation of this program demonstrated benefits for both the residents and the children.

The residents found a renewed sense of purpose within the community and the students gained a more positive view of ageing. Overall resident participation rate in the program increased from 75% in 2007 to 88% in 2009. All 21 residents at Mt Carmel now participate in at least one aspect of the program. Feedback from residents in the annual surveys indicates an increase in satisfaction in community contact and social involvement over the period of this program. As a result of the interactions one resident is now able to email her daughter whom she hasn't been in regular contact for 17 years and her antidepressant medications have been reduced. Some of the comments from other residents include:

- "I feel like I am like a pied piper and love the children coming."
- "That little girl and her family have made a 92 year old man very happy."
- "Spending time with the children absolutely makes my day....."

Strong relationships have been developed between some of the children and the residents and there are several case studies of residents where isolation and anxiety have been decreased.

If you would like to know more about this program to implement in your facility, contact Alison Sherratt, Lifestyle/Volunteers Coordinator, on 0265899810 or email alisons@priority1.com.au

Intergenerational Program: Improving Outcomes, Wellbeing and Quality of Life for People Living with Dementia

Starrett Lodge, UnitingCare Ageing, Hunter, Central Coast and New England Region, Hamlyn Terrace

Colin McDonnell, Care Service Manager

In 2010 Starrett Lodge introduced a mothers and babies group in the 15 bed low care dementia specific unit. This strategy was introduced in response to staff observation of resident behaviours when children were brought into the unit by family members. Staff noticed the residents were responding positively to the presence of young children.

In response to the staff observations and the findings of a literature review, a weekly mothers and babies group was organised. The aim was to provide one on one interaction between residents, babies, toddlers, preschoolers, mothers and staff in the 15 bed dementia specific unit. The objectives of the program were to improve the quality of life of the residents by providing intergenerational interactions; providing familiar activities for the residents to participate in; and creating an incentive for family members and others to visit and spend more time with residents.

The first steps in implementing this strategy were to conduct risk assessments and recruit mothers and babies to participate in the program on a regular basis. Activities were organised to maximise satisfaction and engagement by having the residents nurse the babies and watch the children play. The mothers and babies group is now held weekly and provides the residents with the opportunity to participate in normal mothering activities including:

- reading children's books to babies
- nursing babies
- talking to babies and children
- engagement in watching children play with toys
- giving bottles to babies
- supervising children eating fruit
- discussing with staff about their own children and their childhood
- sitting with babies and children
- walking with babies and children
- speaking with mothers and offering advice as to how they managed their children.



Resident and baby at Starrett Lodge

The diagnoses of the participating residents ranged from mild to severe dementia of varying aetiology. The Psychogeriatric Assessment Scale-Cognitive Impairment Scale (PAS-CIS) scores for this group ranged from 7-19. The program has been evaluated with videotaped interviews, videos on the interactions between the residents and children, written feedback from stakeholders and staff observations. Results indicate that during the program behaviours supporting personhood were common during IGP and engagement and full participation was shown by both male and females within the unit. All participants responded well to 1-1 interaction with the babies.

Following implementation of the program staff observations identified a reduction in resident behaviours including pacing and agitation and feedback from stakeholders including relatives, mothers and staff has been very positive. Some of the benefits identified from the program include:

- Staff, relatives and other cognitively aware residents have gained increased insight into the possibilities and the potential of people living with dementia to achieve and become involved in meaningful activities and lifestyle choices. Inclusion is a word now used which was thought not possible before

- One relative reported that she now finds it more pleasant visiting her mother
- It creates connections and increased understanding between the mothers and the residents
- A breakdown of barriers between the residents with dementia and those in other units who do not have dementia.

An education package is being considered as the next step to further train staff in the use of the mothers' group in promoting social networks, a sense of attachment, promote relationships between residents, staff, mothers and children whilst providing opportunities for success, control and enjoyment.

If you would like to know more about this project, contact Colin McDonnell at colin.mcdonnell@uchunter.org.au

A Sense of Worth Program

Macquarie Care Centre, Catholic Healthcare, Bathurst

Sharyn Ryan, *Residential Manager*

The Macquarie Care Centre (MCC) Sense of Worth Program was a finalist in the 2010 Positive Living in Aged Care Awards. MCC is a 55 bed aged care facility located in Bathurst in regional NSW. This program evolved over a number of years to engage residents and improve their mental health and wellbeing.

In 2000 MCC opened a new purpose built facility to replace the old hospital building in which the facility had been located. This move also included downsizing the facility from 134 beds to 55 and related staffing changes. Prior to the move it was identified that many residents had become withdrawn and required a more stimulating environment. It was anticipated that the move to the new purpose built facility with its homelike environment would provide the stimulation required to improve the residents' mood and improve their wellbeing. However, following the move, residents still lacked stimulation and remained withdrawn and it became apparent that the residents needed more purpose, motivation and engagement. The situation was also compounded by a culture of task oriented care and low staff morale due to the staffing changes. It was identified that a change in the culture of service delivery was required from task focus to a more holistic approach.

To meet this need the Sense of Worth Program was developed based on a framework of six pillars. The underpinning principles of the program were to:

- promote mental health and wellbeing to validate a worthwhile life
- improve staff ownership in their work
- involve and integrate the wider community.

A Sense of Worth Co-ordinator has been appointed in each cottage to support the implementation and ongoing monitoring of this program.

Pillar 1 – Simplistic, Innovative and Cost Effective

This pillar promotes the value of nature to positively impact on wellbeing. It involved using simple, innovative and cost effective objects and activities to engage residents in conversation and reminiscence. The existing easy care garden was replaced with one that stimulates the residents' senses of sight, smell and touch. For example, a birdfeeder to bring birds to the garden, and fragrant colourful flowers to enjoy. It also facilitates a range of activities outlined in Pillar 2. Other activities included were unpacking fruit and vegetables, picking and peeling fruit and vegetables, nursing kittens, washing seashells, and decorating pine cones.

Pillar 2 – Beyond Therapy

To motivate the residents to physically participate, a range of purposeful activities was devised with consideration that this generation of residents are 'doers' who have led purposeful lives.

Residents feed the chooks, weed and water the garden, pick vegetables and fruit to give to family, pick flowers and arrange them for inside the home and also the local show. A resident who came from the land spends time cleaning his saddle and sawing wood.

A local fitness instructor was engaged to deliver flexi-classes with noodles, weights and appropriate music. The residents have responded positively and when she arrives the whole centre takes on an air of excitement.

A staff member qualified in fine arts has developed an art program with lessons each week day in a range of mediums including painting, drawing and wood sculptures. These activities promote concentration and dexterity.

With a mandate not to operate the facility in isolation to the outside world, MCC hosted its own 'Olympics' during the Beijing summer games. The centre was decorated with flags from all countries and residents participated in opening and closing ceremonies. A range of Olympic-style games such as 'sit-down' hockey and basketball really brought out the competitive streak in the residents.

Pillar 3 – Living with change and coping with the days of our lives

This pillar evolved from the need to improve staff morale. It is based on the premise that high staff morale has a positive impact on the happiness of residents' lives. Some staff had embraced the new holistic approach while others did not readily accept the changes.

A trilogy of workshops was devised to address the needs of staff, their families, and residents and their families.

This pillar includes the principles of staff inclusion and ownership through structured feedback, team decision making and selection of team roles, support through mentoring and on going professional development.

Resident watching the chooks



Pillar 4 – Food glorious food

The new facility provided catering resulting in complaints relating to food increasing which dominated resident meetings. In response a food enhancement plan was developed and implemented by the centre's catering staff. Special menu celebrations are held twice a month. These are prepared on site by staff and include themes such as BBQs, Chinese banquets, high teas and English breakfasts. These add variety to the regular menu. This is planned in partnership with the residents.

Pillar 5 – A worthwhile life

This pillar reinforces the residents' social identity. Most residents have lived meaningful lives contributing to society and some feel they have lost purpose due to physical, social, emotional and/or psychological losses impacting on their feelings of worth. The following activities were developed to reinforce their individual identity and wellbeing.

- Each resident's life history is obtained on admission and a copy is kept in the resident's room. Within the first week 'A Little About Me' and 'My Favourite Things' forms are completed. This information assists staff to engage with the resident in meaningful conversation.



Enid

- Four residents each year are honoured with a 'This is Your Life' presentation. In the presence of their invited guests, other residents and staff they are presented with an album that has been compiled by the Sense of Worth Co-ordinator.



Monthly Theme - Australia Day

- On Australia Day a resident from each cottage is nominated as Citizen of the Year. Recipients are honoured with an afternoon tea, certificate and symbolic kangaroo. These are proudly displayed by the recipients.
- A monthly theme reinforcing the identity of this group of residents is promoted. It involves a display in the focal point of the facility which generates interest and conversation. Display themes have included Australia Day, Anzac Day, Royal month (for the Queen's birthday in June) and Valentine's Day. These themes link with the activity program, e.g. during Royal month we held an English Breakfast.
- Each Monday children from a local primary college attend the facility and the residents help them with their numbers by showing them how to play Housie.
- Each resident has a Sense of Worth journal in their file which reflects the essence of the resident and includes their social, spiritual and emotional wellbeing.

Pillar 6 – With a little help from our friends

- This pillar provides residents with connection to the external community by providing the local and extended community meaningful ways to contribute to our centre.
- Our auxiliary includes volunteers, service clubs, local businesses and local councils. For example, Bunnings built our chook house,

service clubs run our Anzac Day ceremony and volunteers enjoy being involved in the innovative activities.

- The centre has strong ties with Charles Sturt University providing placements for nursing students. This helps to bring new ideas to the centre whilst also fostering a positive attitude to ageing among the students.
- People undergoing community service orders are also involved in our centre to help maintain the vegetable and flower gardens and do other outdoor work.

Results

The outcomes from this program for residents include improved self-esteem and contentment, increased participation in activities and more frequent family visits. There has been a decrease in aggression episodes, a reduction in the use of antipsychotic medication and night time sedation, and a lower rate of depression reported.

The program has delivered unexpected yet welcomed results - we have experienced a 'Eureka' moment with residents with Korsakoff's syndrome improving their conversation skills, concentration and pride – showing us that some residents with dementia can learn.

The key to the program is the ownership of all the participants - residents, their families, staff and the community together with a continuous improvement focus. A training package has been developed and the Sense of Worth program is now being integrated into other Catholic Healthcare facilities.

If you would like to know more about this program contact Sharyn Ryan at sryan@chcs.com.au

Safe Space at Our Place

Anita Villa Aged Care Facility, B.C.P Health and Aged Care (formerly Riviera Health), Katoomba

Patricia Lachman, *Facility Services Manager*

Safe Space at Our Place is a strategy developed to meet the needs of members of the LGBTI (lesbian, gay, bisexual, transgender and intersex) community in the Katoomba local government area. It is estimated that currently the Blue Mountains area has between 10-20% of residents identifying as LGBTI with a proportion of this community ageing and requiring aged care accommodation. The management of Anita Villa acknowledges the importance of providing an inclusive and culturally 'safe' environment for this group. Individuals who identify LGBTI are often fearful of accessing health services in general and this vulnerability may increase as they age. It is important to recognise that many older persons have, and still experience violence, vilification and stigma as members of society and as a result are at higher risk of experiencing mental health issues than the general population. The prospect of "re-entering the closet" in order to feel safe may add to the concern about entering aged care in general. Given the facility's already diverse resident composition and promotion of "focus on family, individuals and diversity" Safe Space at Our Place project provided an ideal avenue in developing a message of a safe space for current and all future LGBTI residents, their families, friends and staff.

In response to the identified need and the paucity in LGBTI culturally appropriate residential aged care services, the management of Anita Villa focused attention on developing strategies to address this gap. The objectives were to:

- establish linkages with LGBTI community groups, individuals and service providers
- identify aspects of culturally sensitive care for LGBTI people, relative to accessing and living in residential aged care services
- identify current gaps and develop strategies to address the approach to service provision at the home for LGBTI people
- increase staff awareness of LGBTI issues relative to residential aged care



B.C.P Health – Michelle Chandler and Patricia Lachman, Facility Services Manager with Minister Perry

- reduce the heteronormative discourse throughout the service
- promote culturally appropriate services for LGBTI within the larger community and aged care sector.

Anita Villa has established linkages with LGBTI groups including: Pink Mountains; The Three Sisters Group; Mature Aged Gays (MAGS); the community health centre in Katoomba; ACON (Aids Council of NSW); the Gender Centre; GLBT National Alliance; and Mardi Gras Sydney. A representative also attended the transgender retreat at Bundanoon to explore gender diverse needs in aged care.

Training was provided by ACON to increase staff awareness of LGBTI issues for the older person. Pre and post test scores indicated a 60% increase in staff knowledge. Staff and community awareness has also been increased through participation in a range of activities including a special T-Shirt promotion to promote LGBTI clients in aged care; marching in Mardi Gras; participation in Fair Day; and attending the book launch "Dementia, Lesbians and Gay Men" commissioned by Alzheimer's Australia.

The facility policies and procedures are being adjusted to reflect a LGBTI sensitive approach. For example admission paperwork has been changed from spouse to partner or significant others; the term Male/Female has been changed to 'Gender'. The admission assessment and interim care plan have questions added relevant to grooming to include wigs, makeup preferences,

preferred dress (not gender defined). Resident and staff handbooks have been updated to mention LGBTI people and use more inclusive language. Access to support groups and community linkages is also provided at the home. The physical environment of the home has also been considered to reduce heteronormative discourse. For example, photographs and posters displayed throughout the home have been expanded to include a more inclusive variety of images to reflect diversity and the pink triangle is used to acknowledge a safe place.

An evaluation using the 'Sexual Diversity Health Services Audit' tool, developed by the Gay and Lesbian Health Service Victoria, demonstrated a 45% improvement across areas such as providing a welcoming environment; intake process; consultation; staff training; health promotion and outreach.

This is a work in progress and the goal of culturally appropriate care can only be measured when LGBTI residents receive message/s that indicate to them that they are in a safe space where the prospect of discrimination is minimised by ongoing education and monitoring of staff practices. Based on the findings of the project and processes developed by Anita Villa, aged care providers are able to replicate this initiative. The culturally sensitive tools together with training initiatives are transferrable across settings.

If you would like to know more about this project contact Patricia Lachman, Facility Services Manager at [fsm.anitavilla@bcp.com.au](mailto: fsm.anitavilla@bcp.com.au)

The Zikharon V'Tikvah (Remembrance and Hope) Intergenerational Project

Sir Moses Montefiore Jewish Home Randwick (Campus)

Katie Hoskins, Communications Manager

In 2010 Sir Moses Montefiore Jewish Home, Randwick was a finalist in the Positive Living in Aged Care Awards for implementation of the Zikharon V'Tikvah (Remembrance and Hope) Project, also referred to as the 'Butterfly Project'. This is an intergenerational program implemented to improve residents' mental health and wellbeing through creating social connections with students from Moriah College.

The Zikharon V'Tikvah (Remembrance and Hope) project is based on the program developed by San Diego Jewish Academy to remember the 1.5 million children who died in the Holocaust. It aims to honour the survivors by celebrating their lives and inspiring hope for the future. The Academy has extended an invitation to other Jewish communities around the world to join with them and make this an international exercise consolidating the extended Jewish community. It is an artistic, educational project serving as a powerful visual representation which aims to teach the students involved to remember the past, act responsibly in the present and create a more peaceful future. Montefiore saw this as an excellent opportunity to involve residents with the wider community and consulted with the Academy, the residents and relatives and the Moriah School to explore how this project could be implemented to enhance the lives of the Montefiore residents.

Approximately one third of residents at Montefiore are Holocaust survivors, many of whom do not have families of their own and others have children who live elsewhere. This lack of intergenerational sharing makes it harder for the older person to contextualise their lives and validate the contribution they have made to society. In addition, it is also well accepted that this group of residents is at increased risk of mental health conditions including post traumatic stress disorder and depression. This project was seen as an excellent opportunity to enhance residents' lives by providing an interaction which would promote a positive experience by bringing the two generations together in an atmosphere of sharing and learning.

The project aims included:

- Providing a sense of belonging and cultural identity
- Engendering self worth through participation in meaningful activities
- Building intergenerational relationships
- Engendering the students' understanding and respect for the experiences of the Holocaust Survivors.

The residents originally selected for the program were those who had little contact with younger people. However, the program was so well received that the group was extended to other residents who expressed interest in attending. Residents with disabilities were also supported to participate.

The Zikharon V'Tikvah project offered the residents at Montefiore the opportunity to mentor the students. The program was designed to encourage the residents to focus on the positive aspects of their lives and share these with the students. Each week, over a period of months, Year Seven students from Moriah College, a local Jewish school, worked together with the residents painting the beautiful ceramic butterflies and writing messages of hope on them. As the residents and students worked together, they interacted warmly, sharing stories and skills and building relationships. Eighteen of the butterflies were sent to San Diego to add to the international wall and the remainder (more than 100) are now displayed in one of the courtyards at the Montefiore Randwick campus, to be enjoyed by residents and visitors to the Home.

Feedback from residents and students who participated in the project was positive. Residents and students were able to find common interests. For example one resident participated by playing the harmonica throughout the program. The students with a musical interest were very interested in his skills and wanted to know more about the instrument. Comments from the students included:



Montefiore - Student shows Resident the butterfly display

"I think it was a fantastic experience getting to know and understand each of the Residents. I would love to come back and visit as a volunteer for the Residents."

"It was a good experience and I thoroughly enjoyed it. The Residents are very interesting people with interesting lives."

This program has provided residents at Montefiore the opportunity to review aspects of their lives in a supportive environment with a positive focus. It enabled them to participate in a project involving the international Jewish community. They were supported to remember and celebrate their history and culture whilst creating something long lasting and beautiful for all who live in and visit the facility to enjoy. Through the program the residents also shared experiences and formed ongoing bonds with younger people.

This project could be replicated in any home for Jewish residents or modified for non Jewish residents.

If you would like to know more about this program please contact Katie Hoskin, Communications Manager at khoskins@montefiorehome.com.au

Positive Living in Aged Care Awards Finalists 2009

Category 1: Targeted Strategy

Strategy to improve outcomes for residents with a mental health diagnosis.

Winner	My Story Matters	Dalmeny Village, IRT, Dalmeny
Runner up	Club Bright	Elizabeth Lodge, Anglican Retirement Villages, Rushcutters Bay

Category 2: Universal Strategy

Strategy to promote the mental health and wellbeing of residents by increasing protective factors and reducing the risk of the development of symptoms of a mental health condition.

Winner	Grouplinks - Group Solutions to Mental Health Problems	Dougherty Apartments, Chatswood
Runner up	Validation, Recognition and Calming of the Resident with Dementia	Warrigal Care, Goulburn
Commendable	The Mixed Nuts	Warrina Village, Anglican Retirement Villages, Castle Hill

Category 3: Selective Strategy

Strategy to promote the mental health and wellbeing of residents with special needs by increasing protective factors to reduce the risk of the development of symptoms of a mental health condition.

Winner	Working with Ageing Holocaust Survivors Program	Sir Moses Montefiore Jewish Home, Hunters Hill
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My Story Matters

Dalmeny Village, Illawarra Retirement Trust, Dalmeny

Kate O'Leary, Welfare Officer

Dalmeny Village, in Eurobodalla Shire, was a Positive Living in Aged Care Award finalist in August 2009 with their strategy My Story Matters. This strategy aims to improve the mental health and well being of residents with a mental health condition through the implementation of a cognitive behaviour based program using narrative, reminiscence and photographs.

It was observed over time that attentive listening and individuality can be overlooked in a busy aged care facility. This is important as residents are often dealing with issues of loss, uncertainty and grief which can result in depression. Using the Cornell Depression Scale it was identified that 76% of current residents at Dalmeny Village had symptoms of depression. In response to this, Dalmeny sought to develop a program to support residents to retain and/or regain their individuality and a meaningful context to their lives.

A review of research into depression identified a European study using a series of phased, multi-disciplinary interventions as an effective approach to the prevention and treatment of mental health conditions such as anxiety and depression in later life. This approach introduced a cognitive-behaviour therapy based narrative exercise. The results of the study demonstrated up to a 50% reduction in the incidence of depression for persons 75 years and older. Based on this approach Dalmeny developed My Story Matters which included the use of oral history, digital biography and a volunteer program.

The implementation of this program considered the following elements from the European model:

Selection criteria:

Residents had a medical diagnosis of depression and /or anxiety and sufficient cognition to tell their own story. It was also necessary that they had a relative or close friend who was willing to commit to the program.

The initial pilot group consisted of six (6) residents and six (6) family members or volunteer friends.

Context of meeting:

Weekly meetings were held. The initial six residents are still part of the program and new residents have joined, either with a family member or a volunteer. During the meetings each resident individually responded to researched interview questions. Photo albums were also used to prompt narrative story telling. This context provided the opportunity for the residents to work closely with their family members/ friends discussing, writing and or digitally recording experiences, individual and family history. It also supported the sharing of common experiences amongst residents.

Volunteer training:

The family members or friends received training in:

- The interview process and techniques
- Active listening skills and providing validation
- Depression and anxiety
- Living in a Residential Care Facility.

Environment

The same room was used each week with the same background music and a relaxed fun environment was provided.

There was extensive consultation throughout the implementation of this program with local historians, the psychologist of the Southern General Practice Network, Aged Care Health Worker, Alzheimer's Australia, Bega Office, a volunteer from the Narooma Historical Society, and the Pastoral Carers from the Narooma Anglican Church. Some of the family members/volunteers also initiated a fact finding mission to Canberra to the National Film and Audio Archives, and the War Memorial.

Following the implementation of this program staff and volunteers noted the following benefits for participating residents: improved sleep; increased engagement with staff and other residents; a reduction in medication use; a reinforcement of past memories relating to self, family members and significant others; a stronger sense of family, community and 'belonging'; enhanced and maintained cognitive functioning. Qualitative feedback

indicates a reduction in depressive symptoms in this group of residents. Further quantitative post tests will be conducted using the Cornell Scale for Depression to support these findings. The involvement of the family members and volunteer friends has also built a support network amongst this group.

One resident's daughter wrote:

'My Story Matters' is a wonderful way to interact with my mother who suffers from anxiety disorder and dementia. She loves to re-read what we have written down and I feel she is a lot more at peace with herself in the weeks since 'My Story Matters' began. What really stands out is that in the last few weeks she has been having increased times of clear and connected conversation with me and I feel sure that this can be attributed to the stimulus she is receiving through this program.'

An IRT volunteer wrote this regarding another resident:

"Physically he appears more alert, he has found his sense of humour, his frustration with his father which had been mentioned frequently, he now views with humour. His passion for photography and extensive photo albums have become a great trigger point for fond memories, and he interacts more with other participants and staff and looks forward to our weekly meetings."

My Story Matters can be easily replicated in other residential aged care facilities. The process can be adapted to suit small groups or couples. The success of this project does rely on the availability of willing family members or volunteers to facilitate the process.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Helen Spence (Manager) or Kate O'Leary (Welfare Officer)
Dalmeny Village
PH: (02) 4251 3800
Email:
hspence@irt.org.au or koleary@irt.org.au

Club Bright

Elizabeth Lodge, Anglican Retirement Villages, Rushcutters Bay

Dr Anna Wheatley and Zoe Hill, *Clinical Psychologists St Vincent's Psychogeriatric Service*

In conjunction with **Kristene Rice**, *General Manager Care Services Anglican Retirement Villages*

Elizabeth Lodge Hostel, in Rushcutters Bay, was a finalist in the Positive Living in Aged Care Awards in August 2009 for their collaboration with St Vincent's Hospital to implement the *Club Bright Program*. *Club Bright* is an innovative group therapy program developed by the St Vincent's Hospital Psychogeriatrics Service to support aged-care facility residents who have a diagnosis of depression or an anxiety disorder, or who have reported difficulties in adjusting to living in residential aged care.

There is high prevalence of depression and anxiety in aged care facilities, with the incidence of these mental health conditions being significantly higher in residents than amongst older adults living in the community. Furthermore, these illnesses are often not diagnosed, or treated, adequately. The St Vincent's Hospital Psychogeriatrics Service developed the *Club Bright* program to address this need to both provide effective treatment and also increase residents' and facilities' awareness of these conditions.

The *Club Bright* program utilises cognitive behaviour therapy (CBT) in a group setting. CBT has been shown to be effective in reducing symptoms of depression and anxiety, and is increasingly being used in aged care. It is a form of psychotherapy that uses practical self-help strategies to change unhelpful or unhealthy thinking habits, feelings and behaviours. *Club Bright*

is primarily aimed at residents who demonstrate current or recent symptoms of depression, anxiety or adjustment disorder with the absence of moderate to severe dementia or active psychosis. The program is overseen and facilitated by clinical psychologists from the St Vincent's Hospital Psychogeriatrics Service.

Residents attend weekly group meetings. During these interactive group meetings, residents discuss depression, anxiety and adjustment difficulties. The program helps residents to socially reconnect, increase their awareness of mental health, develop problem solving skills and enhance their coping strategies. This includes the use of evidence based techniques, such as assertiveness skills and relaxation. The meetings also increase residents' socialisation, improve interpersonal skills and facilitate the formation of new friendships. This helps residents to build resilience to mental health problems and contributes to their improved quality of life.

The program has also increased staff awareness of depression and anxiety, via information sessions with staff and ongoing liaison between staff, facilitators and group members. Staff have become active supporters of the *Club Bright* program, providing essential assistance in the form of identifying residents who could benefit from inclusion in the Club and reminding group members to attend the weekly sessions.

Three *Club Bright* groups have been conducted at Elizabeth Lodge, with over 20 residents participating in the program to date. Qualitative feedback shows that these groups were very much appreciated and enjoyed by participants. The program's effectiveness has also been evaluated using standardised mood measures, with results indicating a significant reduction in depression across all groups and a trend towards reducing anxiety. Residents state that they feel more able to cope with stressful situations at the facilities and 'heard' by staff.

If you would like to learn more about the *Club Bright* program please contact:

Anna Wheatley or Zoe Hill
Psychogeriatric Service
St Vincent's Hospital
Ph: 8382 1800
E: psychogeriatrics@stvincents.com.au

If you would like to hear more about Elizabeth Lodge's involvement please contact:

Ms. Kristene Rice
General Manager Care Services
Anglican Retirement Villages
Ph: (02) 9421-5422
Email: kristene.rice@arv.org.au

Hon. Barbara Perry, Minister Assisting the Minister for Health (Mental Health), presenting the award to Patrick Chan, Elizabeth Lodge and Dr Anna Wheatley, St Vincent's Hospital.



Grouplinks: Group Solutions to Mental Health Problems

Dougherty Apartments, Chatswood

Cheryl Lasarow and Lynne Harrold, *Grouplinks Social Workers*

In August 2009 Dougherty Apartments, a 66 bed low care facility, was announced as a finalist in the Positive Living in Aged Care Awards for the innovative program implemented in partnership with Grouplinks Northside, a group of private social workers. The Grouplinks program was aimed at reducing the risk of developing mental health conditions when residents are admitted to a residential aged care facility.

The management of Dougherty Apartments had identified that in spite of several programs in place to support residents, there were still unmet needs for some residents who displayed isolative and depressive symptoms. This was also highlighted through depression screening using the Cornell Scale for Depression (CSD) which was introduced with the ACFI. It was noted that despite the fact that residents may see each other daily, even sit at the same meal table, the potential for isolation was high due to increased physical deficits such as deafness, macular degeneration, reduced mobility and increased lethargy due to chronic illness or age related functional deficits.

Management approached Cheryl Lasarow and Lynne Harrold of Northside Grouplinks, social workers who specialise in aged care and mental health, to develop a six-week program involving small, informal therapeutic discussion groups which would provide a safe environment for residents to share their feelings and concerns. The program was developed with the following specific aims:

- Reducing the risk of residents developing mental health conditions as they move from their own community into residential care
- Supporting residents who were not coping with physical changes
- Supporting residents who may already be experiencing mental health problems.

Two groups were developed with a maximum of eight (8) residents in each group:

1. The Wellbeing Group - for those residents experiencing adjustment to difficulties primarily related to chronic illness/disability.

2. The Changing Times Group - for those residents experiencing adjustment difficulties related to their move to residential care.

Residents who were identified by staff as being most at risk of social isolation and depression were provided the opportunity to join these groups. Each resident's general practitioner (GP) was consulted and a referral made to the group if the GP considered it was appropriate and the resident chose to attend. The social workers assessed each referred resident for suitability through interview and completion of the Kessler Psychological Distress (K10) Scale. Residents identified as requiring individual counselling or with a moderate to severe dementia were not included in the groups.

Participation in these groups was funded through Medicare using the current Medicare Better Outcomes for Mental Health Scheme (Department of Health and Ageing - COAG Mental Health - Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme. This required each participant to be assessed by their GP and having a diagnosed adjustment order.

Each group was conducted for one and a half hours weekly over six (6) consecutive weeks. A graded approach was taken to introducing mental health concepts, ensuring that the group process was well established before sensitive issues were discussed. As the groups were conducted by external facilitators (Grouplink social workers) the residents were able to be more confident that they could discuss their feelings in a secure and confidential environment.

In both groups the issues of loss and grief were addressed and normalised in respect to adjusting to either chronic illness/disability and/or their move to residential care. Within a framework of psycho-education and with an emphasis in building strengths the following topics were introduced to residents:

- stress management
- relaxation techniques
- coping with depression
- identification of individual strengths and supports

- problem solving strategies around common concerns.

The effectiveness of these groups was evaluated both qualitatively and quantitatively. Structured pre and post interview assessments were completed using the CSD, the K10 scale and a question measuring residents' feelings of connectedness to other residents. Overall, the results demonstrated an improvement in participant mental health. The K10 showed a reduction in severity of symptoms for both sadness and depression for the majority of participants. All participants rated their feelings of connectedness to other residents as being significantly stronger at the end of the program. Participants felt that they had come to know and understand other residents better and were more comfortable speaking to each other. Many had reported feeling quite lonely and seeking friendships prior to the group and had no idea that others were experiencing the same feeling as themselves. Staff also observed positive improvements in residents including increased cheerfulness and engagement with others. One group continues to meet independently (without the facilitator) to provide ongoing interaction and support.

In summary, these initial groups were an appropriate and cost effective method to address the complex needs for these older people living in residential care. These groups are now ongoing at Dougherty Apartments. The use of groups is less confronting and threatening for residents who could feel stigmatized at the prospect of seeing an individual counsellor. The group process most importantly, facilitated new informal supportive networks to grow within the facility and the ongoing informal networks continue to work to counter isolation and provide an inbuilt protective mechanism against future mental health problems.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Mr Chris Stevens
General Manager
Dougherty Apartments
Ph: (02) 9419-3000
Email: cjs@doughertyapartments.org

Validation, Recognition, and Calming of the Resident with Dementia

Warrigal Care, Goulburn

Lisa Cotterill, *Team Leader*

Warrigal Care Goulburn was recognised as a finalist in the Positive Living in Aged Care Awards 2009 for the resident focused strategies which have been implemented to improve the mental health and wellbeing for their residents in the secure 25 bed dementia unit. As typical of most dementia units the resident mix includes residents with Alzheimer's disease, frontal lobe, vascular and other dementias. These diagnoses are in some instances co-existing with other mental health conditions such as anxiety, depression and schizophrenia.

Leslie Carter, Facility Manager, and Lisa Cotterill, Dementia Unit Team Leader, worked together to develop a person centred approach to care delivery for the residents in this Unit. Whilst most of the strategies in this approach have been used previously in residential aged care, it was the way these strategies were implemented, the leadership provided and the supportive environment that contributed to Warrigal Care being a finalist in the Positive Living in Aged Care Awards.

This approach arose from a vision to assist the individual resident to succeed and have positive experiences within their living environment. It is a vision of supporting their memories and life experiences, acknowledging each individual resident's limitations and supporting them to cope and relax within their environment to promote independence, a degree of autonomy, a feeling of safety and to reduce anxiety and depression.

This approach includes the following elements:

- A Guide to Resident Behaviour Management
- The individualising of each resident's personal area (individualised doors)
- An individualised communication tool
- Sensory activities
- Staff support and training
- Consultation with residents, families, staff and local health professionals.

A Guide to Resident Behaviour Management

A 'ready reckoner' was developed for staff to manage the many different behaviours and needs of residents. It is individualised for each resident recognising that behavioural triggers may be different across a 24 hour period and it provides a guide to individualised interventions that can be implemented at specific times of the day. Recommended interventions are individualised to reinforce each resident's identity and abilities prior to being admitted to the facility.

The individualising of each resident's personal area (individualised doors)

Residents are supported to select a personalised door decal which is easily identified by them at their current level of cognition. The selection of pictures provided for them to choose from was selected with knowledge of their background, information obtained from their families and observations made by staff.

An individual communication tool – 'My Eyes Are Blue'

This is a tool to enhance communication with residents with dementia. It recognises each resident as an individual and captures their life experiences and personal preferences. The format is colourful, personalised and unregimented and includes a photo of the resident. This is located near the resident's door and helps staff to relate to each resident as an individual, acknowledging their past.

Sensory activities

A mobile activity cabinet was purchased that can be taken to a resident to assist in providing a calming, pleasant and visual distraction. This can be used in any area of the facility.

The use of the hydrotherapy bath was also reviewed. It can now be seen in use at any time of the day, even at night to assist residents to relax, manage their pain or as a behavioural management intervention. The use of bubbles and aromatherapy oils in the spa has been a successful adjunct.

Staff support and training

Staff have been provided with Mental Health First Aid Training and advice from the Area Health Mental Health Team. This has had a positive impact on staff ability to care for residents with challenging behaviours and has developed networks for ongoing staff support and advice.

Consultation with residents, families, staff and local health professionals

The implementation of these strategies was in consultation with residents, their families, staff and with the support of local health professionals from the Aged Care Mental Health Team, T-Basis Unit, psychiatrists, geriatrician and the Aged Care Assessment Team (ACAT). Support from Senior Management was also essential to provide funding for staff education and the additional equipment required, such as the sensory equipment and new lifting equipment for the spa bath.

Benefits to the residents

These combined strategies validate and recognise the residents' previous life achievements and preferences and confirm a sense of self worth. Residents are accepted as the person with a dementia or mental illness as well as acknowledging their life prior to admission. The ability by staff to engage with a resident about a previous life experience or preference supports the development of a relationship and the feeling of safety for the resident. Staff are also able to provide a calming atmosphere using a variety of sensory equipment and an environment which enhances positive moods and feelings. These collective strategies have reduced the number of behavioural incidents.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Leslie Carter
Residential Services Manager
Ph: 4823 0600
Email: lcarter@warrigal.com.au



Resident relaxing in the spa

The Mixed Nuts

Warrina Village, Anglican Retirement Villages, Castle Hill

Raelene Blackledge, Care Project Coordinator Anglican Retirement Villages

The Mixed Nuts, an all male singing group from Warrina Village, was awarded a ‘commendable’ in the 2009 Positive Living in Aged Care Awards. This group has recorded five CDs and played at over two hundred ‘gigs’ across NSW. Now that in itself is probably not all that spectacular. What is spectacular though is who exactly these men are!

These men are all in their 80s and 90s, and come from an aged care hostel and retirement village. They never leave home without wheelchairs, walking frames, sticks and occasionally oxygen, aboard the Village bus to entertain the masses. They have appeared on television, radio and in print, have developed their own web page and continue to evolve. What is inspiring is that they are putting aged care and older people in the spotlight.

The Mixed Nuts had its origin almost six years ago. It was identified that some of the men in the Village were withdrawn and isolated, and their participation in Village activities was minimal. A men’s group was commenced at the Village, but the men had little to talk about, and found social interaction an effort.....so an outing was suggested. The men went to a club, and combined with the relaxed atmosphere of the club, and one or two beers, on the way home some of the men just started singing. Each outing, it happened again. And each time more men would join in. Finally a connection had been found that united the men!

Realising this, a group was formed with the men for the Village Christmas party. They practised every day for two weeks, performing just two songs. They sang at the party and the simple applause of their peers was all they needed to ask for the group to continue as a regular activity. With a name for the group being picked from either *The Rolling Groans* or *The Mixed Nuts*, the group officially came together in February 2004. And then they were off.....

First they made a CD. A visiting musician, Dale Ryan offered to help. It took two hours to complete 10 songs. We had an official launch, and sold out, selling 200. Newspapers wanted interviews and Channel 10 invited them to appear with Tim Bailey in Darling Harbour. Two buses, *The Mixed Nuts*, 15 residents and 10 volunteers headed off, and *The Mixed Nuts* had the time of their lives.

Then came another CD, then bookings to other hostels and nursing homes. This was followed with bookings for RSL Clubs and Conferences. A highlight was an appearance with Brady Halls on *A Current Affair*. The crew and Brady were nothing other than wonderful and respectful to work with, capturing the essence that is *The Mixed Nuts*. From there the sky has been the limit. In 2007 *The Mixed Nuts* performed a free concert at Darling Harbour, which over 300 people stopped to enjoy, and it wasn’t just the novelty value, with most staying for the whole performance. Three more CDs have followed and *The Mixed Nuts* are booked out until January 2011.

Outcomes of the program have been many. Physically there has been greater aerobic capacity and increased mobility and improved speech for those affected by stroke. Emotionally the men have developed greater connections with each other, and support each other through times of grief and loss. As a Nut has passed on, the Nuts typically sing at the funeral of their colleague, and form a guard of honour. Working together to produce each CD has seen greater cohesion and team work between the members of the group, with much encouragement and praise directed all ways.

The benefits to the community have been many. Seeing residents of an

aged care facility as talented, active and engaged portrays a positive image of ageing and prompt re-evaluation of the commonly held stereotypes of living in a residential aged care facility.

But perhaps the best evaluation of the program comes from the *Nuts* themselves. Anthony Brown, project officer at the UWS Men’s Health Information and Resource Centre, University of Western Sydney, visited the hostel and enjoyed lunch with the men. He asked them the thing they enjoyed most about the group. And, without exception, the men all said for them, it was all about just being together.

As a practitioner we are sometimes so focused on measurable outcomes, of qualitative and quantitative evaluations, and results driven practice. What we sometimes fail to see is the most important benefit of all for residents. It is one so intrinsically simple and yet vital for us all, the knowledge that we all have mates who care.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Raelene Blackledge
Care Project Coordinator
Anglican Retirement Villages
Ph: 0425 220 727
Email: Raelene.Blackledge@arv.org.au



Working with Ageing Holocaust Survivors Program

Sir Moses Montefiore Jewish Home, Hunters Hill

Katie Hoskins, *Communications Manager*

In August 2009 Sir Moses Montefiore Jewish Home (SMMJH) Hunters Hill was announced as a winner in the Positive Living in Aged Care Awards for the innovative program implemented to provide emotional support to residents who may experience post traumatic symptoms related to their experiences during the World War II Holocaust. This program was aimed at educating and supporting staff to understand, anticipate and respond to potential triggers.

Approximately one third of SMMJH residents are Holocaust survivors and many of these experience debilitating symptoms due to their past trauma. Staff at Montefiore recognised that the psychosocial impact of prolonged stress on Holocaust survivors predisposes them to a range of emotional issues which may lead to Post Traumatic Stress Disorder (PTSD). This may be compounded for residents with dementia.

As residents' short-term memory deteriorates earlier memories, thoughts and dormant anxieties can emerge. These triggers can escalate symptoms including chronic states of anxiety, depression, nightmares, flashbacks, social withdrawal and guilt about having survived. Just being in an aged care facility can reawaken fears about being 'institutionalised' and separated from family.

SMMJH identified the need to provide education and support to staff to raise awareness of the extremely sensitive issues for these residents and to enable staff to support their emotional needs and provide appropriate and sensitive care. In response to this need Janine Grossman, Director of Professional Services at Montefiore and Renee Symonds, Board Member and Clinical Psychologist, developed the *Working with Ageing Holocaust Survivors Program*. This program was developed based on personal observation, research with staff and residents, a review of relevant literature and an overseas study trip to international leading aged care facilities.

All existing staff at Montefiore were offered the opportunity to attend the program and it is now a mandatory part of the orientation program for all new staff. There are two aspects to the program. Firstly, staff education regarding residents' needs and secondly, emotional support for staff. The program

is conducted in conjunction with the local Sydney Jewish Museum, where staff receive education regarding Jewish culture and the experiences of the Holocaust. Following this education each staff group attends a debriefing session with a trained social worker or clinical psychologist. At this debriefing session any concerns raised by the training can be addressed. This program provides staff with skills to identify triggers which might precipitate challenging behaviours for survivor residents and learn strategies to manage those behaviours.

A handbook describing potential triggers and management strategies has been developed and is provided to each staff participant. Some of the potential triggers for residents are simple daily activities which might raise anxiety. Examples of triggers described in the handbook include:

- taking a shower: In the camps Jewish people were herded into the gas chambers told they were going to shower before being gassed
- taking a bath: Some Nazi doctors and researchers conducted horrific experiments with Jews immersed in tubs of water
- loud sounds and voices: These can bring back memories for some survivors of the loud music and shouts of guards in camps
- illness: In camps the ill and elderly were condemned to death. Survivors may not want to admit to feeling unwell and may not trust health professionals. German doctors selected who should live and who should die.

More than 300 staff members have now attended the training with great success and the program is continually evaluated by Montefiore's Learning and Development Department. A pre and post questionnaire is completed by staff to measure the improvement in knowledge. The outcomes for residents are also evaluated through monitoring of resident indicators such as aggression incidents, complaints and both staff and resident satisfaction rates. Qualitative feedback from staff has been positive and there are many examples of improved relationships between residents and staff due to this increased understanding. For example, supporting a resident who hoards items to feel safe and secure rather than removing the items.

The program is now an important component of the staff training and development at Montefiore and plays a key role in supporting the Holocaust survivors and their families and in improving the quality of life of the residents. The training program is transferable to other settings and provides a format to work with other ageing survivors from traumatic backgrounds. The triggers will differ, but the principles underpinning the program are universal.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Katie Hoskins
Communication Manager
Sir Moses Montefiore Home,
Hunters Hill
Ph: (02) 8345-9156
Email:
khoskins@montefiorehome.com.au



Receiving the award at Luna Park Jill Pretty, CEO ACS, Terri Birger, Montefiore, The Hon. Barbara Perry, Minister Assisting the Minister for Health (Mental Health), Erin Ryan, Montefiore, Katie Hoskins, Montefiore, Charles Wurf, CEO ACAA-NSW.

Positive Living in Aged Care Awards Finalists 2008

Category 1: Targeted Strategy

Strategy to improve outcomes for residents with a mental health diagnosis.

Winner	Southwood Special Care Program	Southwood (Hammond Care), Hammondville
Runner up	Dance Play : A lifestyle program that reduces depression in residential aged care	Amity at Dural (now Bupa Dural)

Category 2: Universal Strategy

Strategy to promote the mental health and wellbeing of residents by increasing protective factors and reducing the risk of the development of symptoms of a mental health condition.

Winner	The RESPECT approach to caring for people living with dementia	George Forbes House (Baptist Community Services), Queanbeyan
Runner up	Spiritual Reminiscence Groups	Nunyara Aged Care Centre, UnitingCare Ageing, Peakhurst

Category 3: Selective Strategy

Strategy to promote the mental health and wellbeing of residents with special needs by increasing protective factors to reduce the risk of the development of symptoms of a mental health condition.

Winner	Lifestyle and Training Strategies	Charles Chambers Court (Mission Australia), Surry Hills
Runner up	Grow old along with me, the best is yet to be	Imlay House, Pambula

Southwood Special Care Program

HammondCare, Hammondville

Meredith Gresham, *Research Manager*

The *Southwood Special Care Program* was implemented at HammondCare's Southwood Nursing Home in South Western Sydney in November, 2007. The program is an Aged Care - Mental Health partnership promotion program designed for older people with very severe and persistently challenging behaviours that make them difficult to accommodate and care for in mainstream aged care.

This program was underpinned by a comprehensive report conducted by the Faculty of Psychiatry of Old Age, RANZCP (2004) that highlighted that the severe behavioural disturbance was one of the most difficult situations for staff in aged care to manage; and the current response in NSW for this small, but very vulnerable population was inadequate. This report examined efforts to provide services for this population both nationally and internationally and informed the development of the Severely Challenging Behaviours Model contained within NSW Services Plan for Specialist Mental Health Services for the Older Person (NSW Health, 2006). A direct outworking from this policy context has been the *Southwood Special Care Program*.

The Program is located within HammondCare's Southwood Nursing Home. This 82-bed, dementia-specific facility provides a home-like environment comprising five 15-bed cottages and one 8-bed cottage, called "Linden" that provides a focus for the Program. The Program is primarily funded through usual aged care arrangements, but is conducted in partnership with NSW Health which enables an enhanced staffing profile, and with Sydney South West Area Health Service which provides specialist aged care psychiatry services through HammondCare Health and Hospital's Braeside Hospital.

The *Special Care Program* accepts residents who experience difficulty in accessing mainstream aged care due to severe behavioural issues, and referrals are jointly assessed for inclusion by Braeside and HammondCare staff. The program has two phases:

- The first phase provides interim accommodation, in Linden Cottage, an 8-place cottage of Southwood. This phase provides specialist assessment, followed by development, trial and refinement of

behaviour management strategies. Known as the Special Care Unit (SCU), there is weekly case conferencing with HammondCare and Braeside Hospital staff, This includes the resident's family and medical officer where possible. For the eight Linden cottage residents, at least two care staff are present on all shifts and are complemented by a psychologist (three days per week). This Program is managed by an experienced RN manager.

- The second phase of the program commences as the resident's behaviour settles and successful management strategies are in place. This involves supporting the resident to transition to a mainstream aged care bed within Southwood, which provides the best person-environment fit to meet their ongoing care needs. Known as the Supported Internal Relocation Program (SIRP), this program is available for up to 12 weeks, and comprises tapering support for the resident and care staff of the resident's new cottage.

This program involves a multi-faceted approach to caring for residents with severely and persistently challenging behaviours associated with dementia. It considers the environmental design, staffing structure, staff development and ongoing support for the residents' families and significant relationships.

The environment in Linden Cottage has been specifically designed to promote autonomy and choice in the resident's life; to encourage participation in normal daily activities that use the resident's abilities; to allow for control of environmental stimulus; to incorporate the resident's family; and to recognize the needs of staff. Some examples of the environmental considerations include:

- The size of Linden. The unit is small, which decreases confusion and agitation through decreasing resident-to-resident interaction and simplifies the environment.
- The layout gives maximal 'visual access' – the resident can see everywhere they need to go.
- Maintaining a homelike environment – furnishing and finishes are domestic in design and appearance,

but are specifically chosen for durability, strength, functionality and safety. Equipment or areas not necessary for residents: trolleys, pan room etc are kept 'back of house' in staff only corridors behind disguised doors. This keeps noise to a minimum and avoids the 'institutional intrusion' factor.

- Highlighting aspects within the environment to enable resident function, examples include providing colour contrast between chair seats surrounds and floors; strategic night lighting over the toilet in the ensuite; and red and blue taps indicating hot and cold water.
- The use of adjacent flood prone land, unsuitable for building, as a separate, safely fenced park-like area to give active, ambulant and disturbed residents space for walking. When residents need to "go" the garden gate can be opened providing a sense of freedom.

Staff are multi-skilled. As well as being involved in personal care and leisure activities, they prepare and cook all food in the cottage, creating a natural rhythm to the day and inviting participation in 'over-learned', normal activity such as drying up or peeling potatoes.

Staff elect to work in Linden and despite working with very difficult, often aggressive residents a survey of staff satisfaction reported that they find their roles rewarding and satisfying, particularly valuing the teamwork and the case management approach. Families are highly appreciative of the Program.

The biggest challenge is the 'flow through' aspects of the program – vacancies in cottages selected as the best environment in Southwood for each special care resident are neither predictable, nor frequent.

If you would like to learn more about this program or would like information about implementation please contact:

Ms Meredith Gresham
Research Manager
HammondCare
Ph: (02) 8280 8434
Email: mgresham@hammond.com.au

Dance Play: A lifestyle program that reduces depression in residential aged care

Amity at Dural (now Bupa Dural)

Lyn Masters, *Dance Therapist* and Rik Dawson *Agewell Physiotherapy*

Reviewed in 2010 by Sandra McKenny *General Manager*

In January 2008 a 12 week trial of *Dance Play* was introduced at Amity at Dural to investigate if it would enhance residents' physical function and reduce the incidence of depression amongst residents. It was demonstrated to improve outcomes for residents with a mental health diagnosis and was a finalist in the 2008 Positive Living in Aged Care Awards.

Background to implementation of *Dance Play*

Recent Australian studies have reported that 44.5% of residents in high care and 28% of residents in low care facilities are depressed⁸. Research has shown that exercise can reduce the symptoms of depression and enhance resident quality of life. Blumenthal et al⁹ (1999) found that 16 weeks of exercises was equally as effective at reducing depression as medications. However, often depression reduces resident participation rates in exercise program thus limiting the mental health and physical benefits.

Dance Play is a modified form of Dance Movement Therapy which was introduced by Lyn Masters, Dance Therapist and Rik Dawson of Agewell Physiotherapy with the aim of improving resident participation and outcomes for residents. Dance Movement Therapy is the psychotherapeutic use of movement which furthers the emotional, cognitive and physical integration of the individual. It draws on movement analysis, developmental movement, body image, relaxation, creative dance and psychotherapy. It became popular in the United States of America and Britain post World War II in the treatment of post-traumatic stress syndrome.

Some of the specific intended benefits of *Dance Play* at Amity were to:

- improve bonding, reduce social isolation and build self esteem
- stimulate cognitive function, spontaneous movement and creativity
- discourage antisocial behaviour and reduce the incidence of depression
- provide an opportunity for enjoyment and fun

- stimulate memory and provide an opportunity for reminiscing
- develop trust in the therapeutic relationship
- provide validation in a non-judgemental way
- maintain/improve mobility and balance.

Dance Play Trial

The outcomes of the *Dance Play* group were measured against a control group. The control group was encouraged to maintain their pre-trial participation in physiotherapy and recreational programs.

Fourteen residents volunteered to participate in this program. All had complex medical conditions that included stroke, Parkinson's disease, osteoporosis, lung and heart disease and dementia. Some residents were able to ambulate and some were wheelchair bound. The control group was selected with a similar resident profile. Prevalence of depression, using the Cornell Scale, in the dance play group was 82% and the control group was 64%.

Pre and post measurements for each participant included:

- Cornell Scale for Depression
- Physical Mobility Score
- Joint range of movement

The key findings from this trial were:

- a reduction in depression
- improved joint movement range
- improved mobility
- 95% of the participants in the *Dance Play* trial expressed the wish to include this in their lifestyle program.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Sandra McKenny
 General Manager
 Bupa Dural
 Ph: (02) 9653 9600
 Email:
 Sandra.mckenny@bupacare.com.au

Assessments	Control Group	Dance Play Trial Group
Cornell Depression Scale	28% reduction	50% reduction
Joint range of movement	9% improved	50% improved
Mobility Scale	18% improved	75% improved.

⁸Hammondcare, Challenge depression Project. An initiative funded by Commonwealth Department of Health and Ageing, 2001.

⁹Blumentahl et al, 1999. Effects of Exercise training on Older Patients with Major Depression. Arch Intern Med. 1999; 159:2349-2356



Dance Play in progress

The RESPECT approach to caring for people living with dementia

George Forbes House, BCS, Queanbeyan

Sally Pink, *Executive Care Manager (2008 at time of Award)* Reviewed in 2010 by Jenny Carpenter, *Executive Care Manager*

In 2008 Baptist Community Services developed a Dementia Care Philosophy and model of person centred care using the acronym RESPECT. This was implemented at George Forbes House by Sally Pink, Executive Care Manager.

Each letter of RESPECT provides a focus for developing staff skills:

Respect

Enable

Safety

Person Centred

Environment

Communication

Teamwork

The BCS Project Group under the guidance of Marleina Hoschke (BCS Dementia Consultant) developed a series of workshops to assist the whole organisation to adopt the framework. Everyone from the BCS Board of Management to ancillary staff in community programs participated in the workshops. They were designed as 15 minute workshops which could be delivered during handover. However, at George Forbes the approach was varied and the workshops were expanded to be delivered over one hour each. All staff working in the facility attended. The aim was to make the workshops fun and insightful. Since some staff working in Aged Care had probably had a poor school experience this was an opportunity to ensure that the learning was fun and reinvigorating.

Assistance was sought from a senior care staff member to assist with the design of a series of 'warm-up' activities to precede the discussions. A sample of the warm-up activities included:

- The use of props such as Vaseline coated glasses to mimic eye sight difficulties, which staff had to wear for the session.
- Providing refreshments in the form of cereal with full cream milk which they had to try to eat with a knife or fork.
- Being assisted to walk while wearing two shoes which do not match and were too small or too big.

- Tying staff knees together and being assisted to walk with another staff member
- Identifying how many steps are involved in apparently simple tasks like making a cup of tea.

The warm-up activities were designed to highlight some of the challenges that the residents face daily and to assist staff to develop their emotional intelligence and empathy. The warm-up created a lot of energy in the room and participation in the workshop was excellent as people shared their insights into how to further develop their skills. After brainstorming how to improve care, staff were given some homework which usually consisted of getting to know a resident who they did not know well, providing feedback to their supervisor and documenting what they had learnt about this resident. The final step of each workshop was to write an idea for improvement on a piece of paper which was in the shape of a light bulb. The ideas were then displayed on a wall in the facility for all to read and continue to feel inspired.

There were three noticeable outcomes at George Forbes House linked to the RESPECT program.

The first outcome was that the number of resident incidents decreased by 35% over the duration of the program. This result was sustained for the two months following the program. Resident incident data was also reviewed to ensure that this improvement was not attributable to other factors. Management was confident that after analysing the results further, that those residents were just not having as many incidents. So even without scientific evidence to support this finding we were confident that the RESPECT program accounts for some, if not all, of the result.

The second outcome was much more directly related to RESPECT and created a small but delightful problem...keeping up with clinical initiatives generated by staff. Staff have taken a person centred care and deployed it with fantastic effectiveness. Some examples of this include:

- Development of a medication sign sheet for a resident who is anxious about her medication. This has resulted in a dramatic reduction in her level of agitation.
- At the beginning of each shift, staff introduce themselves to residents who are usually very agitated to let them know they are on duty. This has resulted in a reduction in the level of agitation particularly in the case of one gentleman who was very anxious and 'demanding' of staff time and attention.
- Learning useful phrases in other languages so communication is made easier with bi-lingual and multi-lingual residents.
- Having a resident who was very 'lost' assist with drying the dishes. Prior to this happening she was climbing the bench to get into the kitchen. After this started she stopped climbing and waited to assist when asked.
- Using reminiscence as a diversion when residents are anxious. To do this staff have investigated residents' past work and personal life and started a mini 'resident history sheet' so that the information can be shared across the team.
- Involving the residents in decorating the Unit for events (e.g. Christmas and Australia Day).
- Regular scone making sessions with a woman who has a large family and cooked incessantly.
- Pizza making sessions with enough pizza to feed the whole of Queanbeyan.
- The inclusion of a resident who has a large family with doing the laundry.
- Use of a school bell for a resident who was a school teacher and is too agitated to sit for lunch and dinner.

The third outcome was that in the 12 months after the workshop, 80% of staff were engaged in some form of further study including Medical Terminology (attended by two CALD staff members), Certificate III and IV in Aged Care Work, Diploma of Nursing and Bachelor of Nursing, Palliative Care, Wound Management, Food Handling, and Plastering, Patching and Plumbing for Maintenance.

All staff became involved, kitchen staff, care staff, ancillary staff and administrative staff. A new sense of Team emerged with a single philosophy...it's all about the residents. The biggest problem for Management was capturing the new initiatives to show assessors and auditors the MAGIC work being put into place. The benefit for staff is clear...they say that it is making their work much more fun, easier and most importantly the residents are happier.

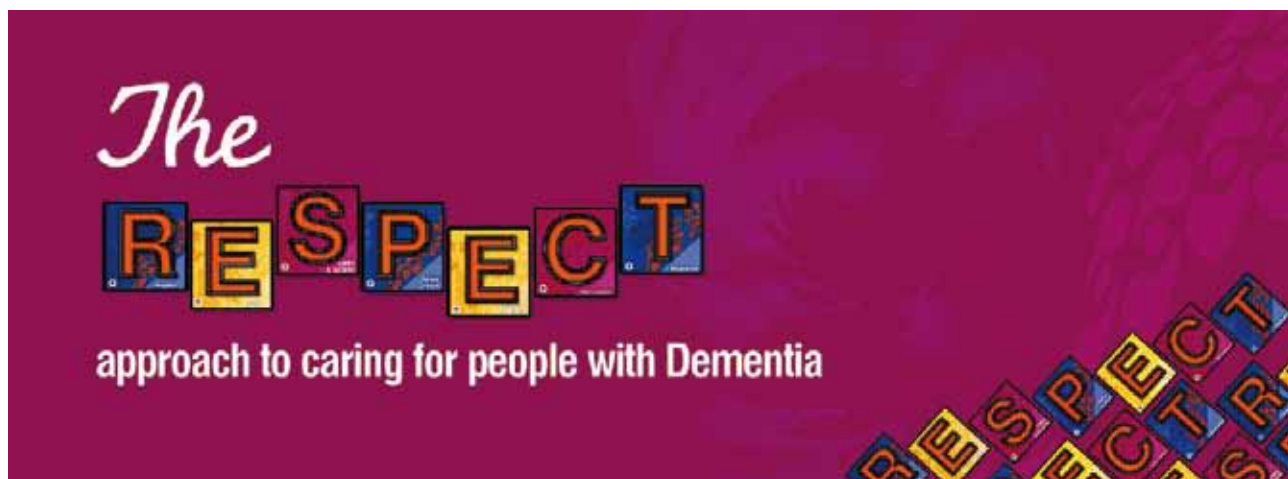
"R.E.S.P.E.C.T....not that I had my doubts, but I have found the results to be M.A.G.I.C. (magnificent actions generated in caring) for residents" (Sally Pink, 2008).

Jenny Carpenter was appointed as the Executive Care Manager in September 2009. Jenny made these additions to Sally Pink's article.

"Coming in as the new Executive Care Manager at George Forbes I can honestly say that in my 10 plus years in aged care I have never worked with a more resident focused group of staff. I was fortunate to be involved in the education process with RESPECT and can see the benefits to staff and residents. The delivery mode ensured that staff were able to put themselves in the residents' place and empathise with residents' loss of abilities. I look forward to be part of ongoing updates for new and existing staff"

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Jenny Carpenter
Executive Care Manager
George Forbes House
BCS AgeCare Southern Region
PH: (02) 6298-9600
Email: jcarpenter@bcs.org.au



If you are interested in implementing this program in your facility the RESPECT kit may be obtained through the following link.
http://www.bcs.org.au/site/DefaultSite/filesystem/documents/AgeCare/Dementia%20Care/DementiaKits_OrderForm_Dec09.pdf

Spiritual Reminiscence Groups

Nunyarra Aged Care Centre, UnitingCare Ageing, Peakhurst

Jill Drury, Chaplain Co-ordinator

In August 2008 Nunyarra Residential Aged Care was a finalist in the Positive Living in Aged Care Awards for the implementation of *Spiritual Reminiscence Groups (SRG)*. These groups were first implemented in 2001 to promote the mental health and wellbeing of residents by increasing protective factors and reducing the risk of the development of symptoms of a mental health condition.

Background to the Spiritual Reminiscence Groups

UnitingCare Ageing regards chaplaincy and pastoral care as integral components of the person-centred care, underpinning the Mission and Vision of the organisation's ministry, and UnitingCare Ageing's goal: 'Putting the Spirit into Care'.

To deliver a model of care which reflects our Christian commitment to care for and support older people, their families and carers.'

The Chaplaincy Team provides effective person-centred pastoral care in a way that affirms and gives integrity to the lives of the frail and elderly as well as providing empathy and support for families, carers, staff and volunteers. An essential part of this is the continuous evaluation of the pastoral dialogue and the implementation of programs that are responsive to residents' spiritual needs and deliver the best possible outcome for them, their families or carers and the staff.

There are three key elements of the Person Centred Pastoral Care Program – Spiritual Assessments, *Spiritual Reminiscence Groups* and a Training Course for staff and volunteers.

The Spiritual Reminiscence Groups

The aims of the *Spiritual Reminiscence Groups (SRG)* strategy are:

- preserving the stories of people for future generations;
- assisting people to see future pathways by looking at patterns from their past through life review; and
- assisting people to become aware of the centre of their life in order to find what brings meaning.

The SRG was trialed in 2001 by the Co-ordinating Chaplain of the Pastoral Care Team, Georges River, Jill Drury, who completed a Graduate Diploma of Ageing

and Pastoral Studies from the Centre for Ageing and Pastoral Studies, (CAPS), ACT in 2003. The development of the SRG is strongly evidence-based and comes out of research and work conducted by Rev Dr Elizabeth MacKinlay, Director, CAPS, (www.centreforageing.org.au). At the heart of this work is the philosophy that, by encouraging a person who is troubled to tell their story, they come to an understanding that their life has been worth living. One of the very tangible outcomes of the SRG is that the process supports and promotes the mental health of resident participants. A structured series of interviews, conversations and group interactions enables a person to be brought to a place where they are able, with the help of trained pastoral staff, to find meaning, peace and integrity in the latter stage of their life.

The trial consisted of seven residents (five women and two men between the ages of 80 and 91 years), from Banks Lodge, (another Georges River facility). They met for three consecutive Tuesdays for 1.5 hours to remember their life stories through doing a spiritual life review. These groups became such a powerful mechanism to share stories that the Co-ordinator became committed to ensuring the inclusion of the SRG as a core part of the Pastoral Care Program for Georges River. There are seven SRG now operating at four facilities with an average of 42 - 45 participants in total.

In August 2007 the Pastoral Care Team conducted a six week Spiritual Reminiscence process based on further research by Dr Elizabeth MacKinlay, published in her booklet, *Facilitating spiritual reminiscence for older people with dementia – a learning package*. This learning package provided a practical working tool for the team and focused on Life Meaning, Relationships, Hopes, Fears and Worries, Growing Older and Transcendence, Spiritual and Religious Belief, Spiritual and Religious Practices.

The SRG significantly contribute to improving the mental health and wellbeing of participants by:

- providing a safe and caring environment within which they can share and reflect on their life experiences and memories, perhaps for the first time;
- providing an avenue to establish meaningful links between generations within families;

- facilitating the development of new friendships and a strong bond between participants as a result of the sharing of experiences; and
- allowing participants to listen and empathise with the stories of others.

For one of the SRG, participants' individual stories have each been written up in booklet format, "Remembering My Story." These have now been published for participants who are very excited to be able to pass this record of their life on to their children. One member said that what she had shared and been written is the 'truth' of her life. Feedback from group members included:

- *I have enjoyed meeting a whole lot of new friends*
- *I have enjoyed making friends*
- *It makes me appreciate the life I've had*
- *It is good to just be able to talk to one another and to learn other people's point of view*
- *It was good how comfortable people felt within the group to share parts of their personal life*
- *The friendliness was good, getting together and meeting other people*
- *It is something you look forward to of a morning.*

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Jill Drury
Chaplain Co-ordinator
UnitingCare
Georges River Area
Ph: 0407 735 733
Email: jilld@caroona.org.au



Residents sharing life stories

Lifestyle and Training Strategies

Charles Chambers Court, Mission Australia, Surry Hills

Jill Bicknell, *Director of Care Services*

Nestled in the busy surroundings of the Inner City of Sydney is a small aged care facility, Charles Chambers Court (CCC) that is quite unique from any other. All the residents are 100% concessional and whilst all have come from low-income backgrounds, many have come directly from homelessness.

In 2008 CCC was a finalist in the Positive Living in Aged Care Awards for their comprehensive approach to improving the mental health and wellbeing of their residents

Over 56% of the residents at CCC have a diagnosis of a mental illness such as schizophrenia, paranoid schizophrenia, schizoaffective disorder, bipolar depression, depression or dementia with all suffering from co-morbidity such as cancer, cardio vascular disease and diabetes mellitus.

Lauson and Bauman (2001) support the theory behind our programs, stating "Older adults, especially those at social disadvantage, require programs concerning issues such as poor nutrition, medical adherence, increasing the social networks, and decreasing isolation". The strategies used to support and promote the maintenance and improvement of the mental health and wellbeing of our residents involves integration of a number of service/operational aspects including:

- the activity program
- staff education and training
- the quality improvement program
- the building design
- external links.

Activity Program

Our participation rates for the activities program are 80-90%. The activities program is tailored to meet the needs of our residents and includes activities such as CCC Idol, The Welcome Wagon, visits from the thrift store, school visits, prayer services and visits to the cinema and bingo. Residents are given a variety of activities to choose from and all activities give residents the opportunity to interact in a social environment to develop their people skills. Before coming to Charles Chambers many of our residents had lived in insecure accommodation or on the streets, therefore our activities program focuses on re-engaging our residents socially and improving their people skills. CCC Idol, which was modelled on the Australian Idol, has been

a particularly successful strategy for building social links between residents and building residents' self confidence.

Staff Education and Training

Staff education and training starts from the first day of employment at CCC. There is an extensive orientation which introduces staff to the systems and processes at CCC and includes a buddy system. The wide ranging education system includes on site training and competency assessments to ensure staff have the necessary skills. Staff are encouraged and are supported to obtain a Certificate III or IV in Aged Care Work. All staff are trained in Mental Health First Aid and Conflict Resolution which supports them to work with residents with challenging behaviours and from socially deprived backgrounds.

Quality Improvement

An integral part of our systems at CCC is the Continuous Quality Improvement (CQI) program. The CQI program follows four key stages; planning, implementing, monitoring and evaluating. This process guarantees that all our service is centred on meeting the needs of our clients. For example, the activities program is not only focused on entertaining residents but also meets their needs. Staff are given additional portfolios related to the CQI program that adds a further degree of interest and responsibility to their role.

The CQI program provides CCC with a powerful communication tool. There are suggestion boxes for staff and residents, comments and complaints registers, questionnaires and surveys. The CQI committee meets regularly to discuss the suggestions and views and suggest strategies to continuously improve the environment for residents.

There are also annual staff development days which provide the opportunity for team building activities such as treasure hunts, basketball, lawn bowls etc. The staff retention rate is very high, with annual staff turnover at 6.5%. This has provided a more stable care environment for the residents.

Building Design

The building design with four residential floors, each with 15 residents, enables us to create four smaller communities within the larger CCC community. Each floor has their own dining room which minimises the stimulus in the environment at meal times and makes it

feel more like a home than a facility. Each resident has their own single room and en-suite.

Unlike many other facilities, the residents of CCC are predominately male. Initially two of the four floors were made up solely of men; this gave rise to issues of aggression and personal conflict. The reorganisation of the living environment and integrating women and men on each floor had a positive impact on social interactions.

External links

A monthly on site psychogeriatric and psychiatric clinic was established to meet the needs of the large number of residents with mental illness and alcohol related brain damage. Management successfully negotiated for both specialists to bulk bill as these residents would never be able to pay traditional fees for these services.

In conjunction with the clinics, Mental Health Breakfasts are held for staff at CCC when the visiting psychogeriatrician has covered topics such as suicide in the elderly, dementia and schizophrenia. These events supplement the staff training program and provide staff a better understanding of the various issues that may impact on an individual's behaviour and ultimately their wellbeing.

The activity program has been enhanced through partnerships with large corporations such as Price Waterhouse Coopers and Westpac to increase the options available for residents' activities. Themed luncheons such as Ladies Day, Halloween, Winter Wonderland and Christmas Banquet have been provided by these organisations.

Visiting schools and the volunteer visitor's scheme have enabled residents to open up and feel part of a wider community at CCC.

In summary, these and other strategies implemented by CCC provide a supportive environment for residents in which they are able to regain confidence and mental wellbeing.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Jill Bicknell
Director of Care Services
Mission Australia
Ph: (02) 9211 9070
Email: bicknellj@missionaustralia.com.au

Grow old along with me, the best is yet to be

Imlay House, Pambula

Susan Wentworth, CEO/Care Manager (2008 at time of Award) Reviewed in 2010 by **Helen Ellwood**, General Manager

In August 2008 Imlay House was a finalist in the Positive Living in Aged Care Awards for the implementation of their lifestyle based program on the theme 'Grow old along with me the best is yet to be' by Robert Browning.

Imlay House is a 73-bed community owned, not for profit, high care residential aged care facility located in Pambula. This is a small rural village near Merimbula on the Far South Coast of New South Wales. Imlay House has implemented a range of strategies based on some of the concepts of the Eden Alternative to promote the mental health and wellbeing of residents.

The Eden Alternative (based on the work of William Thomas) recognises that physical health is only one of a number of factors that contributes to residents' quality of life and that autonomy, the ability to make decisions, privacy and dignity are important elements in a residents' quality of life¹⁰. The approach taken to implement the Eden Alternative at Imlay House includes providing a supportive physical environment; providing competent, trained lifestyle staff; involving residents and families in fund raising activities to support the implementation of improvements; involving residents in purposeful activities and maintaining links with the broader community; supporting residents to access leisure activities which are of interest to them; providing a support program for resident carers; and supporting an active volunteer program.

Physical environment

The physical environment at Imlay House is designed to promote activity and socialisation for the residents. The landscaped gardens provide sheltered areas to enjoy the winter sun, the spring blossoms, and a summer barbeque with family and friends. The raised vegetable garden provides recreation for residents and family gardeners and edible produce. Wine is made with the rhubarb; tomatoes, beans, lettuce and snow peas grown by the residents enhance their meals.

Several dining areas enable residents to share meals with family. In 2008, in response to surveys of residents and family carers noting the importance of food for residents' quality of life, the Board made the decision to appoint a chef to improve the fresh-cooked dining experience.

Fund raising activities

To promote quality of life for residents the management of Imlay House works closely with the broader community to implement a range of strategies to integrate the resident activities with the local community and to raise funds. Some of the strategies involving residents, their families and the wider community implemented at Imlay House to raise funds included:

- The 'Ageless Beauty 2006' Calendar, featuring 12 body-painted nude models
- The 'Be a Brick, Buy a Brick' fundraising provided a winding pathway, inscribed with donors' names, from the front street entrance to the front door. It is both a memory path and an improvement to the landscape environment of the facility.
- Raffles and stalls selling jam and pickle made by the residents, staff and volunteers.

Funds raised were use for:

- the building of a new wing, to improve the living environment for residents
- the purchase of a Toyota Hiace People Mover vehicle which will take two wheelchairs. The people mover has been valuable to support with resident outings and with taking residents to attend specialist appointments.

Lifestyle Team and Activities

There is an emphasis on providing staff qualified to support the provision of activities which maximise resident autonomy and wellbeing. The Imlay House lifestyle team includes:

- a qualified diversional therapist
- support by two staff with Certificate IV in Health and Recreation as well as two part-time staff members who spend valuable one-on-one time with residents
- a qualified aromatherapist, who provides hands-on therapy, mixes individual massage creams for resident care and instructs staff and family members in hand massage techniques
- a paraplegic Workability¹¹ client who conducts weekly art classes enjoyed by many residents
- one team member has completed the 'Eden Alternative' training to become an Eden Associate
- a contract physiotherapist and four staff physio aides who have developed programs based on Easy Moves for Active Ageing (EMAA). Exercise and movement, both active and passive, group and individual, is encouraged for all residents. Tai Chi class is held weekly
- over 70 registered volunteers who are coordinated by the Lifestyle team and provide support in a range of activities.



Weekly art classes

Some of the special activities for residents at Imlay House include:

- A Debutante Ball held for those residents who had never made their debut
- A Daylight Ball held at the local Bowling Club twice yearly for residents to 'trip the light fantastic' with their walkers or wheelchairs
- Regular outings to maintain community contact. This includes picnics, barbeques at local parks, visits to local Music-Hall concerts, shopping for clothes, trips to Eden for fish'n'chips and Bemboka for a pie at the famous Bemboka pie shop, or Short Point Beach for ice-cream and to watch the surf. Many residents 'hang out' for the bus days.
- Each year a group of residents is also supported to take holidays as a normal part of their life. In 2004 some residents went on a holiday to Wagga/Junee/Canberra; in 2005 to Tasmania; in 2006 to Clarke Bay Cabins at Narooma; in 2006 Sydney; in 2007 Pacific Cruise; in 2008 Royal Easter Show, Sydney. These holidays support residents in their capacity to take risks and maintain independence. One 98 year old resident who went on the Pacific Cruise in 2007 stated that "When I entered the nursing home I never thought that I would have the opportunity to have a holiday ever again".
- The implementation of 'snoezelen' techniques to meet the sensory and emotional needs of residents.
- The introduction of activities to normalise the social environment. For example, a movie theatre has been set up with surround sound, and during movies choc-tops and popcorn are provided.

Residents are supported to maintain contact with the broader community through the following activities:

- the Commonwealth 'Community Visitors Scheme' which provides valuable one-on-one support for residents whose family is remote from Pambula

- the 'Robin Hood Club' supports the male residents with a monthly visit (over a beer)
- the student volunteer program. 150 student volunteers from Lumen Christi Secondary College, Pambula Beach, have participated in the life of Imlay House through small groups attending the weekly church service and interacting with the residents. One 94 year old resident is yet to be beaten in a draughts game by any of the students
- participation in the 'Living in Harmony' program with Pambula primary school. This program is a government initiative that aims to promote community harmony. Through this program the primary school students gained insight from individual residents' stories. It builds a respectful relationship between the generations
- participation in annual community fund-raising activities, for example: Daffodil day, Pink Ribbon day, Red Nose day, Jeans for Genes 'Mass Denimstration' day.

Support for residents' carers

It is sometimes difficult for carers when a relative moves into residential care. To support carers Imlay House has successfully implemented a monthly Family Council model facilitated by a qualified counsellor. The terms of reference of the Family Council are to

provide information, an opportunity for advocacy, as well as support for family carers who are experiencing the changed role when their relative becomes a resident.

In summary, this broad range of strategies which Imlay House has implemented to support quality of life is validated through feedback from residents in their monthly meetings, resident surveys and in general feedback. The implementation of the Eden Alternative approach is inclusive of residents, their family carers and the broader community and provides a supportive physical and emotional environment which enhances the mental health and wellbeing of residents based on the underlying theme 'Grow old along with me the best is yet to be'.

If you would like to learn more about this strategy or would like to implement it in your facility please contact:

Ms Helen Ellwood
 General Manager
 Imlay House
 Phone: (02) 6495 8600
 Email: Helen.Ellwood@imlayhouse.org.au

¹⁰William Thomas (1996) Life Worth Living. How someone you love can still enjoy life in a Nursing Home. The Eden Alternative in Action. VanderWyk & Burnham, Massachusetts.

¹¹WorkAbility -"Connecting people" through Employment & Community Inclusion: A successful disability employment agency across the Far South Coast of NSW since 1991. <http://www.workability.net.au/>.



Many residents hang out for bus days



Positive Living in Aged Care

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