

BACKGROUND TO THE AWARD PROJECT

The Positive Living in Aged Care Awards commenced in 2007 and are now entering their fifth year. This is a health promotion project which aims to recognise and reward residential aged care providers in NSW who are implementing strategies to improve the quality of life and wellbeing of residents by promoting a positive approach to the prevention and management of mental health conditions. It also aims to support the dissemination of these strategies across the health and aged care industry.

This project has been developed by the Older People's Mental Health Working Group (OPMHWG), which was established by NSW Ministry of 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 being managed by Aged & Community Services Association of NSW & ACT in consultation with Aged Care Association Australia - NSW.

In 2008, there were 60,258 people living in residential aged care facilities (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 behaviours.² Challenging behaviour is common in dementia but may also be related to a range of other medical and psychiatric conditions such as schizophrenia, bipolar affective disorder, anxiety disorders and agitated depressive states.³ Providing appropriate care for this group of residents is one of the most difficult challenges currently facing residential aged care providers.

Australian literature indicates there are high rates of anxiety disorders and behavioural and psychological symptoms of dementia, and rates of schizophrenia or paranoid disorder in aged care facility residents.^{4 5} A recent Australian study reported that 44.5% of residents in high care facilities and 28% in low care facilities are depressed⁶. Studies also report 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. In addition, recent studies indicate that specialist mental health services are underutilised and there is anecdotal reporting suggesting there is a lack of awareness of appropriate sources from which to access non-pharmacological treatment.⁷

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 time⁸ 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 intervention and prevention 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, and
- supporting staff to understand resident behaviours and needs, and to reduce occupational stress.

PROJECT OBJECTIVES

The objectives of the project are to:

- identify and document innovative strategies and initiatives implemented by 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.

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

AWARD CATEGORIES

Category 1: Strategy to improve outcomes for residents with a mental health condition.

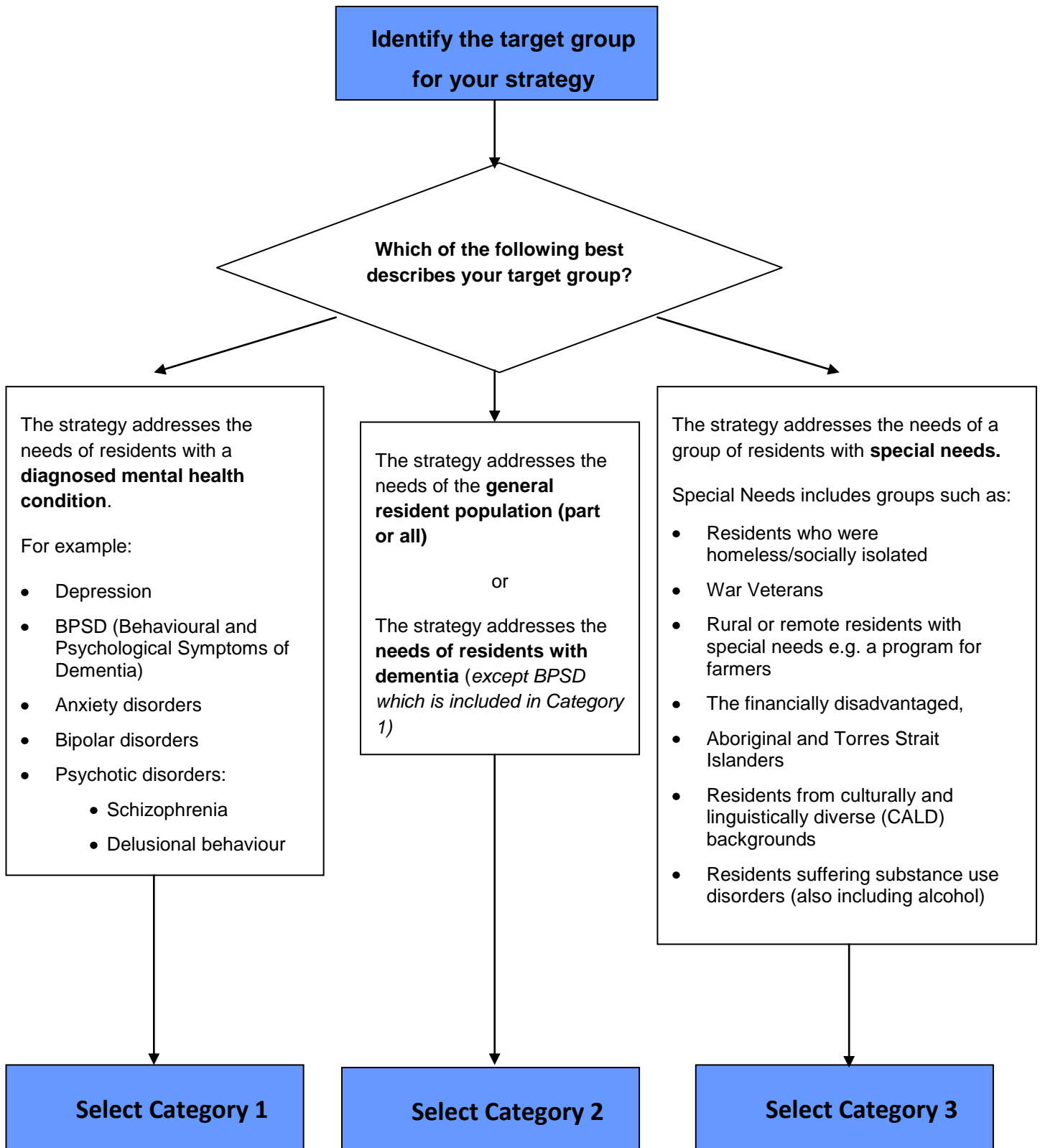
(Some mental health conditions include anxiety disorders, depression, schizophrenia and bipolar disorders.

Please note that dementia is not regarded as a mental health condition, and as such a strategy specifically targeting dementia would fall within Category 2. However, if your project is targeting a mental health condition secondary to the dementia e.g. BPSD it may fit within Category 1).

Category 2: 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.

Category 3: 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. *(Examples of special needs groups include: veterans; financially disadvantaged; homeless older persons; Aboriginal and Torres Strait Islanders; residents from culturally and linguistically diverse (CALD) backgrounds; residents suffering substance use disorders (also including alcohol); and strategies specific to rural and remote communities).*

CATEGORY SELECTION FLOWCHART



Using the above flow chart identify the most appropriate category for your strategy.

AWARDS

There are three award categories with a winner in each category and three highly commended awards across the three categories. Awards will be presented to the facility manager or representative on Monday ^{3rd} 3rd September 2012 at Luna Park, Sydney NSW.

\$10,000 - First prize in each category

\$5,000 – Three Highly Commended awards across categories

THE OLDER PEOPLE'S MENTAL HEALTH WORKING GROUP (OPMHWG)

This project was developed by the NSW Health OPMHWG. This group comprises the following members:

- OPMH Policy Unit, Mental Health and Drug & Alcohol Office (MHDAO), Clinical Advisor, Chair
- OPMH Policy Unit, Mental Health and Drug & Alcohol Office (MHDAO), Manager
- OPMH Policy Unit, MHDAO, Senior Policy Officer, Secretariat
- OPMH Policy Unit, MHDAO, Project Officer
- Area Mental Health Representative
- NSW Health Area Specialist Mental Health Services for Older People Clinical Coordinators (x 2 – 1 rural and 1 metro)
- NSW Faculty of Psychiatry of Old Age representative
- Psychogeriatric Nurses Association Australia Inc representative
- NSW Health Elderly Suicide Prevention Network representative
- NSW Health Area Director of Aged Care/Geriatrician representative
- Greater Metropolitan Clinical Taskforce Aged Care Network representative
- Aged Care Association Australia of NSW & ACT representative
- Aged & Community Services Association - NSW representative
- General Practitioner representative
- Association of Relatives and Friends of the Mentally Ill NSW representative
- NSW Consumer Advisory Group representative
- Council on the Ageing representative
- Australian Government Department of Health and Ageing (NSW Office) representative
- Primary Health & Community Partnerships Branch (NSW Health Department) representative
- Aged Care Integration Unit, Inter-Government & Funding Strategies Branch (NSW Health Department) representative
- Ageing, Disability and Home Care NSW representative
- Old Age Psychiatry Academic/researcher representative
- Trans-cultural Mental Health Centre representative
- Aboriginal community/service representative
- NSW Dementia Behaviour Management Advisory Service representative
- Alzheimer's Australia NSW representative
- Director of Corporate Governance, Mental Health, Sydney South West Area Health Service.

(Is this the complete list?)

CONDITIONS OF ENTRY

Application Form

- Your application **MUST** be completed using this form
- As the form is a read only – you will need to save it under another file name prior to use

Word Limit

An application must be no longer than **3,000 words**. **Applications exceeding this limit will be excluded from judging.**

Eligibility

- The applicant must be a Commonwealth funded residential aged care facility based in New South Wales. This includes Multi Purpose Services (MPS) with Commonwealth funded aged care places.
- The strategy must be implemented and current at the time of the application.
- A facility can win only one award for each round of awards.
- An application is to be based on the strategy or strategies of only one facility.
- Applications must be made by the facility management or staff.

Closing Date

Applications must be received on or before **5pm Thursday 29th June 2012**.

You must provide **an email copy** of your application.

Late applications may not be considered.

EARLY BIRD APPLICATION:

The Project Officer for the Positive Living in Aged Care Awards is available to provide feedback on applications submitted by 31st May 2012. This will provide applicants with the opportunity to follow up any areas which could be strengthened within the application prior to the closing date.

Judging

The judging panel includes representation from each of the following groups:

1. NSW Health Representative
2. Specialist Clinician
3. Australian Government Department of Health and Ageing (NSW Office)
4. Aged & Community Services Association of NSW & ACT Inc
5. Aged Care Association Australia – NSW
6. Residential Aged Care Provider
7. Mental Health Promotion Expert

8. General Practitioner representative.

Each member of the panel will be selected based on their relevant knowledge and expertise in mental health promotion and their understanding of the context of the residential aged care setting.

Judging will take place in July 2012. One winner will be selected in each category and three highly commended will be awarded across the three categories. The decision of the judges is final and no correspondence will be entered into.

The judges will rely on the information provided to make their assessment and will adhere to the judging criteria. The judges may request further details and reserve the right to conduct an interview of the applicant with notice if necessary.

Note: If the judges consider that there is not a suitable winner in a particular category, an award will not be given.

Judging criteria is according to the seven questions applicants **must** address:

1. **Program design:** Provide a description of your strategy describing how it was designed to achieve the mental health outcomes for residents and how it is innovative and / or it has changed and improved practice in your facility.
2. **Needs analysis:** Identify the need or rationale that prompted the development of this strategy.
3. **Outcomes and effectiveness:** Demonstrate that the strategy's objectives are being met and its effectiveness evaluated.
4. **Consultation:** Describe the consultations and considerations you have made in the development and operation of this strategy e.g. with residents, family, friends, carers, the broader community or staff.
5. **Partnerships and collaborations:** Describe the partnerships or collaborations you have made in the development and operation of this strategy e.g. with mental health services, specialised services, projects or experts.
6. **Sustainability:** Describe how you have ensured the sustainability of this strategy.
7. **Transferability:** Describe how your strategy could be transferred into other residential aged care settings.

Requirements of Winners

The three (3) winners and three (3) highly commended award recipients will be required to present their strategy at the Positive Living in Aged Care Seminar at Luna Park, Sydney on Monday 3rd September 2012. This is a full day event designed to showcase and share ideas with the broader health and aged care community.

The winners and runners up will be:

- asked for permission to publish any application material to promote improved practice within the residential aged care community and also in a report to NSW Health
- asked to share their experiences with industry through presentations at conferences and at other appropriate forums
- requested to write an article to be featured in ACS NSW & ACT and ACAA-NSW publications
- requested to provide multimedia material to be presented at the Awards Ceremony. This may include photographs, printed matter (e.g. newspaper articles, brochures, posters), DVD/Video/CD (master tapes if possible, must be high quality), organisation's logo.

WHERE TO OBTAIN SUPPORT

A Project Officer is available to answer questions and to support facilities to complete their applications. If you have any questions about this Awards Project or require support contact Diane Herr on 8754 0400 or plac@agedservices.asn.au

Presentations may be arranged for groups of interested facilities if there is sufficient interest in a particular area. For rural and remote facilities a group teleconference might be organised if appropriate.

You may also refer to the ACS NSW & ACT and ACAA-NSW website where you will find the presentations by the finalists in 2008, 2009, 2010 and 2011

GLOSSARY OF TERMS USED IN THE APPLICATION

Mental health promotion:

The term Health Promotion has its roots in the Ottawa Charter developed by the World Health Organisation 1986. It is defined as:

"...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing."

Nutbeam, D (1986) Health Promotion Glossary. Health Promotion, Vol 1 No 1 Oxford University Press.
<http://www.health.vic.gov.au/healthpromotion>, <http://www.healthpromotion.org.au>,
<http://lib.flinders.edu.au/resources/sub/healthsci/a-zlist/healthprom.html>

Mental health condition:

North West Adelaide Health Study defines a mental health condition as:

"anxiety, depression, a stress related problem, or any other mental health problem".⁹
Chronic conditions. Current Mental Health Condition. www.health.sa.gov.au

Disability Liaison Unit, The University of Melbourne¹⁰ defines mental health condition as:

"Mental health condition is an umbrella term used for a range of illnesses affecting a person's psychological wellbeing. Mental health conditions include anxiety disorders, eating disorders, depression, schizophrenia and bipolar disorders. As many as one in five people will develop a mental illness at some stage of their lives. Some people will experience an illness only once whereas others have a more chronic condition."

Please note that dementia is not regarded as a mental health condition, and as such a strategy specifically targeting dementia would fall within Category 2. However, if your project is targeting a mental health condition secondary to the dementia (BPSD) it may fit within Category 1. If you require clarification please contact the Project Officer on 8754 0400 or plac@agedservices.asn.au.

Outcome Evaluations:

Outcome evaluations measure how clients and their circumstances change, and whether the treatment experience (intervention) has been a factor in causing this change. In other words, outcome evaluations aim to assess the effectiveness of an intervention or program against the project objectives.

Some questions that might be addressed in outcome evaluations include:

- Has the client's quality of life improved following intervention?
- Has there been a reduction in the quantity/ frequency of a specific event/item following treatment?
- Is client participation in the program "responsible" for their improvement?

(World Health Organisation, 2000). http://whqlibdoc.who.int/hq/2000/WHO_MSD_MSB_00.2h.pdf

Types of data which might be used to demonstrate outcomes:

- Quantitative data. For example:
 - Pre and post intervention testing
 - Monitoring of impact on clinical and operational indicators e.g. decrease in relevant complaints; decrease in aggressive episodes; decrease in falls; decrease in hypnotic use; decrease in restraint rates etc
 - Results of audits and surveys e.g. resident and staff surveys, clinical care audits.
- Qualitative data. For example:
 - Feedback from residents and staff through comments, meetings and surveys.

Protective Factors:

Protective factors are factors in a person's life that promote mental health and wellbeing. These may include:

- A sense of attachment and belonging
- Supportive social networks (friends and family)
- Good relationships
- Life skills such as conflict resolution, anger management and problem solving
- Good social skills
- Positive coping skills
- Opportunities for control

(Mental Health Foundation of Australia - www.embracethefuture.org.au/youth/Protective_Factors.aspx)

BPSD:

The International Psychogeriatric Association defines Behavioural and Psychological Symptoms of Dementia (BPSD) as:

"Symptoms of disturbed perception, thought content, mood, behavior frequently occurring in patients with dementia".

Symptoms assessed at patient/relative interview	Symptoms assessed by behavioral observation or by patient/relative
Anxiety	Aggression
Depressed mood	Screaming
Hallucinations	Restlessness
Delusions	Agitation
	Wandering
	Culturally-inappropriate behaviors
	Sexual disinhibition
	Hoarding
	Cursing
	Shadowing

Approximately 83% of demented patients demonstrate psychopathology: 60% have delusions, 20% hallucinations, 33% verbal outbursts, 35% anxiety and 40% have affective symptoms. Some 13% of demented patients show physical aggression and as many as 64% of nursing home patients have significant behavioral problems. The most common BPSD resulting in institutionalization are paranoia and aggressive behavior. "

For further information on BPSD refer to <http://www.ipa-online.org/ipaonlinev3/ipaprograms/taskforces/bpsd/intro.asp>
If your application is specifically addressing BPSD it may fit within Category 1.

EXAMPLES OF RESOURCES OR PROGRAMS FOR INFORMATION ONLY

Beyondblue

A bipartisan initiative of the Australian, State and Territory Governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness <http://www.beyondblue.org/>

Transcultural Mental Health Centre

<http://www.dhi.gov.au/tmhc/contactus.htm>

Locked Mail Bag 7118, Parramatta BC NSW 2150

email: tmhc@swahs.health.nsw.gov.au

Department of Veterans' Affairs

Men's Health Peer Education

www.dva.gov.au

Department of Veterans' Affairs

Operation Life: A National Suicide Prevention Strategy for the Veteran Community

www.dva.gov.au

Mental Health Coordinating Council

The Mental Health Coordinating Council (MHCC) is the peak body for community mental health organisations in New South Wales. Membership is primarily comprised of not-for-profit Non-Government Organisations (NGOs) whose business or activity is wholly or in part, related to the promotion or delivery of services for the wellbeing and recovery of people with mental health problems and organisations that support carers and families of people with a mental health problem. <http://www.mhcc.org.au/about-us/default.aspx>

Multicultural Mental Health Australia

A range of information brochures in multiple languages is available from www.mmha.org.au/find/resources

Teams of Two

This is a creative and innovative model for supporting enhanced collaboration between Mental Health Services and General Practice. It is a collaborative project of the Alliance of NSW Divisions and Centre for Mental Health, NSW Health, and was officially launched in July 2003. By combining learning with local practice, Teams of Two invites GPs and mental health professionals to consider and discuss the practical aspects of providing quality and continuous mental health care in partnership. <http://www.answd.com.au/frame.asp>

NSW Dementia Behaviour Management Advisory Service (DBMAS)

A Commonwealth Government funded initiative under Dementia: A National Health Priority. NSW Health will be delivering this program in NSW through Specialist Mental Health Services for Older People. The program is designed to assist aged care staff in Australian Government subsidised residential aged care homes and community care services to improve their dementia care. DBMAS providers will model behaviour management techniques and

provide clinical supervision, diagnosis support, short term case management, and tailored education service.
www.health.gov.au

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

RANZCP provides Consumer and Carer Clinical Practice Guidelines on a range of mental health conditions.
<http://www.ranzcp.org/resources/clinical-practice-guidelines.html>

SELECTED REFERENCE MATERIAL

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- ¹⁰ Disability Liaison Unit, The University of Melbourne, Working with students who have a mental health condition <http://www.services.unimelb.edu.au/disability/staffhb/infosheet/mental.html>