

# Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

## Summary Report

By:

Franceska Jordan AM

Gerard Byrne

Amanda Bushell

***Improving Mental Health in Aged Care Facilities: A Feasibility Study*** in partnership with GPpartners, Deakin University, *beyondblue*, University of Queensland and Carers Queensland (funded by the Australian Government Department of Health and Ageing).



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Suite 2 Centro Lutwyche  
543 Lutwyche Road (PO Box 845) Lutwyche Qld 4030  
Telephone 07 3630 7300  
[info@gpartners.com.au](mailto:info@gpartners.com.au) [www.gpartners.com.au](http://www.gpartners.com.au)

## Introduction

Admission to a nursing home is a major life event which involves many changes and losses for both the new resident and their family and requires significant adjustments for all involved.

Additionally, this can often be a challenging time for care staff at the facility who attempt to support and care for the new resident and their family during this transition.

In 2008 GPpartners conducted a project within Residential Aged Care Facilities (RACFs) to provide a range of support to newly admitted residents, their families and care staff with a view to reducing stress and improving the mental and emotional health of new residents and their families.

## Aims and objectives

- To implement and trial an education program for nurses and carers in residential aged care, to enhance their ability to detect depression in the early stages of its onset, to monitor treatment response and to facilitate improved communication and referrals to other medical professionals.
- To reduce the psychological distress accompanying admission in residents who have recently entered an aged care facility by equipping staff with individualised interventions to support residents, through consistency of staff (key worker), through obtaining the resident's life story and through regular exercise and conversation.
- To support family carers of new residents to deal with the emotional impact of their family member's admission into aged care. To assist families with negotiating their way within the residential aged care setting, by the coordination of a support program for family carers.

## Participants in the study

### **Staff in the depression training program**

Seventy-six (76) staff members across five aged care facilities participated in the Depression Training Program – 53 personal carers and 23 nurses.

- 72 females and four (4) males.
- The mean age for personal carers was 43 and for nurses was 46 years.
- The average length of time worked within aged care was 6.5 years (78 months) for personal carers and 8.2 years (98 months) for nurses.

### **Recently admitted residents in residential aged care facilities (RACF)**

50 residents who had been admitted within the last six months from nine aged care facilities in Brisbane North participated in the study.

- 30 (60%) of these residents from five RACFs were involved in the Intervention Group – 19 females and 11 males.
- 20 (40%) residents from four RACFs participated as the Control Group – 10 females and 10 males.
- Average age of residents was 83.2 years.
- 39 (78%) were in high care and 11 (22%) were in low care environments.

### **Family members of RACF residents**

Thirty-four family members participated in the study by completing assessment questionnaires regarding their own general health - 21 from the Intervention group and 13 from the Control group. Of these, 31 also participated by completing an informant questionnaire with regards to their resident's levels of depression and cognitive impairment - 18 from Intervention Group and 13 from Control Group.

Recruitment of relatives into the support groups was very difficult with only eight (38%) of the Intervention group participating in the support group program. Of these, three attended all four sessions and five attended fewer sessions.

## Method and procedure

The study had three components:

1. Training program for RACF staff in recognizing symptoms of depression;
2. An intervention program for new residents; and
3. Support groups for families of new residents.

Please see table below describing the three components of the study:

<b>Intervention Group</b> 5 Residential Aged Care Facilities – Low & High Care	<b>Control Group</b> 4 Residential Aged Care Facilities – Low & High Care
<b>1. Eight-session education program for RACF staff</b> 6 Session Program developed by <i>Beyondblue and Deakin University 'Aged Care Depression Training Program'</i> , plus two additional sessions: <ul style="list-style-type: none"> <li>• 'Interventions to support new residents'</li> <li>• 'Staff Awareness of Family Carers' Needs'</li> </ul>	Usual care
<b>2. 12-week intervention program for new residents</b> (entered aged care within first six months): <ul style="list-style-type: none"> <li>• Allocation of a key-worker/advocate</li> <li>• Development of a Life Story Book</li> <li>• Exercise and conversation program (30 minutes 3 x per week).</li> </ul>	Usual care
<b>3. Four-session support group for family and carers</b> of new residents covering: <ul style="list-style-type: none"> <li>• Sharing the care with the aged care facility</li> <li>• Developing a relationship with staff</li> <li>• Financial and legal matters</li> <li>• Self-care for family members.</li> </ul>	Usual care

## Outcome Measures

### Staff

Staff were assessed before and after the training program on their:

- knowledge of depression
- self-efficacy (confidence) in dealing with depression
- attitudes to depression.

### New residents

- Pre and post assessment interviews were held with new residents to assess their cognitive ability and levels of agitation and depression using the Psychogeriatric Assessment Scale, the Cornell Scale for Depression in Dementia and the Cohen Mansfield Agitation Inventory.

### Family carers

- Pre and post questionnaires were given to family members of new residents to measure their level of psychological distress using the 'General Health Questionnaire 28'.

## Results – what we found

### **Staff**

Results showed that levels of staff knowledge and confidence in dealing with depression significantly increased from before to after completion of the staff depression training program in the intervention group of RACFs, whilst levels of knowledge and confidence did not significantly increase in the control group RACFs from Time 1 to Time 2.

This therefore provides evidence that the depression training program was responsible for a significant increase in knowledge and confidence amongst staff members. *(NB: For statistical results please refer to the full report).*

### **New residents**

Overall, scores on the Psychogeriatric depression scale (PAS), Cornell Scale for Depression in Dementia (CSDD) and the Cohen-Mansfield Agitation Inventory (CMAI) fell slightly between the first and the second interviews, following the 12-week program of interventions for new residents.

Although this suggests that there was some improvement in residents' levels of depression, agitation and cognitive impairment, the results were not found to be statistically significant between the intervention and control groups. This is likely due to the small sample size used in this study and a higher level of symptoms found in the control group at baseline.

### **Family carers**

Average scores for relatives of new residents on the General Health Questionnaire 28 (GHQ 28) dropped by 15% from the first interview to the second. However, once again there was no statistically significant difference between the Intervention and the Control groups.

### **Qualitative data responses**

Staff and residents within the intervention group were asked to complete qualitative questionnaires about their evaluation of the training program and the interventions for residents. Qualitative results revealed highly positive feedback for both the training program and the interventions to support new residents.

### **Staff training program**

Nursing and care staff overwhelmingly found the program to be both very interesting (87.5%) and very useful (95%) - see results in the tables below.

Further, 95% of caregivers reported that the program had increased their knowledge of depression in older people, and 97.5% reported the program had increased their skills in recognising and responding to depression, providing them with knowledge that could be applied in their everyday work and life.

A positive outcome for some participants was an increased empathy for their residents as well as increased confidence to communicate with residents and respond to symptoms of depression.

How useful did you find the training program?		
Usefulness	Frequency	Percentage
Not at all	0	
Slightly	0	
Moderately	1	2.5%
Very useful	39	97.5%
<b>Total</b>	<b>40</b>	<b>100%</b>

How interesting did you find the training program?		
Interest	Frequency	Percentage
Not at all	0	
Slightly	0	
Interesting	5	12.5%
Very interesting	35	87.5%
<b>Total</b>	<b>40</b>	<b>100%</b>

Registered Nurses and Care Managers unanimously reported that they now feel better able to encourage care staff to detect and report depression, with the majority (87.5%) further reporting that they feel better able to refer their concerns about a resident on to a GP or mental health professional.

### Key learnings identified by staff

- The ability to recognise the signs and symptoms of depression.
- An increase in knowledge of the differences between depression, dementia and anxiety.
- Training in tools for the detection and assessment of depressive symptoms – i.e. the Depression Checklist, the Geriatric Depression Scale and the Cornell Scale for Depression in Dementia.
- Increased knowledge and skills around the causes, prevention and treatment of depression.

Several staff expressed that they believe the program:

- *‘should be made available to all staff’*
- *‘should be compulsory/mandatory training’ and ‘should become part of Certificate III in Aged Care’.*

### Resident feedback to 12-week Intervention program

Residents who were cognitively capable (20 residents responded) were asked to report on the degree to which they enjoyed the three interventions – the key-worker role, the life-story book and the exercise and conversation program.

Responses were as follows:

- **Key worker intervention:** 75% of residents interviewed reported that they found contact with their key-worker enjoyable (30%) or very enjoyable (45%).
- **Life Story Book:** 40% of residents reported that they found the development of their life-story book an enjoyable or very enjoyable experience, with a further 15% reporting it 'sometimes enjoyable'.
- **Walking and Talking Program:** The exercise and conversation program was rated as enjoyable or very enjoyable by 50% of the residents interviewed (45% left this question blank or could not recall).

### **Staff feedback to 12-week Intervention program**

The majority of staff reported that they enjoyed being a key worker for a new resident and the chance to get to know the resident and their needs well by finding out about the resident's life story, interests and preferences.

Staff reported the following positive outcomes from the intervention program for new residents:

- Improved relationships with residents and their families as well as improved communication with other staff.
- Life Story book was a useful tool in helping staff get to know the resident better and opened communication and trust between resident and staff.
- Walking and Talking program provided opportunity for exercise for the resident as well as a chance for resident to chat to staff.
- Assisted the new resident to settle into their new home and assisted to reduce some symptoms of depression.

The main barriers identified by staff were time constraints in implementing the program. Many staff members expressed that they felt there was not enough time to fulfill the role of key worker to its fullest potential due to the demands of their day-to-day work.

Further, staff felt that they did not have time to spend 30 minutes three times per week doing the Walking and Talking program with residents.

Finally, one care assistant commented that:

*"(The interventions) assisted staff and residents to get to know each other and it was an enjoyable and interesting program, as well as providing respect and reassurance to the residents. This program needs to be available to all new residents, as it helped residents to 'settle in'."*

### **Family carer feedback – Relatives Support Group Program**

Anecdotal reports from the small number of family members who attended the Carers Qld support group revealed that it was an invaluable experience, with positive outcomes as a result of the content covered and the support provided by other relatives and carers in a similar position.



The daughter of one resident reported the following during an interview regarding her experience of the family support groups:

*Attendance at the support groups was “invaluable, it helped me to understand and accept my decision was right about my Mum being in the home and that my reactions and feelings were natural and normal. The components I found most useful and helpful were how to speak to the facility’s staff, especially when I am concerned about my mother’s care. I also learnt how important it is to take time out for myself. The legal aspects I also found interesting.”*

## Conclusion

Although this was a small feasibility study, there were several very positive outcomes for staff, new residents and their families. In particular, the depression training program for staff was a great success, with results revealing a significant increase in staff knowledge of and confidence in dealing with depression at the completion of the training program.

Although we were unable to find statistically significant decreases in residents' levels of depression and agitation between the intervention and control groups, qualitative feedback from both residents and staff reported positive outcomes as a result of the Key Worker, Life Story and Walking and Talking interventions. Further, anecdotal evidence from the family support groups shows that this was a worthwhile experience with positive outcomes for relatives of recently admitted residents to aged care. Therefore, this study provides evidence of the value of these interventions in providing effective emotional and practical support to new residents and their families, particularly in the difficult transitions involved in the first six months of admission to an aged care facility.

The interventions used are simple to implement and could be replicated across other aged care facilities, with significant potential to improve the lives of residents and their families.