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Caring for Older Australians
Submitted by Diversional Therapy Australia

This submission aims to effect a prioritising of the leisure and lifestyle component of care in aged care facilities, emphasising the therapeutic value of meaningful, engaging leisure options and choices, and to demonstrate the cost effectiveness of this measure.

Diversional Therapy Australia propose the following initiatives to subsequently lift both the status and the rostered hours of Diversional Therapy in aged care facilities that will in turn improve the overall health of the residents living in them.

1. The reinstatement of Diversional Therapy as a funded modality within the aged care sector.
2. A mandatory level of rostered hours of Diversional Therapy staff per resident
3. The requirement for minimum staff qualification levels to plan and implement leisure and lifestyle services within aged care services

Executive summary

Evidence supporting the value of Diversional Therapy through the use of mental, social, physical, and cognitive activities within an engaging leisure lifestyle care model mounts continuously. It shows improving cardiovascular and mental health not only keeps us physically healthy but helps prevent dementia, and reveals why mental exercise helps fortify our intellect against the effect of small cerebral accidents. Concomitantly, experts suggest the population bubble of the 'Baby Boomer' vintage will soon filter into the aged care sector. Time is ripe to reconsider the practicality of maintaining a medical model as the sole basis of care in the face of such evidence. Not only is it proven that life enriched with meaningful activity, social connections and laughter is an effective preventative medicine, it is also a vital part of being human. This submission details the profession of Diversional therapy, the science supporting it, and the economic value of recognising leisure and lifestyle within the Aged Care Funding Instrument (ACFI).

At this time, leisure needs are not included in the Aged Care Funding Instrument. Members have advised the DTA that since ACFI was introduced, leisure and

lifestyle care in the vast majority of aged care services, has seen a constant diminution in importance, clearly reflected in reduced staff hours for leisure and lifestyle programs. Yet, 'Resident lifestyle' remains one of four standards assessed by the Aged Care Standards and Accreditation Agency. Such incongruity is incomprehensible to those striving to work in this field and giving their best for the benefit of their clients. Diversional Therapists fully embrace the accreditation system and its standards and wish to attain or surpass these benchmarks. In contrast, the present arrangement allows 'Lifestyle' to be run by untrained staff who use activity calendars produced in yearly batches by off-site consultants. Such leisure interventions are neither relevant to the needs of the individual residents currently living in the facility, nor are they implemented with the expertise of a qualified therapist. Options for choice and a selection of activities of intrinsic value to the current clientele, so necessary for mental health, are seriously compromised.

What is Diversional Therapy?

The primary goal of Diversional Therapy is to facilitate the process of empowerment and to enable participants to make choices and decisions which maximises participation in leisure experiences that suit individual needs and wants. This is achieved through the facilitation, co-ordination and planning of leisure and recreational programmes that are designed to support, challenge and enhance the psychological, social, emotional, spiritual, cognitive and physical well-being. Utilising an understanding of human behaviour and functioning, we develop programs to overcome physical or cognitive barriers to leisure activities. The therapy may involve individual and/or group sessions. Fundamental to our profession are motivational strategies to rouse interest and engagement. Suitable application of leisure programs with constant sensitivity to client variation in mood and orientation is yet another vital component for clients with dementia. The golden rule of Diversional Therapy is that you cannot judge a book by its cover. The most helpless looking person may well be the most intelligent person in the facility - including the staff. They, and many others, need a recreation program that includes intellectual options. Equally, clients with dementia require and have the right to best practise care with options for leisure choices tailored achieve pleasure and satisfaction.

This vocation is practised in a variety of care spheres including rehabilitation, disabilities, and Aged Care in both the community and residential care.

Qualifications in Diversional Therapy

- Diversional Therapist : **Degree /Diploma** or higher in the Health Science or Applied science (Leisure and Health or Therapeutic Recreation)
- Recreation Officer: **Certificate IV** Leisure & Health
  OR **Certificate IV** Community Services (Lifestyle and Leisure) or equivalent

The reality of 'CARE' in aged care facilities:

Unlike the advertised pictures of a well-dressed 'Mother' sipping tea happily alongside a doting staff member ready to attend to every need, the reality is that 'Mother' will have a staff member only 'visit' for cleaning, meals and any nursing care as directed during the tight daily schedule. There is no time is available for even casual leisure pursuits after the allotted tasks are performed. Essentially all social interactions and recreation activities are carried out by family and friends, or the Diversional Therapy team, (also known as the DT, recreation or lifestyle team). Since the removal of DT funding, with the change to ACFI, qualified Diversional Therapists are seeing their leisure and lifestyle teams mandated to perform nursing or other duties which ***are*** inspected for ACFI-status compliance. Not only is this a clear undervaluing of leisure and lifestyle activities by management but a serious compromise the mental and physical health of the residents and is proving to be a financially costly error.

This Diversional Therapy team is commonly rostered at the rate of 1 hour per resident, per week, or less, and there are reports of facilities operating at much lower rates (Thomson 19.2.2008). That means a facility with **100 residents** may have **100 hours per week of Diversional Therapy staff. That means, on average, 'Mother' could see a Diversional Therapy team member for no more than 1 hour per week. This is grossly inadequate to meet leisure and lifestyle needs or to reap any real benefit from Diversional Therapy programming.** To add to this situation, this allocated time is always diminished by the necessity of other duties, for example; DT documentation; resident transit to activities; the preparation, set up and clearing of activities; mandatory staff meetings and lectures (fire etc) AND, as mentioned above, the mandated nursing duties such as feeding. The result is that many 'Mothers' totally miss out on leisure activities that encourage mental and physical health, social connectedness and the wonderful psychological benefit of fun. *What is the logic of being kept alive if you don't have 'a life'?*

Currently **NO qualification or experience** is needed to run or work in the 'lifestyle' standard as benchmarked in the Aged Care Accreditation process.

Diversional Therapy Australia strongly advocates that this be rectified, and that all persons working in this field should possess minimum levels of qualifications.

Qualified Diversional Therapists have specialised knowledge and skills to undertake the following which enables older people to experience higher levels of quality of life:

- Understand and comply with relevant legislation and documentation.
- Operate in a multi disciplinary team, knowing professional boundaries
- Apply leisure theories and relevant models of practice
- Understand human behaviour and functioning
- Undertake comprehensive assessment of leisure related needs and abilities
- Investigate and facilitate modifications to overcome barriers to leisure.

- Develop individualised client-centred care plans and programmes
- Facilitate client choice and decision making by offering a range of leisure options.
- Provide leisure activities covering physical, psychological, social, emotional, spiritual, and cognitive domains. (including creative and expressive options)
- Apply advanced communication and advocacy skills
- Educate clients on the value of leisure
- Document professional practice and evaluate therapy programmes
- Ensure and facilitate continuous quality improvement.
- Facilitate DT competency training and staff education
- Manage teams and departments
- Coordinate Volunteers - orientate, train, supervise, assess and acknowledge

At present Aged Care Facility Managers can, and do, utilise underperforming staff from other sections of the facility, staff needing light duties, or staff who voice a keenness (often because it is perceived as easy) to fill the role of recreation staff. It is a mentally, emotionally, and to a lesser degree physically demanding vocation, when performed appropriately and professionally. The very effort in obtaining qualifications in an area of expertise which financially could never compete with most other professions, suggests a *passion* for best practise care. It needs to be noted that the cost variation between qualified recreation staff and Assistants in Nursing (AIN) is minimal, whilst the benefit to residents, and potential cost saving to the facility, is substantial.

Target conditions for Diversional Therapy in aged care

Depression

(Snowdon & Fleming, 2008) found the prevalence of depression amongst aged care residents in Australia was 34.7%. Most people are resistive to this major change in circumstance where the emotional discomfort of displacement from family, a cherished home, pets and familiar community is uniformly magnified by the ubiquitous perception of nursing homes being lifeless holding stations prior to death. Sadly this is not far from the truth in some facilities where care managers focused on the 'medical model' of care, dictated by ACFI and budget constraints, employ unqualified people to the task of keeping the restless residents quiet. Diversional Therapists are trained to reignite self-worth. They build trust, encourage communication in whatever form a resident can manage, provide options for control, and apply strategies to overcome physical and mental barriers to meaningful, purposeful activities and most importantly reinforce social frameworks, so important in mental health. Mass media documentaries in recent times have presented marvellous outcomes of creative and music therapies for many clients, including those with dementia.(ABC1 14.6.2010; ABC1 29.5.2010; Zeisel 2010). Mental health implies a satisfaction and interest in life, and it is well documented that meaningful activity and social connectedness are key elements in achieving it.(Eliopoulos 1997)

'Learned helplessness'

Learned helplessness is also common amongst residents in a care facility. The person ceases trying to perform functions after staff, in their haste, consistently "DO FOR". As a result they *learn* to be incapable, and start to release control over their life and their environment. In reality, residents in aged care facilities do essentially have to get used to a highly scheduled care routine. In contrast, leisure activities have the marvellous therapeutic value of CHOICE. They can say "No" or "Yes" to a particular activity, or maybe enjoy the banter of encouragement and its subliminal (but deliberate) message of caring and value it carries. With leisure they can stop when they want to (maybe family unexpectedly visits). It's always about choice, in other words giving back control.

Palliative care

Palliative care is relevant to almost all clients in high care, and relationships with loved ones are paramount. The DT encourages and supports the family in meaningful dialogues and interactions, varying from family gatherings to teaching gentle hand massage. They provide sensitive individually tailored social and emotional care for the client and also support the family with aids and ideas to best achieve effective interactions.

Sleeplessness

Sleeplessness is a chronic problem in aged care facilities. Nursing duties do cause a certain amount of noise, but often it is other residents who are restless that impact most on those who would otherwise sleep well. Unfortunately, the prescribing of sedatives, with their incumbent side-effects, is all too often the first course of action. Increased stimulation and activity during the day and gentle touch, massage or aromatherapies toward bed-time are the more recommended options, as is exposure to morning sunshine to reset the circadian rhythm. (Woods and Holden 1995; Eliopoulos 1997; Dowson, Moore et al. 2008). Unfortunately, time constraints make this a remote option for most clients of aged care.

The Science behind Diversional Therapy . . .

Leisure experiences enable social connectedness, cognitive stimulation, emotional well-being and physical exercise. Physical exercise is widely known to improve muscle tone, bone strength, the cardiovascular system, cognitive functioning and mood. (Stumbo, Pegg et al. 2008) (Arden 2010) In recent neuroscientific reports, it has been also proven to diminish the risk of dementia, particularly in combination with mental exercise. (Applegate 2010) More importantly, the effect is maximised when the activity is self-driven, such as in a leisure pursuit. Identical twins display substantial variance in the development Alzheimer's Disease, (Hampson 2000) therefore lifestyle and environmental factors must have a significant role. Synaptogenesis, the formation of new connections between neurons in the brain, occurs naturally throughout life and is strongly stimulated by an enriched environment (Valenzuela 2009) even in old age. Brain plasticity can occur where undamaged brain cells may, with

appropriate stimulation, take on the functions of nearby damaged regions (Doidge 2007). The internal circuitry of the brain is constantly restless.(Greenfield 2000) This is great news for people who have had a stroke , with the application of intense activity therapies demonstrating great effect (Doidge 2007). Memory and executive functioning in older adults can also be enhanced (Fried 5.7.2010; Mahncke, B.B.Connor et al. 2006) Conversely, circuitry between neurons will reduce in a passive, non-stimulating environment. The phrase "Use it or Lose It" is now a scientific fact.

Physical exercise not only improves circulation but promotes relaxation by releasing tension in the muscle spindles, breaking the stress feedback loop to the brain. This can sharpen cognition by the release and interaction of neurotransmitters, hormones and synaptic chemicals.(Arden 2010) Passive physical exercise has limited physical benefit, yet just watching an *engaging* physical activity, or listening attentively, has been proven, using brain imaging techniques, to stimulate and enlarge active brain areas almost to the degree where the activity was physically being performed! (Greenfield, 2010).

In an aged care facility, this means planned activities must be meaningful to the individual, engaging, varied, desired and plentiful. Neuroscientists have made major leaps recently in understanding actually how these practises work to improve mood, cognitive functioning and ameliorate behavioural problems. Interestingly, researchers in the social sciences have witnessed improvements in 'control' group participants for decades, purely from being part of the research program. This phenomenon might be the result of increased social interaction, the stimulated interest, the focused attention, or the feeling of usefulness. No doubt it is multi-factorial. Diversional Therapists strive to motivate and engage. Exciting new research suggests the Orbital Frontal Cortex (OFC), mirror neurons, the cingulate cortex and other brain systems thrive on social relationships and form what is being called the 'Social Brain'. Results indicate a relevance to stress tolerance and improvement to the immune system (Arden 2010). Finally the science catches up with an understanding that aged care workers have witnessed every day.

Reducing prescribed pharmaceuticals using Diversional Therapy

The use of Diversional Therapy techniques *prior* to exposing an elderly person to a cocktail of pharmaceuticals for the amelioration of such health issues as depression, restlessness and sleep disorders has long been recommended (Eliopoulos 1997). Even so, this population is commonly administered multiple medications. Drug interaction in an older person is a universal problem, compounded further by a slower and more variable metabolism and excretion of these chemicals. Adverse reactions from common medications, such as antihypertensives, cardiovascular agents, analgesics, sedatives, tranquillisers and laxatives, can cause confusion, dizziness and falls (Eliopoulos 1997). Sometimes it becomes difficult to distinguish drug-effect from illness.

A research initiative by a high care aged care facility of Anglican Retirement Villages in 2003 showed a reduction in medication usage from 2001 to 2003 with an increase in DT/RAO hours as well as Music Therapy, Physiotherapy and Occupational Therapy hours. There was a 19% decrease in use of anti-psychotics, and anti-depressants, 40% decrease in sedatives and 31.8% decrease in pain relief. Other results noted included decreased challenging behaviours, decreased pain, increased sleep a 58% decrease in falls reduced incidents, reduced stress levels and an increased in satisfaction with therapy interventions (Jackman 2006).

Considering that ⅓ of all prescriptions are consumed by the older population, it would make economic sense, and more importantly more sense in a holistic health paradigm, to first trial Diversional Therapy interventions before the administering of unnecessary medications (Eliopoulos 1997; Arden 2010) It should be noted that qualified diversional therapists are not expensive. Current awards within the charitable and private sector see degree-holding DTs earning less than $20/hr hence they are excellent value for money (albeit grossly underpaid). Presently funded care therapies through the ACFI do ***not*** include mental, social or physical interventions that are engaging, fulfilling or self-perpetuating, and which are known to be great for the heart, in every sense of the word. This includes clients with dementia. Physical and mental activity of personal value has been proven over and over to improve mood and cognitive function, ameliorate some behavioural problems and reignite the very essence of being human; social connectedness (Fried 5.7.2010) Diversional Therapy can provide a very inexpensive and proactive alternative to the reactive measures of medication, behaviour therapy or the potentially mentally destructive option of restraint.

Harnessing volunteers

People feel inspired to volunteer for a variety of reasons, but the target of this generosity is almost always 'lifestyle' delivery, hence invariably, the Diversional Therapist becomes the Volunteer co-ordinator. Qualified Diversional Therapists are trained in this field, however this invaluable asset requires time and effort in the form of orientation, assistance, supervision, appraisals, and acknowledgement. Consolidating bonds of friendship with, and between, these helpers as well as the clients not only amplifies their commitment, but promotes a healing social atmosphere for resident and volunteer alike: the fantastic 'two-way street' of social medicine!

Volunteers need support and training and assistance to be confident and productive, and so the DT team remains the prime orchestrators and deliverers of therapeutic leisure. Sadly, severe time constraints means insufficient effort can be directed at harnessing, training and managing effectively, this potentially valuable resource.

In Conclusion

With our ageing population there is an expected rise in dementia and the health issues associated with obesity and poor fitness. Managing effectively the leisure and lifestyle component of aged care will prove to be increasingly of financial value as described above. Soon the demographic moving into aged care facilities will be of a generation of sedentary leisure patterns. Health workers deal increasingly with obesity and depression, and plea for lifestyle changes. We suggest that now is the time to prepare to deal with this influx, and make fundamental changes to aged care so that engaging, meaningful, enjoyable activities can ameliorate psychological and physical health problems.

As a profession Diversional therapists fully embrace the aged care Accreditation process, the framework of which mandates optimal 'lifestyle' care for our clients. The Aged Care Standards and Accreditation Agency also highlights the benefits of person-centred social support and leisure activity in their newsletter 'The Standard' (see July 2009). Currently, the allocation of recreation staff hours to achieve adequate lifestyle care falls tragically shy of this benchmark. Sadly, research into social methodologies to reduce depression in new residents has been negatively influenced by staff unable to find the short time sessions each week to implement the techniques, even for a relatively brief study period (Jordan, Byrne et al. 2009). Diversional Therapists almost uniformly put in substantial unpaid hours to meet the needs of their clients. Few other professions put in the regular voluntary hours for so little financial return. Their passion for quality care drives them on, and then burns them out.

Diversional Therapy Australia request due consideration to the proposals outlined above, not just for their cost effectiveness, but for the enrichment of the lives and subsequent health and wellbeing of our elderly citizens living in care facilities. We would like to see the perception of Aged Care Facilities be transformed to places of life-affirming community spirit: places that families would want to visit, places that inspire confidence in the care provided to . . . 'Mother'.

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