



Greater Manchester
Mental Health
NHS Foundation Trust

Supporting Care

Salford Older Adult CMHT: Our role in supporting you in Dementia Care

Dr Lee Harkness - Senior Clinical Psychologist

Karen Thakuria - Senior Practitioner for Occupation Therapy



Improving Lives

Who we are

- ▶ A clinical Multi-Disciplinary Team (MDT) made up of :
 - ▶ Community Psychiatric Nurses (CPNs)
 - ▶ Occupational Therapists (OTs) & Occupational Therapy Assistant (OTA)
 - ▶ Social Workers
 - ▶ Psychologists & Psychology Assistant
 - ▶ Psychiatrists
 - ▶ Carer Support Worker
 - ▶ Support Time and Recovery Workers (STR Workers)

What we do?

- ▶ Receive & triage referrals from various sources
- ▶ Assess the person / resident in the context of their environment to understand possible causes for distress
- ▶ Consider physical ill-health co-morbidities
- ▶ Formulate cycles of distress
- ▶ Offer interventions such as:
 - ▶ Psychological therapy
 - ▶ Behavioural observations
 - ▶ Staff training
 - ▶ Assessment/intervention to promote occupational participation
 - ▶ Psychiatric diagnoses and treatment
 - ▶ Commissioning of care packages
 - ▶ Nurse led assessment & intervention including Specialist Health Needs Assessment (SHNA)

Our process

- ▶ Referral received - triage & discuss in Multi-Disciplinary Team (MDT) meeting
- ▶ If referral accepted, initial assessment completed & discussed in MDT meeting
- ▶ If CMHT support required, person allocated to either a medic under standard care or allocated a Care Coordinator under Care Programme Approach (CPA)
- ▶ Then ongoing process of assessment / intervention / evaluation with regular discussion with the MDT - option to make internal referrals within the team for nursing, social worker, occupational therapy or psychology intervention
- ▶ CPA review completed at admission and discharge, plus annual reviews if required

How we can help you and your residents

- ▶ Assessment - who needs what
- ▶ Formulation - why is someone feeling the way they are?
- ▶ Intervention - what support / changes can be made to reduce distress for residents and staff

Personhood

What makes you
feel safe / loved?



When does behaviour become challenging?

Behaviours that challenge are an expression of distress in the person living with dementia, (or others in the environment), that arises from physical or psychological unmet need. Actions can also represent an attempt by the person to maintain a 'sense of self' & wellbeing, or to ease discomfort & distress.

Moniz-Cooke & James, 2017

General Principles for working with behaviour that challenges

- ▶ Know as much as possible about person and their history
- ▶ Establish why it is a problem and who it is a problem for
- ▶ “Challenging behaviour” is almost always an attempt at communication
- ▶ Our response should focus on meeting the person’s need, not managing the behaviour
- ▶ Non-pharmacological interventions should be considered first line in all cases as per NICE guidance (2016)
- ▶ We need to be aware of what is happening around the client
- ▶ Our experiences with each individual can teach us new ways of responding
- ▶ We must keep striving to understand and meet the client’s needs

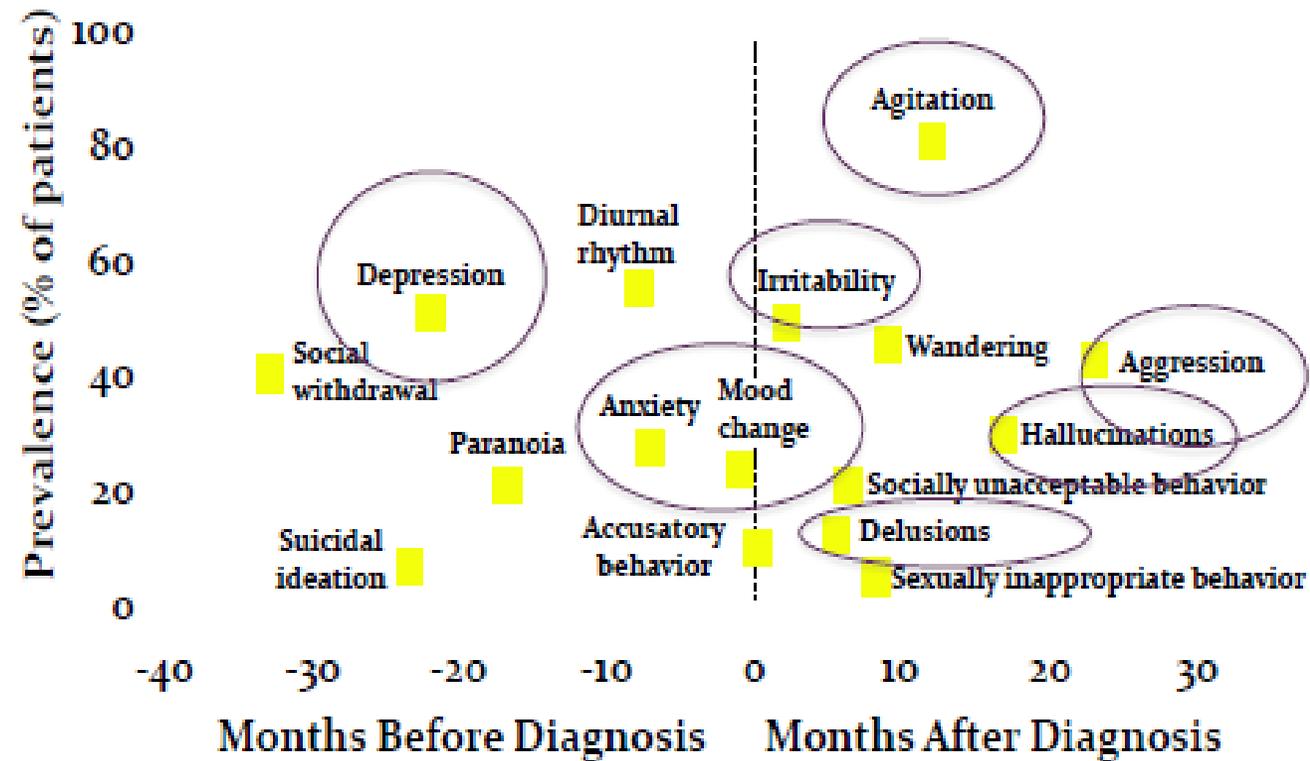
BEHAVIOUR



Cohen-Mansfield model

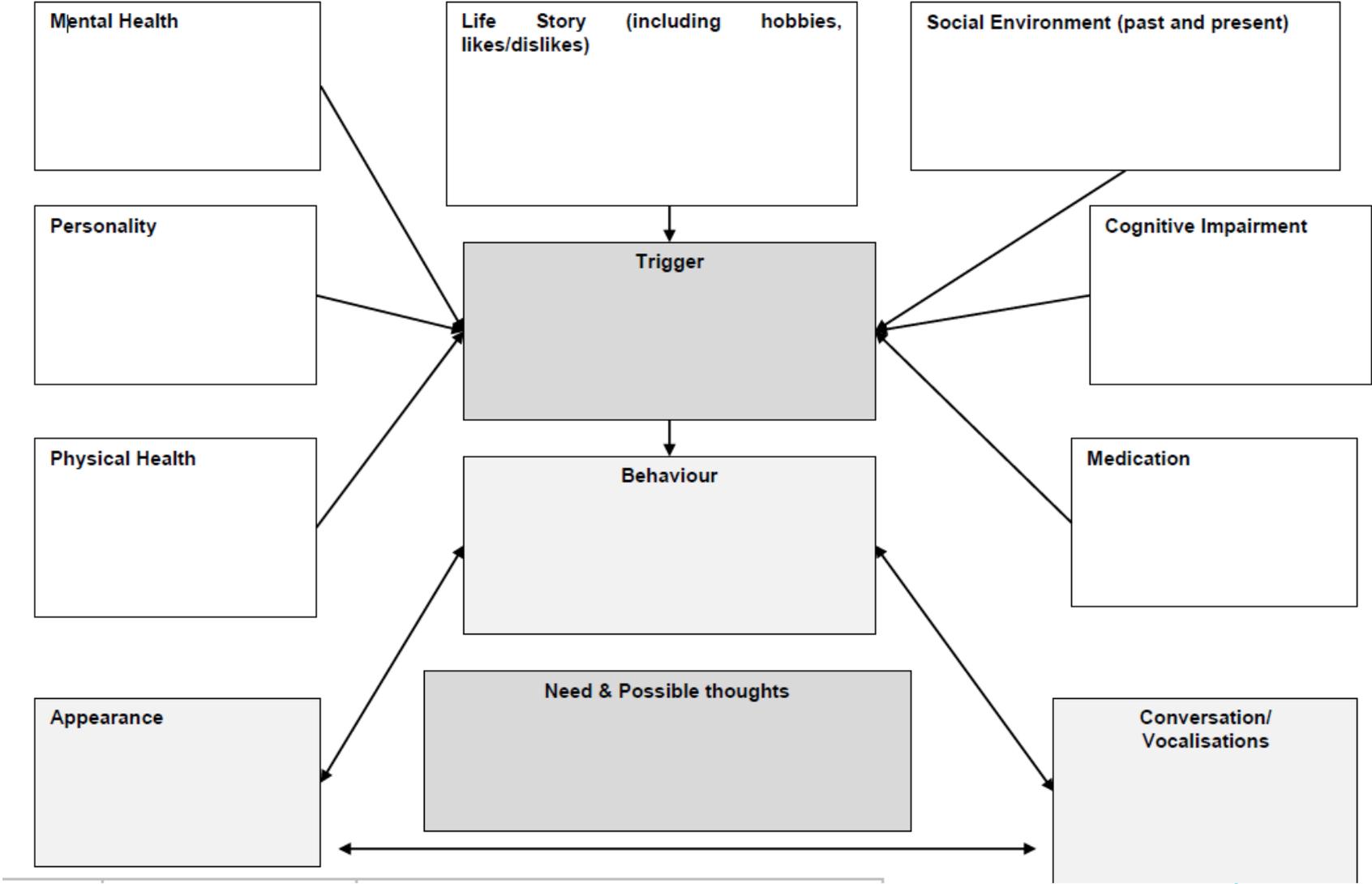


FREQUENCY OF SYMPTOMS ²



The evolution of psychiatric symptoms in Alzheimer's disease: a natural history study. J Amr Ger Soc. 1996 Sep;44(9):1078-81

Newcastle Model formulation



Non pharmacological interventions

▶ Nursing

Assessment of contributing factors including pain, side effects & interactions of medication, physical health, & mental health difficulties

▶ Psychology

Behavioural assessments; **formulation**; neuro assessments; psychological therapy; support for carers & families; staff training

▶ Occupational Therapy

Life story work; engagement in meaningful activity seeking to restore a sense of purpose, role & meaning for the person; environmental assessment

Pharmacological interventions

- ▶ Medication is NOT used as a first line of “treatment” for behavioural change unless there is a physical cause for the behaviour
- ▶ Person-environment fit should be considered first
- ▶ Medication can increase cardiac risks & falls risks
- ▶ Medication can also complicate existing mental health / physical health conditions
- ▶ Dual diagnoses are considered

Nurses and Psychiatrists: offer medication review and monitoring

- ▶ Acetylcholinesterase inhibitors (ACI's)
 - ▶ Medication for Alzheimer's Disease
 - ▶ rule of 1/3rds
- ▶ Antipsychotics
- ▶ Antidepressants / anxiolytics



The dementia patient is not giving
you a hard time. The dementia patient
is having a hard time

Awareness!

Designed by Kerry Kleinbergen
A Patient With Early Onset Alzheimers

Remember the individual

- ▶ A person living in a care home has a personal, social and occupational history. They lived a different life before moving into care, with both positive and negative experiences throughout their life time.
- ▶ Finding out more about a person's past experiences and interests can help us as practitioners to support their well-being and sense of personhood in the care home environment.

- ▶ Understanding a person's past experiences and interests can also help us to understand any behaviours that we may find challenging.
- ▶ For example, a person who has always found social groups difficult may find being in a communal lounge difficult and express this in different ways, whereas a person who has always been surrounded by other people may seek company and reassurance of others in the care home.

Life story work

- ▶ Gives people the opportunity to talk about their life experiences.
- ▶ Involves recording relevant aspects of a person's past and present life with the aim of using this to benefit their current situation.
- ▶ Aims to improve quality of life and well-being.
- ▶ Can help share people's memories, likes and dislikes, and who they are as a person.
- ▶ Supports person centred care.

- ▶ Often takes the form of a book, but doesn't need to be in this format. Memory boxes can be very beneficial.
- ▶ Scrapbooks or memory boxes can be used to facilitate conversation and reminiscence.
- ▶ Lots of different templates are available online to use as a basis for gathering information. Family & friends are often a useful source of information.
- ▶ A life story does not have to be in any order and does not have to include any unhappy memories.
- ▶ The act of completing the life story can be a positive activity for the person and their family/carers.

Living well through activity in care homes



*Activity is
everything
we do*

<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes>

Incorporating activity into practice

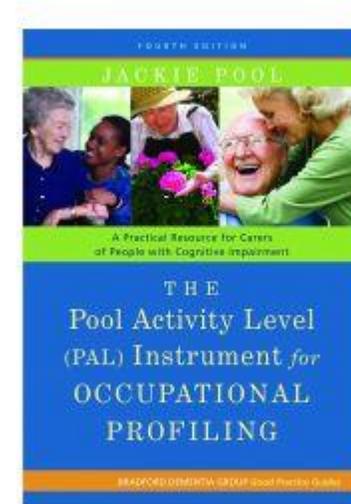
- ▶ Everyone is busy.
- ▶ Rather than thinking “what do I need to do next?” try thinking “how can I do this activity with a resident?”
- ▶ Small changes can make a big difference, no matter how little time you have.
- ▶ Consider a person who has always taken pride in maintaining their home
 - ▶ Care home staff clean person’s room whilst they sit in their chair watching them do it OR care home staff offer person a duster to dust the cupboard whilst they continue cleaning

Benefits of activity

Physical	Psychological	Social
Muscle strength & bone mobility increases	Improved sense of well-being	Maintaining old roles
Appetite increases	Improved sense of belonging	Fun for staff & residents to work & play together
Bowel function improves	Daily living function maintained	Creates a stimulating environment
Risk of pressure sores reduces	Smiling, laughing & talking increase	Reduces stress of boredom
Sleep pattern & quality improves	Alertness to environmental stimuli increases	Empowerment - choice, dignity, control
Likely reduction in falls	Agitation diminishes & relaxation increases	

Pool Activity Level (PAL) Instrument for Occupational Profiling

“based on the underpinning principle that people with cognitive impairment also have abilities and that when an enabling environment is presented to the person, these potential abilities can be unlocked”



Supporting engagement in activity

- ▶ Every person with dementia is unique and will require different types of support to enable their engagement in activity
- ▶ A person with dementia may not have an end result in mind when starts a task
 - ▶ Carer role: enable the person to experience the sensation of doing the activity rather than focusing on the end result
- ▶ A person with dementia may rely on others to initiate social contact
 - ▶ Carer role: approach & make first contact with the person
- ▶ A person with dementia is likely to be able to carry out more complex activities if they are broken down into one step at a time
 - ▶ Carer role: break the activity into one step at a time, & keep directions simple & understandable

An enabling social environment

▶ **1. Connecting:**

- ▶ • With residents through eye contact, touch, conversation, and doing.
- ▶ • Relatives and friends with the life of the home.
- ▶ • Residents with the community and outside world.

▶ **2. Understanding residents' lives (past and present)**

▶ **3. Encouraging:**

- ▶ • Conversation.
- ▶ • Mobility and physical activity.
- ▶ • Daily activities.

An enabling physical environment

- ▶ Spaces with different noise sources e.g. the radio playing in one corner with TV on in another corner can be distressing
- ▶ People generally benefit from
 - ▶ Opportunities for involvement in ordinary domestic activities
 - ▶ Good signage
 - ▶ Familiar features
 - ▶ Choice of areas with varying levels of stimuli
 - ▶ Bedrooms with photographs & personal items that can be seen when entering the room & from the bed

Key Points

1. The more you know of the persons life the more you can support them.
2. People are not management problems.
3. People are of concern (sometimes).
4. Language is important.
5. Assessment comes first.
6. Try as a team to formulate why someone behaves as they do.
7. Behaviour is always a communication of met or unmet need.

Look after yourself as managers / carers

- ▶ You do a valuable but difficult job.
- ▶ There are no magic answers.
- ▶ Trial and error.
- ▶ You are doing your best!
- ▶ Peer support is vital for your wellbeing.
- ▶ Take a step back.