



WEBINAR

Supporting Carers of Older People





This webinar

Is the result of a unique partnership between the thirty-one Australian Primary Health Networks and the Mental Health Professionals Network. It is the second of three webinars, exploring older persons and mental health, produced under this partnership and to be broadcast over the next twelve months.

Through a facilitated, case-based panel discussion, each webinar will offer interdisciplinary insights into the complex interrelationship of ageing related health issues as well as the merits, challenges and opportunities in providing collaborative care to older people grappling with age related health issues.





Tonight's panel



Ms Marika Kontellis Social Worker



Dr Alison Argo Geropsychologist



Associate Professor Lynette Mackenzie Occupational Therapist



Facilitator:
Dr Stephen Ginsborg
General Practitioner





Webinar platform

To interact with the webinar platform hover over the colourful icons to the top right of your screen

- Open the chat box
- Access resources including the case study, panel biographies and supporting resources
- Open the feedback survey





Learning Outcomes

Through a facilitated panel discussion, about Rosa, at the completion of the webinar participants will:

- better understand the needs of older carers including but not limited to their mental and physical health needs and any grief, loss and social isolation they may be experiencing
- describe the challenges, merits and opportunities in providing interdisciplinary collaborative care when treating and/or supporting older carers
- better target referrals, as a result of improved understanding of the role of different disciplines, for older carers with mental, physical health and/or psychosocial issues





Theory Practice Theory

Social workers, (whether they always realise it or not) start off from a theoretical perspective, assess a situation and then draw on other theories to guide their practice.

You will be able to tell a good social worker as their practice will always align with the three core principals of social work practice:

- 1. Respect for persons
- 2. Social justice
- 3. Professional integrity







Respecting Rose, Phil and their situation

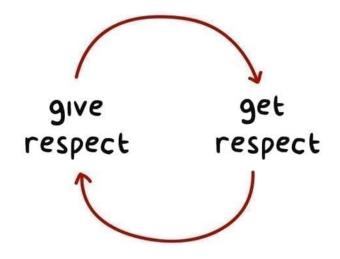
Respect looks like:

- Acknowledging the long-term commitment and love Rosa and Phil have
- Recognising Rosa's caring role and her exceptional care of Phil
- Recognising and respecting both Rosa's and Phil's intellect and amazing work contribution
- Respecting that despite her need to get her knee attended to, Rosa is not ready or confident.















What's fair is fair

- Access to information, advice and guidance is pivotal for Rosa at this point in time.
- Don't assume but really seek to understand her reluctance
- Rosa needs to understand her options and potential consequences so she can make informed choices.









Professional integrity

A social worker:

- Supports considered and reflective self-awareness in making and justifying decision making
- Promotes propriety, transparency and accountability in professional judgements and actions.















It takes a village

Better outcomes for Rosa, Phil and the family are more likely if we take a multidisciplinary approach.

We want to build a community of support around Rosa so she can continue to care for Phil as his dementia progresses. This is about enhancing her informal and trusted support systemnot only her professional support services

We want to support her to understand that her health and wellbeing will determine Phil's health and wellbeing

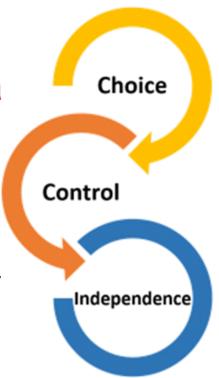
Ms Marika Kontellis





Choice and control for Rosa

- What do you miss doing or who do you miss seeing?
- Who can you rely on? Who do you trust?
- What worries you the most?
- What gives you joy?
- What help do you think Phil and you need to stay healthy and happy at home?









Trust me,
I'm a Social
Worker









Social worker's perspective Model of care

Systems Theory where we look at Rosa's behaviour and problems from the perspective of her (person first/person centred) in the context of complex (caring role) and interrelated systems (her health care needs, her relationship with daughter and friends etc.)

Ultimately the first step is to make a judgement about what approach will enable trust.

The rest is easier.







What does an Occupational Therapist do?

Occupational therapy (OT) is a client-centred health profession concerned with promoting health and well being through occupation.

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life.

Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. (WFOT 2012)

Associate Professor Lynette Mackenzie





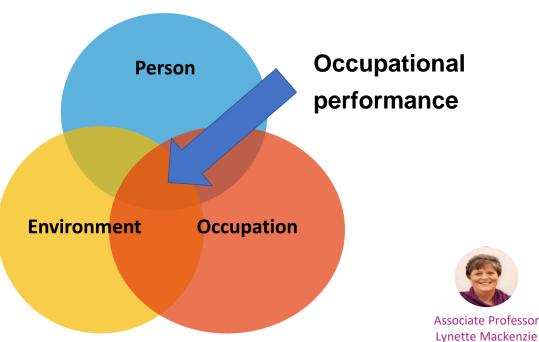
Person:

76 year old, Italian background who imigrated to Australia 50 years ago.

Recent weight loss, consistently looks tired and her personal care seems neglected.

Identity very much centred on successfully caring for Phil.

OA knee and recently had a fall.







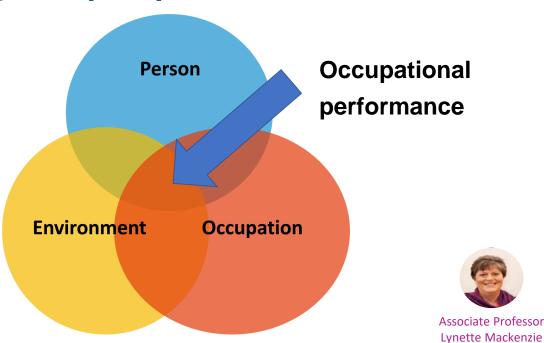
Environment:

Home environment is cluttered with Phil's papers

Garden is precious to her

Limited support from her daughter

Now having to navigate health services e.g. ACAT







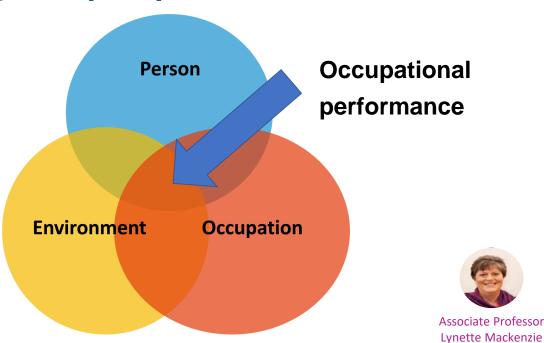
Occupation:

Carer role for Phil

Previously supported Phil's career.

Weekly U3A & hydrotherapy classes, bridge group, cooking for a neighbour, gardening and seeing daughter and granddaughter.

Now focused on caring for Phil – needs to supervise.







Occupational Therapist's perspective Potential interventions

Home visit to assess the situation (person, environment and occupations).

Interview with Rosa to determine aspects of self-care, tasks in the home and leisure issues that need to be resolved, and how important these are for her.

Identification of modifiable home hazards to prevent future falls.

Programs to assist people with dementia and carers e.g. Tailored Activity Program (TAP). O'Connor et al. Use of the Tailored Activities Program to reduce neuropsychiatric behaviours in dementia: an Australian protocol for a randomized trial to evaluate its effectiveness. International Psychogeriatrics 2014; 26:857-69.







How to get hold of an occupational therapist

If a referral is made to ACAT, an occupational therapist will usually be part of the team and will conduct an assessment and make recommendations for both Rose and Phil.

A GP can make a referral for a Chronic Disease Management program for Rosa to address falls prevention – usually involving a private occupational therapist and a private physiotherapist.

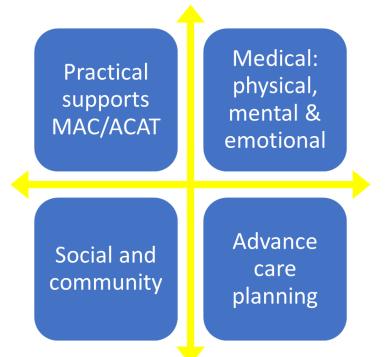
Community health centres run by the LHD usually employ occupational therapists.







Geropsychologists' perspective





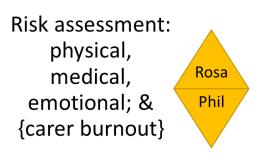




Geropsychologists' perspective

Weighing up where to begin





Gentle exploration of carer's beliefs vs addressing serious risks

Supported &/or substitute decisionmaker Carer understanding, permissions, attitude & responsibilities

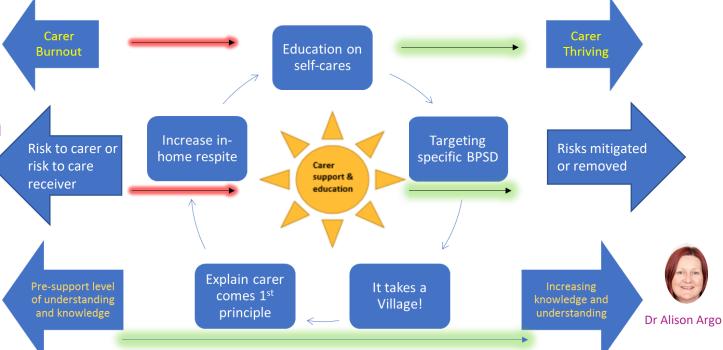






Geropsychologists' perspective

Thinking along the Continuum of Care







Geropsychologists' perspective Creating a sustainable and Anything or technology anyone else that reliable network of care for enhances wellbeing Finding fun the carer Feeling content Formal GP. Medical carer and Allied community RAS/CHSP Health supports MAC Enablement & Self Efficacy ACAT Family, companionship Personfriends, centred care connectivity neighbours Individually-Dr Alison Argo Tailored

interventions





Geropsychologists' perspective & Loss **Home Visits** Fine-tuning of selfare GOLD cares & management Carer of BPSD Rapport. Dementia-specific I'm curious..... education and set up of supports & future planning **I** wonder why "Response he...? Behaviours" or **Carers of** Behavioural & **PwD** Psychological Whois people living Symptoms of Dementia (BPSD) decisions? with dementia Dr Alison Argo

verbals!





Questions and Answers



Ms Marika Kontellis Social Worker



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Recommended resources

For access to resources recommended by the panel, click on the supporting resources tab located at the top right-hand part of your screen.





Local networking

Would you like to continue the 'Older Persons' mental health discussion with local practitioners? Join a local Older Persons Network:

- NSW Sydney North Older Persons Mental Health
- QLD Brisbane North Older Persons Network
- OLD Sunshine Coast Older Persons Network
- QLD Cairns Older Persons Mental Health
- Vic Goulburn Valley Hume

We can also support you to start and lead a Older Persons network in your local area. To find out more, contact Amanda on 03 8662 6602 or email a.osciak@mhpn.org.au.

You can also express your interest to join a network by completing the feedback survey before you log out.

We have 373 interdisciplinary mental health networks across metropolitan, rural, regional and remote Australia. Visit our online map to find out which networks are close to you at mhpn.org.au or contact Jacqui O'Loughlin at networks@mhpn.org.au.





Thank you for your participation

- Please ensure you complete the feedback survey before you log out.
- Your Statement of Attendance will be emailed within four weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.





Supporting Carers of Older People

THANK YOU FOR YOUR PARTICIPATION