

Supporting good mental health of older adults in care homes

March 2023



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

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Introduction

Between November 2022 and March 2023 Age Cymru undertook a research project focused on supporting good mental of older adults living in care homes in Wales.

During the pandemic residents in care homes were some of those most acutely impacted by the daily restrictions to their lives. Projects such as Age Cymru's Tell Me More gave us valuable insight into the experience of these residents, many of whom told the project that their mental health had suffered.

In addition, it's consistently reported that major life events are a precipitating factor for most psychiatric disorders. Moving to live in a care is a significant, if not, one of the most significant life events, impacting on all aspects of someone's life.

Currently there is limited knowledge in Wales of the mental health support and services directly available for care home residents.

Through this research project we aimed to scope current mental health services and support available to older adults living in care homes, and understand the experiences of care home residents with their mental health and accessing support.

Project delivery

The project was delivered in two local authority areas, Cardiff and Pembrokeshire, and included two work streams. Workstream one focused on identifying services that currently work with care home residents and care homes to provide residents support with their mental health. To do this we scoped out and engaged with; statutory services through the local health boards, third sector and voluntary organisations, private sector mental health support, care home managers and staff, and other interested parties, such as Care Inspectorate Wales and other experts in the field.

As part of our research, we also looked at transition into living in a care home. This is an important point where information about someone's life, background, what matters to them, reasons for moving into a care home, and any information about their needs inclusive of mental health may be passed on to enable them to access person centred and tailored care.

In addition, we had a focus on the needs of veterans as an example of a community who may have specific support needs based on background and life experience.

The second workstream was focused on engaging with care home residents. The workshops and conversations undertaken with residents included providing tips and information for residents on how to look after their mental wellbeing as well as facilitating a conversation around their views.

Thank you



We'd like to say a huge thank you to all the care home residents, care home staff, clinicians, professionals and third sector organisations who spoke to us as part of this research who generously provided us with their time, expertise and insights.

Workstream one - Scoping of support and services

Local health boards

We spoke to clinicians working in older adult mental health services in Cardiff and the Vale University Health Board, and Hywel Dda University Health Board. This enabled us to get a picture of the current provision for care home residents.

Cardiff

Cardiff is served by the Cardiff and Vale University Health Board, and all provision mentioned covers the 59 care homes across the whole region.

In Cardiff mental health support for older people living in a care home is provided by the Care Home Liaison Team. This team is led by psychiatry within Mental Health Services for Older People (MHSOP), who can advise and support care homes in relation to residents who show signs of psychological distress. This can include advice and provision of psychiatric medication as well as advice and support in relation to non-pharmacological approaches. However, this does not include any therapeutic support or interventions. It was reported that there is a massive psychology gap in care home provision as it is an acutely medical and pharmaceutically based model. There is currently no psychology provision as the team was set up with only half a day psychology staffing, a position which remains vacant.

Care home residents are unable to access the Community Mental Health Team for older adults. The psychology service within the Memory Team is unable to provide psychological input either as this team currently struggles to accommodate the high level of need for people living with dementia and their carers outside of care homes. The only exception to this is people with young onset dementia, who continue to be supported by the Young Onset Dementia Team when they move into a care home.

In theory, older people residing in a care home who have mental health needs that could be met within primary care would be able to access primary care counselling services or primary mental health support services, but it was reported that in reality it was not clear how possible this is, or if it happens at all.

An additional support for care homes residents is the Response Enhanced Assessment Crisis Team (REACT) which is as a multi-disciplinary crisis team for adults in Cardiff and the Vale. One of their key responsibilities is to provide quick assessment and intense therapy in the aftermath of a crisis.

It was reflected that it can be difficult for older people to come forward for support with their mental health in the community and this will likely persist for those older

people who move to live in a care home. To overcome this there needs to be more research and understanding of these barriers and how they can be overcome.

It was reported that for older adults in the community there is more therapeutic support for dealing with mental health concerns, or dealing with issues such as bereavement which can significantly impact a person's mental health if not supported. However, the Older Adult Community Mental Health Team in Cardiff is not funded to work with care home residents, so any support stops when someone moves to live in a care home.

Pembrokeshire

The local health board that covers Pembrokeshire is Hywel Dda University Health Board, which also includes Ceredigion and Carmarthenshire.

In Pembrokeshire there isn't a Care Home Liaison Team, the main service is the Older Adult Community Mental Health Team (OA-CMHT). There's one team covering Pembrokeshire contactable through the Pembrokeshire Community Mental Health Team. This team is a secondary service, working with people with severe and enduring mental health, as well as functional illnesses.

The age guide for the service is 70 or over, however the cut off is lenient and people with dementia under 70 are still directed to the OA-CMHT. Similarly, they have the flexibility for over 70s to stay with younger mental health services if that's what they need. Within the team, there are Community Psychiatric Nurses (CPNs), Occupational Therapists, and Mental Health Consultants.

The OA-CMHT provides services to people living in care homes and continues to see patients who have had support in the community when they have moved to live in a care home. It was reported that referrals for support for residents are inconsistent between care homes, some have lots and others have none.

Some of the other difficulties Pembrokeshire mental health services are facing is a shortage of CPNs and there isn't a mental health crisis team for older people in Pembrokeshire, so often people from care homes are taken into Accident and Emergency

In addition to the OA-CMHT Pembrokeshire has a Dementia Wellbeing Team who provide outreach for anybody with a diagnosis of dementia with signs of distress in a care home or the community. The team also provides dementia care training for staff within care homes to become champions and pass on the information to new staff in the homes. Champions can also make direct referrals to the Dementia Wellbeing Team, rather than going through the GP.

It was reported that there is not always an assessment about needs of support for new residents within care homes. To support this, the Dementia Wellbeing Team are currently developing stronger links for when someone transitions from hospital to care home. However, there is some difficulty in improving handover because it all depends on how it is handled by care homes.

A service that has been put in place in Pembrokeshire to support good mental health is a single point of contact for well-being and mental health for people living in Carmarthenshire, Ceredigion and Pembrokeshire which was launched by the health board on 20 June 2022. Hywel Dda University Health Board is the first health board in Wales to launch a dedicated mental health advice service, offering support for all age groups through the established 111 call line. People accessing the service will be put through to a mental health practitioner. However, this is not a mechanism specifically to support care homes residents and it is not clear how it has been advertised to residents or if they have access to a phone.

Primary mental health services

The local primary adult mental health services in Pembrokeshire are not age bound above age 18, but they don't see people at home, so care homes need to be proactive to engage with services. The counselling services expect the client to go to them for a session or undertake phone counselling which is harder for older people. This makes it more difficult for care home residents and older people in general to access Cognitive Behavioural Therapy (CBT) and other therapies.

Veterans NHS Wales

Veterans NHS Wales is a specialised, priority service for individuals who have served in the Armed Forces at any time in their lives and who are experiencing mental health difficulties related specifically to their military service.

It was reported that the general cohort of veterans that Veterans NHS Wales support are people up to the age of 55, although older veterans can access their service. They find that older people can present with multiple issues, mental and physically so a service with other wrap around support can be more appropriate.

It was mentioned that PTSD can be triggered by bereavement so this is a consideration for residents who may move into a care home after a bereavement.



Third sector support

Cardiff

We scoped out the key adult mental health organisations and projects that provide support for care home residents in Cardiff. We found that there was a limited number of organisations who provide support for older adults in the community and none who advertised support for older adults living in care homes.

On further investigation we found a small number of organisations that currently have mental health provision for care home residents. Cardiff Mind works with people with mild to moderate mental health conditions and they reported that although the service can provide support in care homes there is a very low rate of uptake from residents. There is a department within Cardiff Mind called Floating Support which works with older people in their own homes and there have been a small number of cases where people have continued to access that support after transitioning into a care home setting. Other than this service they could only identify one case in the past 15 years of a care home resident directly accessing their services which was via a GP referral.

It was reported that although these services are open to care home residents, they are not actively promoted to this client group.

Cardiff Mind reported that they try to make services accessible to everyone; for example, people who have hearing or sight difficulties and those who are digitally excluded, and they are open to engaging further with residents in care homes.

It was discussed that bereavement can be particularly relevant to older adults who move to live in a care home as this can often be after their spouse has died. Cardiff Mind runs a loss and grief course which can help with bereavement and the topic can be spoken about with counsellors. There is potential that this could support care home residents.

Another organisation which on further investigation has services that support care home residents is Platfform in Cardiff and the Vale. This is a Welsh-government funded service, which operates across Cardiff and the Vale University Health Board. They work with people who have a dementia diagnosis on a one-to-one basis, and they focus on wellbeing activities and talking treatments such as cognitive stimulation therapy. Most referrals from the service come from professionals such as occupational therapists. Platfform proactively offers its services to care homes.

Pembrokeshire

In Pembrokeshire we found that there are more visible relevant voluntary services to support care home residents with their mental health than in Cardiff, and this

was also fed back in our conversations with the clinicians working within the Hywel Dda University Health Board. There are a variety of mental health support groups and services which care home residents could and do access. However, these groups often require someone to bring a carer with them, which makes it harder for care home residents to access them, and most homes lack capacity with care staff to do this.

In conversation with Mind Pembrokeshire, we ascertained that they had wealth of projects, support groups, and two hubs which can potentially be accessed by care home residents. However, they were not working with any of the local care homes. They are now looking to include care home residents in their support and services.

National organisations

We spoke to the key national mental health organisations as they would potentially have service provision in Cardiff and Pembrokeshire. None of the national organisations that we spoke to provided mental health service support within a care home setting.

Veteran organisations

We also spoke to key organisations supporting armed forces veterans, both locally and nationally, to understand any support that they may offer to veterans living in care homes with their mental health. One example was the VC Gallery in Pembrokeshire, which is an arts-based veterans support organisation. In Cardiff there are several services to support older veterans in the community with their mental health through Cardiff and Vale Action on Mental Health but they have limited contact with care home residents. Woody's Lodge is another organisation that works closely with veterans in Cardiff, and across other areas of Wales. One of the national veteran charities' that we spoke to, have a focus on providing grants to veterans in response to their need and on discussion there were few opportunities to support veterans in care homes through the funds. However, the organisation was very keen to understand if there are any opportunities for them to support veterans in care homes, and they have had contact from residents who were dealing with loneliness. The charities we spoke to are keen to support older veterans in care homes, however, it was reported that one of the barriers is the inconsistent identification of armed forces veterans in care homes and lack of training focused on the needs of veterans. Care homes need to ask the question of whether someone has served in the armed forces as part of the on-boarding process to ensure that veterans are identified and able to access tailored support.

Private sector support

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As part our research we looked at the support for care home residents from private therapists.

The British Association of Counsellors and Psychotherapists (BACP) told us of the low uptake of those aged 60 or over of one-to-one therapy, and of a recent project they developed in England with care home residents which was halted by the pandemic.

They reported that few therapists have experience of working with people in care homes. This means there is a lack of good practice information available. They also reflected the importance of ensuring that the mental health of care home staff is also supported.

According to BACP a lack of therapeutic support for care home residents is an issue which affects the whole of the UK, so this is an opportunity for Wales to take a lead in this area.

We were unable to find any registered counsellors advertising therapy for care home residents in Wales.

As part of our research, we spoke to a trained counsellor based in England who was part of the BACP care home project. They specialise in working with older people and provide one to one therapy in care homes.

They felt that there is a general reluctance within the profession to work with care home residents.

The counsellor fed back that fear of dying, loneliness and losing control, and bereavement are key issues for older adults in care homes they support. Some older people also fear being discriminated against due to age and not having their needs taken care of. However, they often have the same concerns as people from younger age groups, such as sex and relationships. There is a biased assumption that this may not be the case. Another unhelpful assumption encountered is that therapy cannot benefit people with dementia, which is incorrect.

They reported that care homes can be wary of counsellors and staff can become nervous that they're going to be perceived negatively during therapy sessions, so it is important that clear information and positive relationships are built with care homes and staff.

It was highlighted that private therapy with this counsellor is paid for by residents rather than the homes and that their work with care homes residents came from proactively offering services through their private practice rather than receiving referrals or enquiries from staff.

Care home staff

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To understand current provision for residents we spoke to care home staff and managers.

Across Cardiff and Pembrokeshire, we engaged with staff at 14 care homes.

Support from statutory mental health services

Staff told us that when mental health support is accessed it is usually via Community Psychiatric Nurses (CPNs) visiting the care home.

Generally, staff in Cardiff care homes tended to be able to access CPNs on behalf of their residents quicker and more frequently than those in Pembrokeshire. The Care Home Liaison Team in Cardiff was spoken of positively and most homes enjoy a good relationship with them, but one manager raised concerns that referrals can sometimes take 6-8 weeks and need to be followed up before support can be accessed. Another said that some of their residents have been discharged too quickly.

Over dependency on medication as a mental health intervention was reflected by many of the staff. Some mentioned that GPs tend to have too much focus on providing medication for mental health concerns rather than offering therapy and other support which could get to the root causes of the problem.

However, another care home manager reported the opposite. They said that some GPs are reluctant to prescribe medication and instead prefer to let residents wait to see a psychiatric nurse. This is a problem, especially during evenings and weekends, because residents are at risk of harming themselves or being sectioned before they can see a mental health professional when a small dose could prevent the situation from escalating. In extreme cases, even residents experiencing hallucinations haven't been able to access medication.

Other support for mental health

Nobody we spoke to said that their residents had contact with a voluntary mental health organisation, but it was indicated by many homes that they would be happy for that to take place if it was offered as they interact with third sector organisations for other conditions.

Identification of resident mental health concerns

Staff at homes in both local authorities said that in most cases where mental health support has been accessed, the first step has been a care worker noticing a change in a resident's behaviour, rather than residents themselves volunteering that their wellbeing had declined. A lack of capacity and the stigma around mental health among older people were commonly given reasons for this by staff, however another concern was that residents do not consider themselves worthy of receiving

support or feel less motivated to access it because they are near the end of their lives.

Transition into care homes

The information gathered when a new resident moves to live in a care home varies widely between homes. All care homes gather some information however, only a small number have formal systems and processes in place.

In terms of formal processes one care home told us of a 'This is me' document which is prepared by asking families about the resident's background, and what they did before joining the home, and another told us that there is a pre-assessment done before somebody moves in. As part of the pre-assessment, staff will go and meet prospective residents before they move in. They also ask permission to access the resident's GP records, so they are aware of any health conditions they may have. They also find out why residents are moving into the home. This then forms a care plan which is produced with information of the resident's life history.

However, for other care homes there is often a reliance on information proffered by the person supporting the referral which will vary. The level of detail and communication can be inconsistent and depends on the individual health professional or social worker providing it. For example, a manager of a care home in Cardiff mentioned how a new resident had moved in from hospital and they were made aware that they had experienced mental health difficulties in the past but not told about a history of psychotic episodes.

There is also more reliance on care staff to find out information from conversations with residents and families on more of an ad hoc basis. This means that staff do not always know about residents' past careers or have enough accurate information to enable more person-centred support.

The move in process and settling in is also crucial in supporting a resident's mental wellbeing. In the care home which undertakes a pre-assessment and information collection, when a new resident moves in a delivery plan is given to staff so that they can start a conversation and make them feel welcome.

There were other various examples given of residents being made to feel welcome during the transition period. One care home we spoke to in Pembrokeshire had a month-long trial period, after which they will find appropriate accommodation for residents elsewhere if the resident wishes. Another in Cardiff spoke about how they ask new arrivals to move in outside of mealtimes so that staff are on hand to welcome them and have a conversation.

Training

Few homes had training for staff to support them to monitor, recognise and support residents with their mental health. Some care homes provide access to online courses for their staff but in some homes, staff have had to seek it, rather

than it being offered. It was reported that the training would be better in person than online as it is harder to learn due to the lack of interaction. By contrast, staff at every home we spoke to had been given dementia training, and most had set induction training. One home told us that they have a one-day induction, regular reviews and in-house training but no modules on mental health.



Care Inspectorate Wales

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We spoke with the Deputy Chief Inspector of Care Inspectorate Wales (CIW) and the lead for care home inspections in Cardiff.

They reported that mental health and wellbeing is considered by CIW. Inspectors will monitor the environment residents are in, whether they can get enough stimulation and community access. They will also look at weight charts for potential malnutrition. This could be a sign of deterioration in a resident's mental health. They also monitor the use of anti-psychotic medication is monitored when doing audits. Medication is often seen as a default option rather than therapies or staff training.

In terms of issues, they reported that there is room for improvement in mental health provision for older people, and there needs to be more recognition of the emotional impact of moving into a care home and being less connected to the community.

The workforce shortages are a big barrier to residents' wellbeing because often they can't go and access the community and there is a shortage of mental health nurses and very few work in care homes. In addition, mental health training for staff is rare, with larger organisations usually having training modules and if it does take place, it's generally done online.

It was reflected that in the past when working at a care home, it was possible for the CIW to develop working relationships with the health board to get a CPN to come in to provide training specifically tailored to the needs of the individuals in the home. However, this may be more difficult now with shortages in staffing levels.

A few other areas highlighted were:

- It is more difficult to access mental health services when over the age of 65s due to negative and ageist perceptions that poor mental health is a natural consequence of growing older.
- Mental health advocacy for people who don't have relatives is important and not available widely enough.
- Mental health isn't always put on the same footing as physical health by homes themselves.
- There is a misconception that people in homes are being looked after so they aren't prioritised for mental health services.
- It was reported that an example of good practice to support older people moving to live in a care home is to have a series of introductory sessions whereby, they can visit before they come in. If the new resident is arriving from hospital, has a history of severe mental health conditions and has been sectioned, recall to hospital arrangements should be put in place.

Other considerations

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As part of our research, we spoke to various experts in the field, and along with the other participants they highlighted a number of other considerations in relation to mental health of care home residents.

Loss

A common theme from our conversations was the impact of loss in its many forms on the mental health of care home residents.

Loss through bereavement is an issue which disproportionately affects older people and people often move to live in a care home following a significant bereavement such as the death of their main caregiver. This move can often be quick and sudden. However, there is a general lack of recognition for the need for bereavement support for care home residents, and older people in general, due to a pervasive unhelpful attitude that bereavement is just part of getting older.

Loss of sense of self and autonomy can be a significant factor in the decline of mental health of care home residents. It's important there are systems in place to gather information of residents when they move in, to understand their background and what matters to them. It was reported that there can be a decline in mental health when there are no relevant activities to a person's interests or connections with people from the same community. We were also told of instances such as when residents were not dressed in their own clothes or no effort had been made to personalise a person's room, all leading to a loss of a sense of self and a deterioration in their mental wellbeing.

Ageism

It was reported by many participants that there is a societal perception that older people are not deserving of the mental health services, particularly around therapy, so they are less likely to be offered as an option. In addition, older people might not know how to ask for services or don't have vocabulary to so and some therapies aren't tailored to older people.

This is perpetuated by the lack of research around PTSD, anxiety, depression and other mental health conditions amongst older people. Research that would make therapy easier to tailor towards older adults.

There should also be more research conducted on why older people can't or don't engage with services. This could help to improve uptake.

Loneliness

There is often a misconception that people in care homes don't suffer from loneliness due to having other residents and staff around them, however this does

not prevent them from suffering. Being able to understand a person's background to help engage with like-minded people or access activities or local groups relevant to them can support alleviating this loneliness.

Other

Participants told us that there have been cases when care homes have closed, and residents have been placed in new homes. The new care homes will often choose which residents they would like to take and those with mental health conditions are often picked last because they are considered difficult to manage.

People who speak Welsh as a first language are at risk of isolation because there aren't always bilingual care home staff available. There have been cases of people with dementia trying to communicate in Welsh, being misunderstood and acting aggressively out of frustration. They are then at risk of being misdiagnosed as having mental health conditions when their behaviour is due to their neurological condition.

A national programme for care home staff to be trained in monitoring the mental health of residents could improve the quality of care across all areas of Wales.

Diagnostic overshadowing can take place, whereby mental health conditions are blamed on physical health issues. Similarly mental health issues can be mistaken for cognitive decline among older people.



Workstream 2

Views from older adults living in care homes

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Overview

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This workstream was focused on engaging with care home residents to develop an understanding of the experiences of care home residents' mental health and accessing support.

Overall, we spoke to 25 residents across eight different homes, five in Pembrokeshire and three in Cardiff.

Project partner

Our proposal was to partner with a mental health charity to run the sessions. However, in our research we couldn't find a mental health charity in Wales to work with us who had this necessary expertise. Through our conversations with the British Association of Counsellors and Psychotherapists (BACP) we were able to ascertain a contact with a therapist, Danuta Lipinska, who had worked on a care home specific project with BACP and has significant expertise in the older adult and care home field. She also provides one to one therapy for care home residents. Danuta worked with us to develop the structure and content of the sessions.

Danuta was unable to travel to Wales to facilitate the workshops, so we were supported by a local private therapist, Hannah Carter, who has previous expertise of facilitating workshops in care homes and with older people.

Session delivery

We originally planned to undertake group discussions on developing the list of workshop questions, however most of the conversations we had took place individually. This was more comfortable for the residents and provided more productive conversations. Everybody we spoke to was given the option to have a chat in a quiet room if they preferred it. Some did, but others were happy to speak in communal areas.

Framing the conversation was very important. During the first part of the process, we asked care home managers to request consent of the residents to take part before we arranged a date to visit, however many of them declined. We decided that it was better to explain the project to the residents ourselves so that they were familiar with us. While we still gained consent for the sessions, more people were willing to take part when we asked if they would like to have a "coffee and a chat about how things are going" after we had introduced ourselves upon arrival at the homes.

At the beginning of the chats, we gave residents the opportunity to talk about their interests and family. We were interested to learn about whether residents felt they were given sufficient opportunities to access the community.

We then asked if they had heard of mental health and whether they could give a definition of it. The same question was used for the terms counselling and therapy. We then asked if they felt they had somebody they could talk to if they were experiencing poor mental health, whether in or outside the home, and how they might access support.

At the end of each session, we asked residents for advice that they would give to help new residents to maintain their wellbeing in a care home. We also provided and discussed a sheet containing mental health tips, which they could also take away if they wished.



Views of residents

Care home activity

During the winter months, care homes are reliant on people coming into the home to provide stimulation for the residents because it is difficult for them to go outside. This is particularly hard for residents without family to access the community. All the homes we spoke to had activities taking place but there was disparity in how regularly they were taking place, largely due to staffing shortages. Concerns were expressed an overreliance on the TV as a form of entertainment.

In some homes, residents said that the amount of activities on offer was still yet to return to pre-Covid levels. However, virtually all the residents across the different homes agreed that when activities are offered, they are enjoyable.

“There isn’t enough stimulation, but before Covid there was always something going on” (Female resident, Pembrokeshire)

Staffing

Residents generally viewed the care home staff very positively and stressed the importance of being able to build up a relationship with them.

“I wouldn’t be afraid to approach any of the staff” (Female resident, Pembrokeshire)

A large majority felt that there was somebody in the home they could speak to if they were experiencing low moods, however some expressed concerns that high staff turnover makes it difficult to develop these bonds.

Some residents requested more support to go on day trips but understood that low staffing levels were a barrier to this.

Access to the community

Some residents told us that even though they had a history of living in the local area, they didn’t know where the care home was relative to their old home and that this was upsetting.

“I don’t know where I am. If I left here and started walking, I’d get lost” (Male resident, Pembrokeshire)

A few residents mentioned the importance of religion and maintaining contact with the local church. Practicing their faith meant a lot to them and the positive effect on their social lives was valued too. One care home we spoke to had established a group where a few residents inside the home met regularly to discuss their faith, which helped to fill this gap in their lives.

“I was brought up to go to chapel and I miss the companionship” (Female resident, Cardiff)

Factors impacting resident mental health

Residents can still feel lonely even with lots of people around them. Many of those we spoke to suggested it was difficult to form friendships in the care home because few other residents had the capacity to hold a conversation.

“It’s difficult living with people who can’t say much” (Male resident, Pembrokeshire)

Others told us of a loss of purpose causing a decline in mental health

“I feel I’ve no purpose in life now, I feel trapped. I’m not the person I used to be and have lost my self-esteem” (Female resident, Pembrokeshire)

Resident’s understanding of mental health

Most residents were open with us and had a good grasp of their feelings. However, some had not heard of the term ‘mental health’ and others began speaking about their physical or cognitive health when asked to give a definition. Slightly more were familiar with the terms ‘therapy’ or ‘counselling’ and were able to give accurate definitions. Roughly half were open to the idea of accessing it themselves most of the rest indicated that it could be of benefit to others.

“Somebody coming in and giving you a bit of help, a bit of advice” (Female resident, Pembrokeshire)

A small minority dismissed the idea altogether, with one person indicating that accessing therapy was more to do with needing attention rather than therapy itself.

Those who knew about mental health tended to relate it to negative emotions such as depression and weren’t aware that it also relates to maintaining positive feelings.

There was a pattern of residents describing problems around their mental health but then later in the conversation, talked about how they “manage” (or words to that effect) and how they are not unhappy. This could be due to the stigma around asking for help among older generations but lack of knowledge about mental health may also be a factor.

“I am never depressed, I always have somebody to talk to (Jesus)” “We were brought up to be independent and help other people” “My mother wouldn’t have it” (Female resident, Cardiff)

Tips for maintaining good mental health of residents

When asked our participants about what tips they might give to new residents to preserve their mental health and wellbeing in the care home. By far the most common recommendation given was for new residents to socialise in the communal areas and get to know those they are living with.

Make sure you mix with everybody – some residents never come out of their rooms (Male resident, Cardiff)

One resident mentioned that the lack of stimulation was affecting her sleep pattern, which in turn has a negative impact on her mental health. She often sleeps in the afternoon when she is bored, so sometimes is awake in the night.

A lot of residents spoke about their previous life at home before moving into care. A couple of residents mentioned about how they still felt as if they could live at home with minimal support. Others spoke about how they couldn't cope at home due to their physical decline or loneliness, and were generally more positive about life as a care home resident than those who felt they would have been able to continue in their previous environment.

“It is a big step moving into a home. I never thought I'd end up here but I couldn't cope in my own home” (Female resident, Pembrokeshire)

A few respondents were in the process of selling their house and found this very difficult, even for those who were happy with their new life in the care home.



Good practice

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As part of the project, we looked to understand good practice in mental health support for older people living in care homes.

However, due to the lack of available services the good practice we were able to gather was very limited.

The Newcastle Model

A psychological intervention that was mentioned multiple times as an example of good practice in mental health support for older adults in care homes was the Newcastle Model.

The Newcastle model is a biopsychosocial, person-centred approach that aims to support care staff and family members in order to manage challenging behaviour within care homes by identifying and fulfilling unmet needs of the person with dementia.

On recommendation from the Clinical Lead for Older Adults in Cardiff and the Vale University Health board, we looked at the provision at Cwm Taf Morgannwg Health Board (CTMUHB) who currently use an informed psychological, psycho-social intervention derived from the Newcastle Model.

In CTMUHB there is a Specialist Dementia Intervention Team (SDIT) which takes a non-pharmacological and psychology lead approach to help unpaid carers and care workers to understand behaviours that challenge, lower the need for care home and hospital admissions, and reduce the inappropriate use of psychotropic medications. The team consists of a large Multi-Disciplinary Team (MDT) including nurses, health care support workers, occupational therapists, assistant psychologists, associate practitioners and a practitioner psychologist. The team works within the community and with the 46 care homes.

The intervention is more unusual in its approach as it is carer focused. So, although the team will work with the person with dementia and aim to form a relationship with them to help understand their presentation, the majority of the work is based around the approach of the carer, and behaviour intervention plans centre around the modification of their behaviour, not the person with dementias. Referrals commonly involve verbal aggression from the person with dementia, and when they work with carers on this they may observe their approach and the way in which they interact with the person.

Other examples of good practiced gathered in our research:

- Care Inspectorate Wales reported that an example of good practice is the implementation of a series of introductory sessions whereby prospective new care home residents can visit before they come in. If the new resident is arriving

from hospital, has a history of severe mental health conditions and has been sectioned, recall to hospital arrangements should be put in place.

- One care home has an established formal process for transition in of all new residents. They carry out a pre-assessment which includes staff going out to meet prospective residents before they move in. They also ask permission to access their GP records, so they are aware of any health conditions they may have. This helps create an 'about me' care plan by building a clear picture of the resident's background, what matters to them, and why they are moving into the care home, all to help a tailored approach to the care and support. One use for this plan is to share with staff to support conversation when the resident first moves in to help them feel welcome.



Identification of the gaps in support, and the needs identified

Training for care home staff

One of the most significant identified gaps was the lack of, or inconsistent, training for staff on monitoring, recognising and supporting residents with their mental health. Where there was training it was mostly online, so it could be difficult to engage with, and in some places the training had to be requested by staff rather than offered as part of their training programme or induction.

There was also a varied understanding by staff of the potential services or organisations for residents to be supported with their mental health. The lead for the OA-CMHT told us that referrals are inconsistent between care homes, some have lots and others have none.

It has been highlighted that residents are less likely to come forward to discuss their mental health, or mention if they are struggling. Whether this is due to not being able to recognise mental health concerns, not knowing where to ask for help, stigma about mental health or a generational attitude about not reaching out for support. Many older people may also not have the capacity to discuss their mental health concerns. Therefore, consistent, quality assured training, and inclusion in the qualification needed to be a registered care worker, is crucial to ensure good mental health for residents.

In addition, improving mental health training for care home staff could ease pressure on statutory mental health services and prevent residents escalating to crisis point by identifying problems early.

Lack of statutory mental health support

It was clear from discussion with the clinical teams in both health board areas that there is a significant deficit in therapeutic support for older people living in care homes with interventions more focused on pharmacology, particularly in Cardiff. Cardiff has half a day funded for psychology, but this is still vacant and in reality, this makes provision for psychology across the 59 care homes in the region almost impossible and would not enable any direct input.

Both areas told us of a lack of funding and resource to support older adults in both secondary and primary care. There was potential for therapeutic interventions through primary care counselling in both areas but, this was not forthcoming and there was very little provision for these services to take place. Some participants mentioned that GPs tend to have too much focus on providing medication for mental health rather than offering therapy and other support which could get to the root causes of the problem.

In Pembrokeshire it was reported that there is a lack of primary mental health therapeutic support around loss, anxiety and depression for older people in care homes. There aren't many wellbeing activities either. There are some primary care services theoretically available but difficult to access due to capacity. For example, it was reported that there has not been a successful case of getting a care home resident to see the primary care Integrated Psychological Therapy Service in Pembrokeshire so far. In terms of the primary care mental health service in Pembrokeshire it is seen as working-age centric so most money is going into working-age mental health services making it difficult to find funding for older adult services.

In addition, particularly in Cardiff, older adults who may be receiving support in the community for their mental health will find that this stops at the care home door as these services are not funded to be delivered within care homes. The Care Home Liaison Team does not deliver therapeutic support so there is the potential for older people to be supported on a long-term basis with their mental health in the community for this then to stop completely on moving to a care home, which is in itself a major life event potentially leading to psychological distress.

Resources for care home residents

It was identified by a number of participants that providing resources to help older people in care homes understand their own mental health needs and recognise deterioration could allow them to access the help they need. We also found that there was limited awareness of amongst residents about what services there are available such as the dedicated phone line in Hywel Dda health board area. This phone line is theoretically open to care home residents but there seemed to be limited knowledge of it.

Any resource would need to use language and context that older people would understand and identify with. We found that many residents had a good grasp of their feelings but were not as familiar with terms such as 'mental health', therapy or counselling.

Of those residents who accessed the tips from the wellbeing sessions, the feedback was that they were helpful and on revisiting one care home, the session facilitators found that some of the residents had kept the handouts and were finding them a useful resource.

Lack of visibility of care home residents

Most services which support older adults in the community did not continue into care homes and stopped at the care home door, particularly in Cardiff. This was largely due to a lack of understanding about the need for mental health support for residents, funding or a misunderstanding that the older adult would be supported with their mental health concerns by the care homes as part of all round support package. A common theme amongst organisations that we spoke to about the

support they provide was that they hadn't thought about supporting older adults in care homes, and on reflection they fed back that this was due to a lack of visibility of care home residents, seen as out of sight out of mind.

At least two organisations told us that after our conversation they realised that their current delivery model could be inclusive of residents in care homes, and they were looking into providing this support.

Community access

A common theme was the need to have better access to local communities to maintain and improve the mental health of residents, and to avoid residents and care homes becoming too insular. Residents told us of the loss of sense of self or purpose due to lack of access to stimulating activities that they used to undertake or the loss of connection to their faith community. Many of the residents we spoke to suggested it was difficult to form friendships in the care home sometimes because of the capacity of other residents. The option to form relationships with others in the community could help exacerbate the loneliness of some of these residents.

Care home staff agreed that being more embedded in local communities would bring great benefits to residents and the care home however, the staff lack capacity to foster these relationships. Some residents will still live in the same communities they did when they were living in their own home but now can't access it. However, with some support they could interact with their community.

In the homes where there was a culture of more person-centred support they were better able to find relevant activities. One care home fed back that as part of their formal on-boarding assessment process about a new resident's background they had ascertained those members of their care home community who were armed forces veterans. They were specifically looking to engage with local armed forces groups to support the wellbeing of these veterans.

Residents felt strongly that building these relationships with external organisations so relevant support and services could come into homes was important, but also being able to go out into the community would improve or maintain mental good health.

Transition into care homes

As a major life event, it is widely reported that moving to live in a care home can trigger a decline in mental health, as it impacts all aspects of someone's life. One of the key reported issues is the loss of sense of self. According to the NICE mental wellbeing of older people in care homes guidelines¹, residents should be enabled to maintain and develop their personal identity. It's therefore crucial that care homes can systematically gather information on a new resident's background, and what

¹ <https://www.nice.org.uk/guidance/qs50>

matters to them, as well as to understand any current needs such as mental health conditions, and the reason for moving into the home to enable person centred support and care.

This also supports the care home to be preventative in any support that is put in place. For example, if someone has experienced a recent bereavement the care home could look for support to help that person before a potential decline in mental health. A systematic on boarding process and knowing what is important to a resident also helps the care home tailor the day-to-day support and surroundings, including knowing who else they may get along with, what they may need to personalise their space to maintain their sense of self, supporting them to find activities, groups and support internally and externally that they can connect with and be stimulated by.

Ageism

It was highlighted by many participants that a negative attitude towards older people, assumptions and ageism can be a barrier to care home residents accessing the support they need.

From some there is a perception that older people are not deserving of these services, so they are less likely to be offered as an option.

Older adult care home residents can get more limited access to mental health services and are subjected to more medicalised models both in statutory services and primary care. With some GPs having an over reliance on providing medication for mental health rather than offering therapy and other support which could get to the root causes of the problem.

Among older people, there is also often a confusion between dementia and mental health diagnoses, as it can be assumed that a change in somebody's behaviour is due to their cognitive abilities rather than their emotional wellbeing. Similarly, issues with eating among older people can be wrongly attributed to ageing rather than any changes in mental health.

There are also perpetuated assumptions, such as those living with dementia cannot benefit from one-to-one therapy, which is untrue.

Participants also reported seeing this ageism internalised with some care home residents not considering themselves worthy of receiving support or feel less motivated to access it because they are near the end of their lives.

This is perpetuated by the lack of research around PTSD, anxiety, depression and other mental health conditions amongst older people. Research that would make therapy easier to tailor towards older adults. Some therapies aren't tailored to older people.

There should also be more research conducted on why older people can't or don't engage with services. This could help to improve uptake.

Inaccessibility of services

Another key theme was the inaccessibility of services for care home residents.

We found that provision for care home residents was limited and, in some places, where it was potentially available there was low uptake due to the services being difficult to access. In Pembrokeshire there are more voluntary groups available for care home residents to access, but they often require someone to bring a carer with them, which makes it harder for care home residents to access them, and most homes lack capacity with care staff to do this.

It was also difficult to find relevant support through the third sector, with most relevant services being ascertained on further discussion with organisational contacts rather than being advertised.

In addition, many services were not set up to easily engage with care home residents with sessions needing to be set up on the phone and delivered out of the home face to face or over the phone. The primary care counselling services expect the client to go to them for a session or do phone counselling which is harder to do for older people. This makes it harder for care home residents and older people in general to access cognitive behavioural therapy (CBT) and other therapies.

One idea which was put forward was a mobile day care provision with transport would be good. They could visit a different care home each week, with skilled staff to go in and run activities.



Recommendations

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Our research has highlighted several areas of improvement that could help enable good mental health for older people living in care homes.

- Develop a national programme for care home staff to be trained in monitoring, recognising and supporting the mental health of residents.
- Review the content of the qualifications to be a registered care worker to ensure that it includes mental health of care home residents, how to monitor, recognise, support.
- Increase the visibility of care home residents within their community and with services to ensure that they have access to relevant mental health support and services as any other community member.
- Undertake a review of models of intervention from statutory mental health providers in all health boards for older people living in care homes. Looking to move toward person centred and psychology led models.
- Significantly increase the number of psychology posts in statutory mental health services for care home residents to enable appropriate resource for non-pharmacological led interventions for care home residents.
- Work with care homes to share good practice and develop their internal processes on learning about residents when they enter a care home and how that information is used.
- Share good practice in tracking the mental health of residents.
- Develop resources to support residents with maintaining their mental health
- Commission research to understand mental conditions amongst the older population to support the tailoring of relevant services to better meet the needs of older adults.
- Undertake a review of current mental health services and support to ensure accessibility for care home residents
- Commission research to further understand the barriers facing older people when accessing mental health services and support why older people and care home residents can't or don't engage with services.



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