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NZ Psychologists of Older People

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"Innovations and Advances in Ageing Well"

Two Day Conference

Joint Conference of the NZ Psychologists of Older People
and the Australian Psychological Society's Psychology & Ageing Interest Group
in partnership with the AUT Centre for Active Ageing

Friday 28–Saturday 29 June 2019
Auckland University of Technology, Auckland

Conference abstracts

KEYNOTES ABSTRACTS

Prof Gerard J Byrne

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Trick Question: Can Suicide be Prevented?

Risk Assessment and Mitigation in Older People

This lecture will investigate the vexed issue of risk assessment, which is a major current preoccupation of both mental health workers and the managers of many mental health services. It will ask whether suicide screening tools are of any value in preventing completed suicide. It will place suicide in its broader context as both a rare event and a minor cause of death among older people. Other more prevalent causes of morbidity and mortality in older people will be examined and questions raised about their assessment and mitigation. Risks to patients and other consumers, clinicians, and mental health services will be canvassed.

Dr Duncan McKellar, FRANZCP

Head of Unit, Older Persons' Mental Health Service,
Northern Adelaide Local Health Network Adelaide, Australia
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Building Trust After Brokenness

The Oakden Older Persons' Mental Health Service Narrative From Failure to Reform

In late 2016, a family member met with the Chief Executive Officer of the Northern Adelaide Local Health Network regarding the care provided for her husband, who had been admitted to the Oakden Older Persons' Mental Health Service for management of extreme behavioural and psychological symptoms of dementia. This meeting resulted in the commissioning of the South Australian Chief Psychiatrist's Oakden Report, which was released on 20th April 2017. What followed was an intense period of turmoil and scandal as the failings in care, resourcing, governance and culture, occurring at the Oakden Campus became the focus of state and national media, public and political attention. This contributed to far-reaching effects across the aged care and mental health sectors, including the establishment of the current Australian Royal Commission into Aged Care.

This presentation will provide a narrative review of the Oakden experience, focusing firstly on the events initiating the Review process, before considering the period of service reform occurring since the release of the Oakden Report. There have been progressive changes in the model of care and service culture, developed through a commitment to co-design through partnership with stakeholders, particularly people with lived experience. The transition from the Oakden Campus to new services at Northgate House, and the development of a new culture framework and model of care for older persons' mental health services in South Australia will be described.

Prof Nancy A Pachana

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An Easy Pill to Swallow

Creative Arts Engagement for Well-being in Later Life

Engagement in creative arts offers a key to optimising older people's wellbeing, productivity, mental and physical resilience, and value to society and the economy. Strong evidence is emerging that engagement in such activities has protective, and even restorative impact on cognitive and physical wellbeing, and brain health. Our understanding of the barriers and enablers of creative arts engagement, and the psychosocial and neurological mechanisms by which they enhance wellbeing and quality of life in older adults, while still incomplete, is growing. This lecture presents the current state of research in this area, highlighting how creative arts activities show promising evidence of benefits that transfer beyond the context of participation.

WORKSHOP (2 hrs)

Prof Sara Honn Qualls

Kraemer Family Professor of Ageing Studies, and Professor of Psychology
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Interventions to Help Caregivers and their Families

This workshop will prepare mental health workers to develop an assessment-driven intervention tailored for each caregiving family. The Caregiver Family Therapy model integrates evidence-based practices into a systematic approach that is flexible and dynamic, providing a framework for selecting among the many problems that caregivers often face. The workshop provides assessment tools and treatment planning guides and demonstrates how to use them in tailoring interventions for caregivers within the historical and familial context of each family.

ABSTRACTS

DAY ONE

FACTORS INFLUENCING THE SELF-MANAGEMENT OF DEPRESSION IN OLDER ADULTS

Dr Meg POLACSEK, PhD[1,2] Dr Gayelene BOARDMAN[2], Professor Terence McCANN[2]

[1] *National Ageing Research Institute, Melbourne [2] Victoria University, Melbourne*

Background: A considerable body of work addresses prevalence and treatment options for depression in older adults. Less is known about their capacity to self-manage their depression. Effective self-management has the potential to improve individuals' quality of life through information, empowerment, and perceived or actual control.

Method: A grounded theory study comprising in-depth, semi-structured interviews with 32 older adults with a diagnosis of moderate depression.

Results: Three over-arching themes captured the barriers and facilitators to participants' capacity to self-manage their depression. *Perspectives on age and depression* represented how views of older age and mental health influenced the approach to self-management. *Ability to access the health care system* concerned the ability to identify and engage with different services and support. *Individual capacity for self-management* reflected participants' views on and the resources required for effective self-management.

Clinical implications: Older adults are committed to self-managing their depression. However, their efforts are influenced by perspectives on age and depression, access to formal and informal support, and individual capacity for self-management. Measures are needed to address misconceptions about age and depression, encourage early help-seeking and facilitate self-management, with a view to empowering older adults to become experts in their own care.

DEVELOPING A PSYCHO-EDUCATIONAL TOOL TO ADDRESS LONELINESS IN OLDER ADULTS

Karra D Harrington[1], Abdullah A Mahmud[2], Katrina M Long[1], Kit Casey[1,3], Sunil Bahr[4], Simon Curran[5], Kristie Hunter[5], Michelle H Lim[1,3]

[1]Iverson Health Innovation Research Institute, Swinburne University of Technology [2] School of Design, Swinburne University of Technology [3]Centre for Mental Health, Swinburne University of Technology [4]Department of Psychological Sciences, Swinburne University of Technology [5]Relationships Australia Victoria

Background: Older adults may be particularly vulnerable to experience loneliness. The aim of this study was to develop a digital psycho-educational tool about loneliness for use by older adults. The tool was designed to support individuals to identify and address their experiences of loneliness.

Method: Older adults (n = 34, age 65-80 years) were engaged in a series of six 2-hour focus groups, which sought to understand how older adults initiate and maintain social relationships, how they use technology to support their relationships, and to refine the content for the psycho-educational tool.

Results: Based on the participants' responses the *ElderConnect* website was developed, and incorporated components for both the prevention and intervention of loneliness in older adults. The prevention aspects of the website included information about the importance of initiating and maintaining social connection, as well as strategies to safeguard against loneliness. The intervention aspects engaged the user to recognise and address their current experience of loneliness.

Clinical Implications: This study demonstrates the potential feasibility of a digital resource for older adults that uses a psycho-educational approach to overcome loneliness. Further study is now required to investigate the efficacy of the tool in addressing loneliness in older adults

IMPROVING PSYCHOLOGICAL TREATMENT THROUGH SOCIAL PARTICIPATION IN ANXIOUS AND DEPRESSED OLDER ADULTS

Wuthrich, V.M. [1], Rapee, R.M. [1], Draper, B. [2], Brodaty, H. [3], Low, L-F. [4], Georgiou, A. [5], Johnco, C. [1], Cutler, H. [6], and Jones, M. [1]

[1]Centre for Emotional Health, Department of Psychology, Macquarie University, [2]School of Psychiatry, University of New South Wales, [3]Centre for Healthy Brain Ageing, University of New South Wales, [4] Faculty of Health Sciences, University of Sydney, [5]Australian Institute of Health Innovation, Macquarie University, [6]Centre for the Health Economy, Macquarie University.

Background: Social participation is a strong protective factor from suicide risk, depression, anxiety, loneliness and poor quality of life, yet older adults with anxiety and depression show reduced rates of social participation. Increasing social participation may therefore enhance treatment effects and reduce relapse of anxiety and depression, particularly in older adults. In a novel clinical trial we aim to examine the impact of treating anxiety and depression along with increasing social participation on therapy outcomes and economic outcomes.

Methods: Participants over the age of 65 years with an anxiety or mood disorder will be randomised to standard cognitive behavioural therapy (CBT) (*Ageing Wisely*) or an enhanced CBT program that seeks to increase social connection and social participation. Participants will complete demographic, self-report symptom measures, semi-structured clinical interviews, quality of life and economic measures, pre, post and at 6 month follow up.

Results: Pilot data, study protocol as well as factors related to the development of the treatment program will be discussed.

Clinical Implications: Increasing social participation in anxious and depressed older adults appears to improve treatment outcomes and is likely to lead to reduced health care costs as well as economic benefits associated by increased participation in society.

CAN VOLUNTEERS HELP OLDER ADULTS WITH DEPRESSION AND ANXIETY?

Colleen Doyle[1] and Marcia Fearn[1]

National Ageing Research Institute

Background: Befriending is recommended in the NICE guidelines for depression as a technique of providing non-therapeutic conversation and social support to those who are depressed and socially isolated. Evidence suggests that the more social supports a person perceives, the less depression symptoms experienced. Befriending has been found to improve social isolation in a number of studies.

Methods: We developed and evaluated a program for volunteers to learn befriending. Five volunteer befrienders and five clients participated. Volunteers attended a half day training session. After supervised befriending with a client for up to six weeks, volunteers reviewed the experience in individual qualitative interviews and in a focus group.

Results: An initial training session was perceived as a vital support for volunteers. This pilot showed that volunteers who are trained and supported can deliver the befriending service safely. Client expectations needed to be managed carefully. Peer support was helpful. Volunteers needed close supervision and support. Using closed group social media such as Whatsapp may help to extend peer support.

Clinical Implications: Volunteers are no substitute for professional treatment of mood disorders, but they can provide a valued supplementary service. The befriending model tested is now being used in a randomised controlled trial.

IDENTIFYING AND TREATING HEARING LOSS FOR ADULTS WITH DEMENTIA IN CARE HOME

[1,2]Anthea Bott, [1,2]Carly Meyer, [1,2]Louise Hickson, [3]Nancy Pachana

[1]The HEARing Cooperative Research Centre, Melbourne, Australia,[2]School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia, [3]School of Psychology, The University of Queensland, Brisbane, Australia

Background: Hearing loss is under-detected and sub-optimally treated for adults with dementia in care homes. Approximately 70% of residents with dementia are unable to have their hearing evaluated by the traditional hearing test, pure-tone audiometry. Furthermore, although almost all adults living with dementia will have a concomitant hearing loss, fewer than 20% will have hearing aids and the reasons behind this remain largely unknown. The objective of this PhD project was to optimise diagnostic and rehabilitative audiology for adults with dementia in care homes.

Method: The studies completed in this PhD project included 1) a feasibility study to explore the outcomes of a novel automated hearing test; 2) a qualitative needs analysis; and 3) development of a decision aid.

Results: The feasibility study improved detection of hearing loss among 16 adults living with dementia. Qualitative investigations identified that caregivers wanted to know all available options for treating hearing loss. The decision aid helped participants choose an option for treating their hearing loss and reduced decisional conflict.

Clinical Implications: Managing hearing loss is challenging for adults living with dementia in care homes. Improvements exist, by way of better identification of hearing loss and providing holistic and person-centred care solutions.

THE EFFECT OF USE OF A MINDFULNESS SMARTPHONE APP ON PSYCHOLOGICAL WELLBEING IN OLDER AND YOUNGER ADULTS

David Townsend[1] and Colleen Doyle[2]

[1] Australian Catholic University, [2]National Ageing Research Institute

Background: The aim of this study was to examine whether using a mindfulness app for 10 days increases well-being in older adults. A second aim was to compare these results for young adults (18-25) and older adults (50+) category, to identify whether there is any difference in using this medium between ages.

Method: Four outcomes measured were: Satisfaction with Life Scale, Positive and Negative Affect Schedule, Oxford Happiness Questionnaire and the Freiburg Mindfulness Inventory was also utilized to measure participants levels of mindfulness. Participants were 19 younger adults (18 -25), and 14 older adults (>50 yrs). The 'Headspace' mindfulness app was used by participants for 10 days.

Results: At baseline, the younger group was higher on measures of Well-being, Happiness, Mindfulness and Satisfaction with life. Happiness improved through the use of the app in both groups. The older group benefitted more from using the app; happiness was improved in older group significantly more than in younger group. There was no significant difference in groups for positive and negative affect. There was a significant increase in level of mindfulness in the older group.

Clinical implications: Older clients may benefit from using a mindfulness app to improve wellbeing.

USING SMARTPHONE APPS TO SUPPORT MINDFULNESS PRACTICE WITH OLDER ADULTS

Dr Ann Boston
Clinical psychologist, Mental Health Services for Older Adults Waitemata DHB Auckland NZ

Mindfulness is an empirically supported intervention for older adults with demonstrated benefit to wellbeing and mental health. Research has noted that mindfulness teaching requires some modification for older adults such as shorter practices and continuous verbal support during practice. Previously, practitioners may have provided a CD as a support tool, however more recently there are a bewildering array of websites and smartphone apps available which vary in quality and usefulness. This study shares clinical observations in the use of smartphone apps with older adults, suggests a framework to evaluate smartphone apps and websites and concludes with recommendations for resources that have clinically utility with older adults.

COGNITIVE BEHAVIOUR THERAPY AND DEMENTIA: A MODEL OF CARE DELIVERY IN RESIDENTIAL AGED CARE SETTINGS

Sunil Bhar, Deborah Koder & Mark Silver
Swinburne University of Technology

Few studies address psychological therapy for people living with dementia, despite high levels of co-morbid depression and anxiety. Concurrently, more opportunities for clinical psychology trainees to have exposure to this clinical population will be required, given the projected increase in the proportion of people living with dementia.

Aim: To describe a trifocal model of care in the delivery of a cognitive behavioural treatment (CBT) program in a residential aged care context. To highlight the adaptations necessary for successful delivery of the intervention.

Method: The Dementia in Aged Care Study (DACS) is a clustered randomized controlled trial with a trifocal treatment protocol involving individual cognitive behaviour therapy and reminiscence delivered by post graduate clinical psychology trainees. 20 individual sessions of manualized CBT were conducted by post graduate trainees who received fortnightly supervision. Support groups and virtual reality immersive dementia experiences delivered to families and facility staff form the other aspects of the model of care.

Results: Qualitative data highlight the benefits of the program together with the adaptations required. The case studies focus on an integrative approach to therapy necessitating simultaneous delivery to all 3 systems of the model for successful outcomes.

Clinical implications: The need for a systemic, flexible approach does not preclude the use of cognitive behavioural techniques in promoting the psychological wellbeing of residents with dementia. Furthermore, the protocol supports the training of psychologists in delivering evidence based psychological therapy to this neglected population.

CONSUMER EXPERIENCE IN RESIDENTIAL AGED CARE: WHAT MAKES A DIFFERENCE?

Yvonne Wells and Kane Solly

La Trobe University

The Consumer Experience Report (CER) questionnaire was introduced in Australia in 2017 as a central component of audits for accreditation of residential aged care facilities. We explored variation in CER data gathered from inception to July 2018 (N = 17,194), examining responses to each of the 10 questions by gender, dementia diagnosis, disability, and size of the home. Analyses showed: men tended to give lower ratings than women; people who were not independently mobile gave much lower ratings to all questions; people with dementia said they were not encouraged to do as much as possible for themselves; and quality of experience was negatively associated with the size of the home. These analyses highlight common issues in aged care, such as dissatisfaction with the food and lack of social support.

WHAT DO WE KNOW ABOUT DEMENTIA IN NEW ZEALAND?

Dr. Susan Yates[1] & Dr. Sarah Cullum[2]

[1]Clinical Psychologist/Neuropsychologist and Research Fellow, Living with Dementia in Aotearoa (LiDiA) Research Group, University of Auckland, [2]LiDiA Principal Investigator, Senior Lecturer and Old Age Psychiatrist, University of Auckland

Estimates suggest there are over 60,000 people living with dementia in NZ, and the number is projected to rise. Studies overseas also indicate that a large proportion of dementia is attributable to modifiable risk factors such as diabetes, hypertension and obesity. However there has been little research on dementia in NZ to date, nor how we could or should be working differently with our ethnically diverse population. The Living with Dementia in Aotearoa (LiDiA) Research Group is hoping to change this.

The aim of the LiDiA Research Group is to develop a culturally appropriate and scientifically rigorous method to conduct a full-scale dementia prevalence study in NZ. However, we need to be able to justify the level of funding required for such a study. Phase 1 of the project has laid the groundwork by engaging with local communities, and understanding dementia from their perspectives. Phase 2 is currently testing the diagnostic accuracy of the adapted 10/66 dementia assessment tool in Maori, Tongan, Samoan, and Fijian elders. Phase 3 will pilot the feasibility of conducting a NZ community-based prevalence study.

This presentation will cover what we have learnt to date, and the challenges ahead.

AUSTRALIAN GP OPINIONS REGARDING ASSESSMENT OF MEDICAL FITNESS TO DRIVE

Melinda Cooper & Amy Schulenburg
Pearson Clinical Assessment

Background: In Australia. the burden of determining medical fitness to drive often falls to GPs. Anecdotally, many GPs report feeling uncomfortable with this responsibility due to the sensitivity of the topic and a lack of suitable assessments they can use to make an informed decision.

Method: We surveyed 200 GPs across Australia to determine current practices and preferences regarding assessing fitness to drive. Respondents were paid a small fee for their participation.

Results: Over 50% of the sample were somewhat satisfied with their current method of assessing fitness to drive, with a further 26% indicating little to no satisfaction. Respondents were more likely to use informal methods of assessment than standardised tests when determining medical fitness to drive. 30% expressed concerns about pressure from patients and family in the decision making process. Referrals to occupational therapy driver assessors were rare, largely due to the perceived expense and stress involved for the patient.

Clinical implications: GPs differ in levels of confidence regarding assessing fitness to drive. Most use non-standardised methods but report feeling a lack of viable alternatives. There is a potential role for psychologists in providing expert advice to GPs regarding cognitive fitness to drive to assist their decision making.

CAN YOU REALLY ASSESS DRIVING WITH AN APP?

Melinda Cooper & Amy Schulenburg; Lead researcher – Beth Cheal
Pearson Clinical Assessment

Background: The issue of returning to drive post stroke, brain injury or other neurological event is important and emotive. The gold standard in determining fitness to drive is a specialist occupational therapy driving assessment, however this is not always feasible or available.

Method: DriveSafe DriveAware is an iPad app that requires subjects to complete assessment tasks that assess a) awareness of the driving environment and b) insight regarding own driving ability. Performance is then categorised as 'Likely to pass', 'Likely to fail' or 'Needs further assessment' with respect to an occupational therapy on-road assessment. The app was standardised using a convenience sample of 134 older and/or cognitively impaired drivers aged 18+ referred to ten driver assessment clinics across Australia and New Zealand, and validated against an occupational therapy on-road assessment. On-road assessors were blinded to the results of the app, which was administered prior. Upper and lower cut-off scores were determined using Rasch analysis, and sensitivity and specificity were 91% and 86% respectively.

Clinical implications: DriveSafe DriveAware is a valid, user-friendly tool that provides quantitative data to help clinicians more confidently determine next steps for older and cognitively impaired drivers.

DAY TWO

THE MEANING OF WISDOM – AN AUSTRALIAN CONTEXT

Dr Leander K Mitchell and Professor Nancy A Pachana.
The University of Queensland

Background Wisdom is a complex construct and theoretical definitions vary. Despite this complexity, definitions of wisdom show overlap across nations. This project explored the definition of wisdom in an Australian context and compared the responses with other definitional work.
Method Two-hundred and four participants aged between 50 and 90 years (*M* = 66; *SD* = 8) provided open ended responses to the question "In your own words, describe a wise person". Data was analysed qualitatively using a directed deductive approach (using a content analysis method).
Results Eight-hundred and fifty-two words, sentences and phrases were analysed, with the most common definitional characteristics being social decision making and pragmatic knowledge of life, as well as prosocial attitudes and behaviours. However, 254 words, sentences and phrases were considered new (i.e., not part of previously established definitions). Temperance, independent thinking, integrity, and perspicacity were the most frequently identified.
Clinical Implications This research highlights the need to understand individual conceptualisations of a construct. In the context of wisdom research more specifically, it supports the notion that there is consistency among definitions around the globe. Future research can therefore focus on the commonalities, or alternatively on what distinguishes wisdom among nations.

RE-EVALUATING THE FACTOR STRUCTURE OF THE SELF-ASSESSED WISDOM SCALE (SAWS)

Trilas M. Leeman, Bob G. Knight, Erich C. Fein, and Sonya Winterbotham
University of Southern Queensland, Toowoomba, Australia

Background. Although wisdom is a desirable developmental goal, researchers often lack valid and reliable construct measures. Webster's (2007) popular 40-item five factor SAWS structure has had mixed support in the literature. We tested this factor structure, and age group equivalencies. We also examined whether the SAWS Openness dimension is a wisdom precursor, as proposed by other models of wisdom.
Methods. Data from 709 respondents were randomly split into two. We performed confirmatory factor analysis (CFA) on Sample 1. If the model did not fit the data, then exploratory factor analysis (EFA) on Sample 2 would offer an alternative model that could be confirmed on Sample 1. Structural equation models analysed Openness as a SAWS antecedent and a wisdom component. Multigroup CFA tested invariance across age groups.
Results. The SAWS failed to replicate in the initial CFA. We extracted a 12-item four factor EFA solution, which excluded Humour factor. Openness as a wisdom component was a better model than as antecedent.
Implications. The 12-item four factor model clarifies the key components of the SAWS and can be used across the adult lifespan as different age groups are invariant. We suggest Openness is better understood as a component of the SAWS.

GROWING OLD IN OLD AGE PSYCHIATRY

Dr Chris Perkins, FRANZCP, Dip Prof Ethics
Peripatetic old age psychiatrist

In this presentation I will describe nearly 30 years working in old age psychiatry in Aotearoa / New Zealand.

Since the 1990s and the closure of the mental hospitals, community (and later) inpatient services for older people developed in parallel with geriatric (now ATR) services. During this time I have seen:

- Growth and development of multidisciplinary old age psychiatry teams then a subsequent loss of allied health staff, including psychologists, so that many are run by nurses and doctors (often in short supply)
- Increased understanding of dementia in residential care- the beginnings of person-centred care - followed by a reduced tolerance of inconvenient behaviours as residential care has become increasingly privatised and funding stretched
- Increased community service, but ongoing inequities in access to these services including respite and day programmes.
- Decreasing leadership from the Ministry of Health and increased reliance on District Health Boards to (reluctantly) support older people's mental health services.

Now that I am 70, I have reached Erickson's stage 8, ego-integrity vs despair. I look back on my professional life and the main question I ask is, "what on earth did I think I was doing, when… (whatever)?" In this section I will reflect on my erratic career and the changes in my practice over time. Perhaps the drop of wisdom in this is that you should be humble about what you can achieve and, vitally, keep your sense of humour.

NAVIGATING AN AGEING WORKFORCE: THE CHALLENGE AND OPPORTUNITY

Dr Sarah Cotton & Rachael Palmer
Transitioning Well (TW)

Background: The ageing workforce has been identified as one of the six megatrends in work health and safety and workers' compensation over the next 20 years with additional business risks well documented. Despite these identified risks, few organisations have done anything strategic in response. To add to this, the PWC Global CEO Survey found that of companies who have a Diversity and Inclusion Strategy only 8% include age; and a lack of mature age management practices has been identified in an AHRC report as a key need for workplaces to address.

Methods: The authors are leading a project which aims to protect and promote the mental health and wellbeing of ageing workers in one of Australia's critical blue-collar industries. Tailored resources and advice will be delivered to a pilot group of workplaces and their employees. The project activities target HR and executive decision makers; policies and procedures; and the upskilling of managers and employees.

Results: The resources, advice and approaches will be tested and evaluated.

Implications: Organisations and practitioners will have an evidence-based framework to guide the implementation of initiatives that are known to support an age-friendly workplace.

DO NO HARM: IMPROVING CURRENT USAGE OF THE MOCA IN HEALTHCARE SETTINGS

Helen Paton [*1]

[1] *Older People's Health, Dunedin Hospital, Dunedin*

Background: The Montreal Cognitive Assessment (MoCA) is a screening test commonly used with older adults throughout New Zealand. Anecdotal concerns were raised regarding how this was being used by generalist clinicians and medical students. This prompted efforts to trial brief awareness raising sessions and embed test forms within information booklets.

Aims: (1) To obtain information from clinicians and students about existing knowledge/training in the MoCA. (2) To determine the effects of quality improvement strategies.

Methods: A retrospective audit was conducted examining instances of MoCA administration at two wards in Dunedin Hospital during two time periods (pre-awareness and post-awareness raising). Additionally, questionnaires were administered before training sessions.

Results: According to the questionnaires, formal training did not exist beyond reading the MoCA instructions. Scoring accuracy of several test items examples was also relatively poor. The audit results indicated that the remediation efforts possibly brought about some positive changes, although there was room for further improvements.

Clinical implications: Education and information from clinicians specialised in cognitive assessment is recommended. Cognitive screening needs to be recognised as an important clinical skill - similar to other skills routinely taught in health settings.

OLDER PARENTS CARING FOR ADULTS WITH INTELLECTUAL DISABILITY

Sonya. Winterbotham, Dr Bob. G. Knight, Dr Jan du Preez

University of Southern Queensland

Background: Older parents of adults with intellectual disability (ID) face a lifetime of care. Despite the physical and psychological strains of caring many are reluctant to 'retire' and plan for their child's external residential placement.

Method: Using a case study approach, parents and siblings of adults with ID from three families were interviewed in relation to their understandings of past and current care and also future planning.

Results: Parents who viewed the carer role as a parental obligation were at risk of isolating themselves from siblings of ID child thereby leaving siblings ill-prepared in an emergency situation. Though all families had considered residential planning, no plans had been established. Explicit barriers included complexity of disability, negative transitioning experiences in the past, and unpredictable changes within the family system. Enablers included personal growth of the adult with ID, and encouragement from professional supports such as psychologists.

Discourses of ID may also be a factor, with descriptions of the adult as 'child-like' potentially preventing transition into adulthood, such as leaving home.

Clinical Implications: Psychologists could play a pivotal role in assisting families who are faced with such non-normative development of the family system, and so encourage future planning for care. Psychologists could also support parents in negotiating complex support systems such as the NDIS.

CARING FOR CARERS: FRAMEWORK, ECONOMICS AND OUTCOMES

Dr Aimee Velnoweth (Clinical Psychologist and Clinical Neuropsychologist) and Ms Jayne Beresford (Carer Support Coordinator)
Rockingham-Peel Group Older Adult Mental Health Service (RkPG OAMHS), Western Australia

RkPG OAMHS is a state-funded, public mental health service working with older adults over the age of 65 who have either a mental health condition or Behavioural and Psychological Symptoms associated with Dementia (BPSD). Within our multidisciplinary team we have a dedicated 1FTE Carer Support Coordinator to provide additional support the carers of clients admitted to our sevice.
The presentation outlines research on the negative impacts of caring on the mental and physical health of carers and uses the caregiver coping and distress framework (Tzuang & Galllagher-Thompson in Pachana & Laidlaw, 2014) to understand the variables that affect or enhance a person's ability to care for a loved one with a mental health condition or Dementia.
Clinical Implications: In addition to a case study from our service, other research as to the outcomes and economics of providing carer interventions in these client populations is presented, including a reduction in rates of relapse, increased time to placement, increased carer well-being, and hospital cost savings.