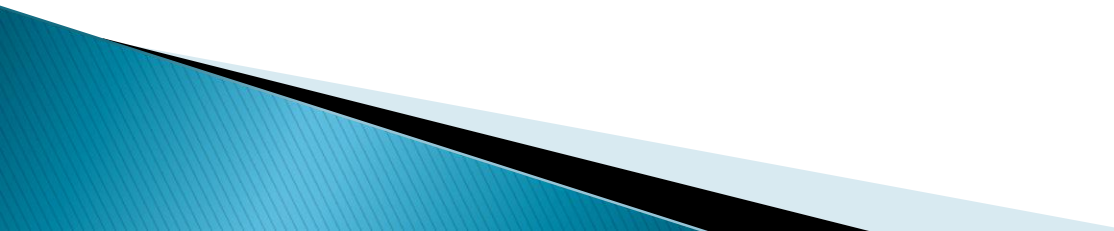


Care of older people with mental health problems in hospitals

John Gladman
Professor of Medicine of Older People
University of Nottingham

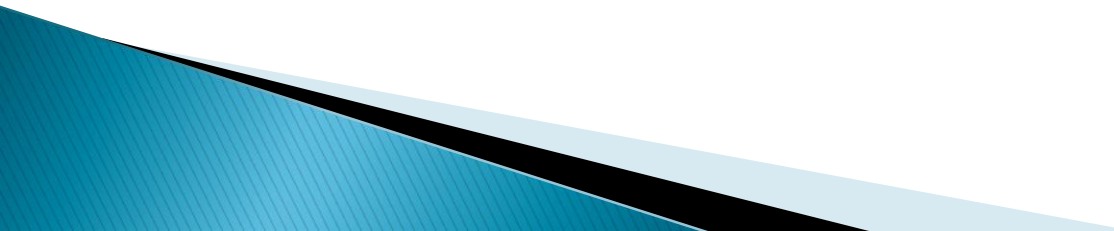
3 studies

- ▶ NIHR PGfAR Medical Crises in Older People cohort study of older people with mental health conditions in an acute hospital
 - ▶ SDO Better Mental Health: staff interviews, patients & carer ward observations and home interviews
 - ▶ NIHR PGfAR Medical Crises in Older People RCT comparing experience and outcomes between usual wards and special unit for confused patients
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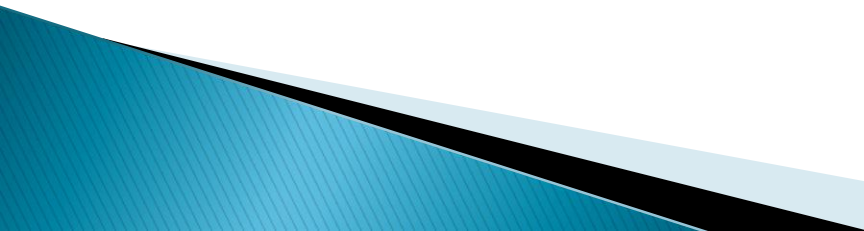
NIHR PGfAR MCOP cohort study

- ▶ 250 people screened positive for a mental health problem, baseline and 6 month outcomes
- ▶ Estimate: $\frac{1}{2}$ of all patients >70 in hospital cognitively impaired
- ▶ Associated with severe dependency for continence, feeding & transferring
- ▶ Only $\frac{1}{3}$ made it to 6 months, alive, same address, without readmission
 - 31% dead
 - 42% re-admitted
 - 24% went into care home

Summary

- ▶ Common, widespread: core business
 - ▶ High needs – medical and psychiatric
 - ▶ Poor outcomes, transitions, palliation
 - ▶ High resource use
- 

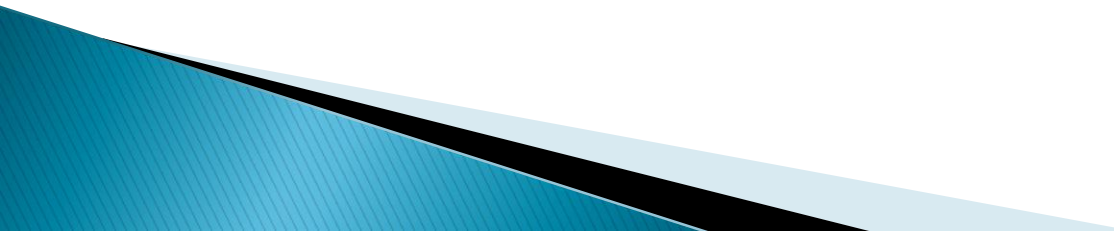
SDO Better Mental Health: staff

- ▶ 60 interviews medical and surgical ward staff
 - ▶ Staff were unprepared and unsupported for the challenging job of looking after confused patients:
 - all levels
 - all staff groups
 - training (under and post graduate, on job)
 - emotional support from employer
 - resources
 - target culture
- 

SDO Better Mental Health: patients and carers

- ▶ 80 hours of observation, 34 interviews
- ▶ Core problem: admission to hospital is a disruption of routine for patient / carer / staff
- ▶ Core process: gaining or giving control to overcome disruption for patient / carer / staff
- Outcomes
 - Patient: fear, boredom, disorientation, exhaustion, stress, cycle of decline ... comfort, personhood , getting better
 - Carer: embarrassment, indignity, frustration, anger, guilt, complaints ... reassurance, satisfaction, feeling supported

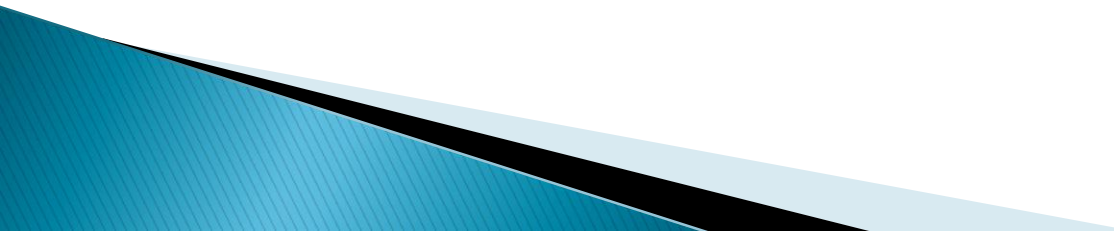
Summary so far

- ▶ Common, widespread: core business
 - ▶ High needs – medical and psychiatric
 - ▶ Poor outcomes, transitions, palliation
 - ▶ High resource use
 - ▶ Staff unprepared and unsupported
 - ▶ Changing the core processes might improve patient and carer short medium and long term outcomes
- 

NIHR PGfAR MCOP RCT of usual wards and special “confusion” unit

- ▶ Recruited and in follow-up
 - ▶ 300 usual care, 300 intervention
 - ▶ Health, cost and economic outcomes at 3 months
 - ▶ Quality of care: observations
 - ▶ Experiences: interviews
 - ▶ Results later in 2012 ...
- 

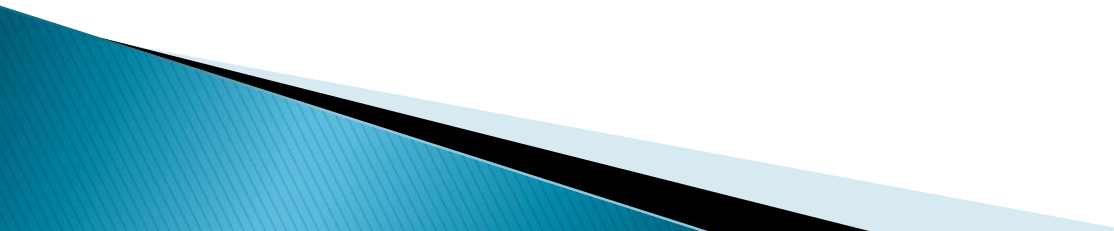
Development of the specialist ward

- ▶ Development of a 28 bedded geriatric ward
 - ▶ Aim: demonstration unit, be different, make a difference
 - ▶ 1st June 2009 open for business
 - ▶ In-patients: confused, not intoxicated, not for MHA detention, no over-riding other need
- 

Staff

- ▶ Staff changes and skill mix:
 - specialist mental health nurse (band 7)
 - 4 HCAs, 2 for extra night time cover
 - 2 mental health nurses (band 2)
- ▶ Additional PT, OT, SALT and Dr time
- ▶ [usual staff: 1 manager, 3 deputies, 15.5 staff nurses, 5.5 HCE, 3 RSW]
- ▶ Extra costs of £280,000 per annum

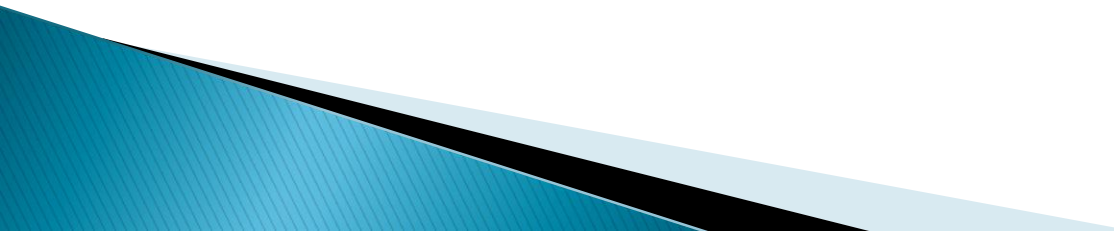
Training

- ▶ Person centred care ethos
 - ▶ Behaviour management
 - ▶ Time out / work books / ward based
 - ▶ All staff
- 

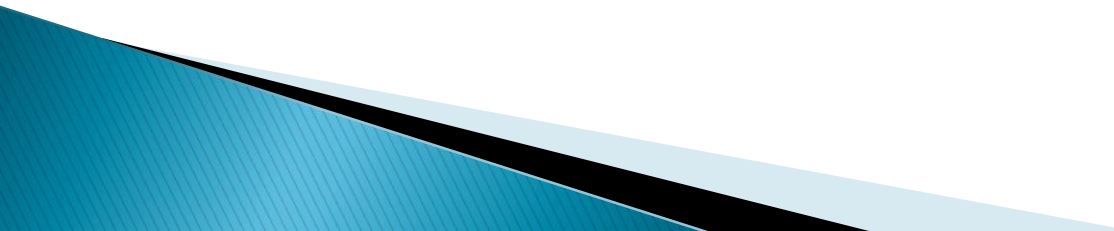
Emphasis on purposeful activity

- ▶ OT assessment
- ▶ HCA activity co-ordinator
- ▶ Care “tasks” become “activities”

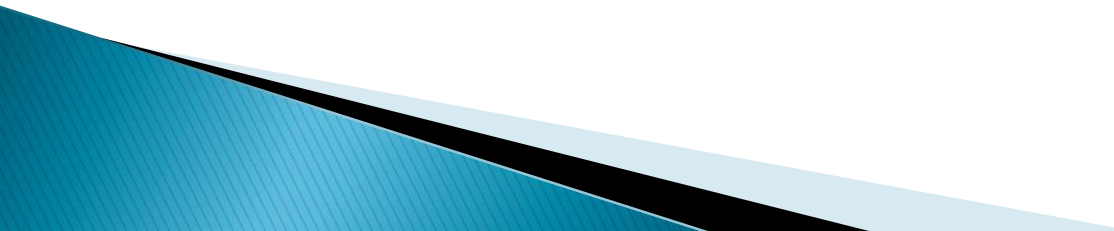
Environment change

- ▶ Move ward more space:
 - wandering
 - activity / meals area
 - ▶ Relatives / interview room
 - ▶ Differentiate ward bays (redecorate)
 - ▶ Signage / contrast / visibility
 - ▶ Noise strategy
- 

Family involvement

- ▶ “About me”
 - ▶ Leaflets about the ward
 - ▶ General policy of inclusion rather than exclusion
- 

Impression

- ▶ Care has changed
 - ▶ Early signs (compliments, award, emerging findings) for the better
 - ▶ A serious attempt costs money
 - ▶ Yet to see if value for money
 - ▶ Centre of excellence: leadership, innovation & training
- 

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SDO study

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NIHR PGfAR cohort study

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