

Appendix 1: Participant Information Sheet for Residents in the Intervention Group



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PARTICIPANT INFORMATION SHEET RESIDENTS OF AGED CARE FACILITIES

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Francesca Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Francesca Jordan AM

Research Project Coordinator

3630 7344 or 0429 055 088


Francesca.jordan@gppartners.com.au

Description

Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned. This study seeks to equip and support staff of aged care facilities to assist residents and their families/carers to adjust more effectively and to reduce the negative impact of these changes.

The aim of this study is to identify and reduce the symptoms of depression and distress in recently admitted residents to aged care facilities. The study will trial a set of tools & procedures aimed at reducing the feelings of depression associated with adjustment to living in aged care for new residents and their families/carers. It will develop an education program for staff to assist in identifying and responding to depression in new residents. It is hoped that the tools and procedures will reduce feelings of depression and distress for residents and their families/carers in the first few months following admission and provide staff with increased skills and confidence in meeting the residents' needs.

The research team requests your assistance in being willing to be involved in the following program for a period of four months:



Residents life story – your key worker will work with you soon after admission to the aged care facility to put together your life story, including important relationships, preferences and interests. This will assist staff in knowing you better and being able to provide appropriate and individually tailored care for you.

Consistency of staff – a key worker/staff member will be assigned to assist you with adjusting to the aged care facility.

Regular exercise / walking and talking program – you will be asked to participate in regular exercise such as ‘walking and talking’ of self-paced assisted walking for 30 minutes, interspersed with rest as needed to delay fatigue, three times a week in combination with 30 minutes of conversation. Residents in wheel chairs will be walked in the wheel chair and both wheel chair and bed bound residents will receive passive exercises that utilise different parts of the body. Conversations are based on topics from your environment that are of personal interest and any attempt at conversation is encouraged.

We will be asking you a series of questions in relation to your mood, quality of life and life experiences. The same set of questions will be asked at the beginning of the study period, after four months and again after a further 2 months.

All of the above activities will be conducted at your aged care facility.

Through your participation we can get to know whether the interventions have made the transition to residential aged care less difficult and distressing for you and identify any changes or improvements that may make this adjustment easier and more acceptable to you.

Expected Benefits

The main benefits are to try to reduce the feelings of depression and distress associated with adjustment to living in residential aged care facilities and improve quality of life for new residents and their families/carers. It is expected that this project will benefit you and other people who will enter residential aged care facilities in the future.

Risks

There are no risks beyond normal day to day living associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued. Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland’s School of Psychology’s clinical/counselling practice.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

The researchers may require access to your personal resident file to gain information from assessments that nursing staff may have already conducted since your admission to the aged care facility.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

We will be guided by the Directors of Nursing of the aged care facilities and/or their organisational policy as to whether the resident or their EPoA/Guardian should sign the consent form. This decision will be made based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

Where it is determined that the resident does not have capacity to consent, there is a separate consent form for The Statutory Health Attorney or the Enduring Power of Attorney (for health matters) to sign on behalf of the resident.

Questions/further information about the project

Please contact the research team members named above to have any questions answered or if you require further information about the project.

Feedback about the project

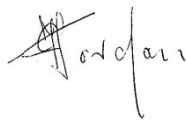
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 or on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 2: Participant Information Sheet for Staff in the Intervention Group



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PARTICIPANT INFORMATION SHEET RESIDENTIAL AGED CARE STAFF MEMBER

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Francesca Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Francesca Jordan AM
Research Project Coordinator
3630 7344 or 0429 055 088
Francesca.jordan@gppartners.com.au

Description

Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned. We wish to equip and support staff to assist residents and their families/carers to adjust more effectively and to reduce the negative impact of these changes.


The aim of this study is to identify and reduce the symptoms of depression and psychological distress in recently admitted residents to aged care facilities. The study will trial a set of tools & procedures to reduce the psychological distress associated with early adjustment to living in aged care for new residents and their families/carers. It will also deliver a training program for staff to assist in identifying and reducing depression in new residents. It is hoped that the intervention program will reduce feelings of depression and distress for residents and their families/carers in the first few months following admission and provide staff with increased skills and confidence in meeting the residents' needs.

The research team requests your assistance in being willing to be involved in the following program:

Specific components of the intervention are:

1. Interventions for the staff:

A training program for residential staff will be provided aimed at increasing professional carers' knowledge of depression, and their skills and confidence in detecting and monitoring depression among the older people for whom they care. Previous research has found that a large number of older people with depression are not receiving any treatment, and as professional carers have significant amounts of contact with those for whom they



care we would like to provide them with such training and evaluate the training. We would like to invite you to participate in this project.

If you participate, you will take part in a group-training program with approximately ten to fifteen other staff members from your organisation. A trainer from GPpartners will conduct an initial five training sessions for all care staff held weekly over five weeks. The sixth training session is for registered nurses and managers. Two final training sessions will be held for all staff, with the final session provided by Carers Qld to increase staff awareness of family/carer responses to their family member entering aged care. Each training session will go for 1 ½ to 2 hours and will all take place at the aged care facility.

Prior to taking part in the training program and after completion of the program you will be invited to complete a questionnaire given to you by a researcher. This questionnaire assesses knowledge, confidence and skills in working with people with depression, and also asks for some background information, such as your age and experience in aged care. Some examples of questions include how confident do you feel “In recognising when the people you care for are at risk of suicide?”

The training program will cover the following areas:

Session 1: Understanding depression

Session 2: Detecting symptoms of depression

Session 3: Distinguishing between depression, dementia and anxiety

Session 4: Responding to symptoms of depression

Session 5: Training in the use of validated screening tools

Session 6: Skills in interfacing with primary care and specialist mental health systems (The sixth session is for managers and registered nurses only)

Session 7: Interventions to deal with residents' depression

Session 8: Carer Awareness Session – provided by Carers Qld

We would like to make video/audio recordings of the education sessions with staff for the purpose of further developing a training tool for use by other aged care facilities. Use of these recordings will be subject to your consent.

2. Interventions to deal with residents' depression

You will be asked to be involved in the following interventions for residents over a period of 12 weeks:

Residents life story including preferences and interests will be obtained soon after admission to the aged care facility to assist staff in knowing the new resident better and being able to provide appropriate and individually tailored care. The booklet the 'Key to Me' is attached for your information and will be the format for obtaining the life story of residents.

Consistency of staff - a key worker will be assigned to a resident. This worker will be the advocate for the resident and will not be assigned on a daily basis. The functions will be to take a particular interest in the resident and liaise with other staff and family on behalf of the resident.

Regular exercise – walking and talking program. Regular exercise such as walking can reduce aggression and restlessness. A program of 'walking and talking' of self-paced assisted walking for 30 minutes, interspersed with rest as needed to delay fatigue, three times a week in combination with 30 minutes of conversation treatment. Residents in wheel chairs will be walked in the wheel chair and both wheel chair and bed bound residents will receive passive exercises that utilise different parts of the body. Conversations are based on topics from the resident's environment that are of personal interest and any attempt at conversation is encouraged.

We will be asking you a series of questions in relation to the level of your knowledge and confidence in dealing with residents with depression. The same set of questions will be asked at the beginning of the training period and after the completion of the training program.

Through your participation we can get to know whether you feel more skilled and confident to deal with residents' distress after the training program.

Expected Benefits

The main benefits are to try to reduce the feelings of depression and distress associated with adjustment to living in residential aged care facilities and improve quality of life for new residents and their families/carers. A further benefit is to equip staff with knowledge and skills to provide care that meets residents' and families' needs. It is expected that this project will benefit you in providing care, receive job satisfaction and assist other people who will enter residential aged care facilities in the future and who are presently in the facility.

Risks

There are no risks beyond normal day to day working associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued.

Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland's School of Psychology's clinical/counselling practice.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

Questions/further information about the project

Please contact the research team members named on the front page to have any questions answered or if you require further information about the project.

Feedback about the project

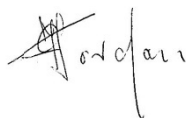
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 or on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 3: Participant Information Sheet for Relatives / Family Carers in the Intervention Group



here

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PARTICIPANT INFORMATION SHEET RELATIVE/CARER OF RESIDENT

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Francesca Jordan AM – Research Consultant – GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Francesca Jordan AM

Research Project Coordinator

3630 7344 or 0429 055 088

Francesca.jordan@gppartners.com.au

Description


Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned. This study seeks to equip and support staff of aged care facilities to assist residents and their families/carers to adjust more effectively and to reduce the negative impact of these changes.

The aim of this study is to identify and reduce the symptoms of depression and psychological distress in recently admitted residents to aged care facilities. The study will trial a set of tools & procedures to reduce the psychological distress associated with early adjustment to living in aged care for new residents and their families/carers. It will also develop an education program for staff to assist in identifying and reducing depression in new residents. It is hoped that the intervention program will reduce feelings of depression and distress for residents and their families/carers in the first few months following admission and provide staff with increased skills and confidence in meeting the residents' needs.

The research team requests your assistance in being involved in a support group program to be run by the Queensland Council of Carers. The program involves:

Family Caregiver training in stress management and well-being - You will be asked to attend a support program designed to assist you with emotionally stressful transitions involved when your family member enters a residential aged care facility. The support program for you will take the form of a support group that will cover the following topics for discussion and resolution:

- Sharing the care
- Common feelings experienced by family carers
- Self care for family carers
- Developing a relationship with staff
- Financial and legal issues for family carers



There will be a total of **four** support group sessions which will be held fortnightly for a 2 hour period located at a venue close to your family member's aged care facility. Group sessions will involve a minimum of 4 members and will be dependent on the number of new residents and family members at the facility.

We will be asking you a series of questions in relation to your age, feelings, mood and general health. The same set of questions will be asked at the beginning of the study period, after four months and again after a further 2 months.

Through your participation we can get to know whether the interventions have made the transition to aged care less difficult and distressing for you and your family member and identify any changes or improvements that may make this adjustment easier and more acceptable to you.

Expected Benefits

The main benefits are to increase support to try to reduce the level of stress associated with the caring role and with your family member's admission to a residential aged care facility. It is expected that this project will benefit you and other people who will enter residential aged care facilities in the future.

Risks

There are no risks beyond normal day to day living associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued and you can discontinue attendance at any time.

Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland's School of Psychology's clinical/counselling practice.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses. For focus groups, information gathered will be verified by the participants prior to final inclusion in the report of the study.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

In order to gain the resident's consent, we will be guided by the Directors of Nursing of the aged care facilities and/or their organisational policy as to whether the resident or their EPoA/Guardian should sign the consent form. This decision will be made based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

Where it is determined that the resident does not have capacity to consent, there is a separate consent form for The Statutory Health Attorney or the Enduring Power of Attorney (for health matters) to sign on behalf of the resident.

Questions/further information about the project

Please contact the research team members named above to have any questions answered or if you require further information about the project.

Feedback about the project

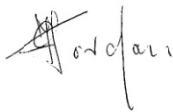
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> . The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 4: Participant Consent Form for Residents in the Intervention Group

Participant Consent Form - I Resident of Aged Care Facility

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Franceska Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

I, _____ (*please print full name*), agree to take part in the study "Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study" I therefore agree that the following statements are true:


1. I have read the 'Participant information sheet for residents of aged care facilities' and I understand the purpose of this project.
2. I freely consent to my involvement in the study.
3. I have had any questions answered to my satisfaction
4. I understand that if I have any additional questions I can contact the research team
5. I understand that I will be asked questions about my age, mood, feelings, health and my life experiences
6. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study
7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty
8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers
9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes
10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study
11. I wish/do not wish (circle one) to receive findings at the conclusion of this study
12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 5: Participant Consent Form – Power of Attorney/Statutory Health Authority Intervention Group

EPOA /Statutory Health Attorney Acknowledgement Form

(This form is to be used for residents who cannot consent for themselves, as a result of cognitive incapacity).

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

To determine whether the resident has cognitive capacity to consent to this study, we have been guided by the Directors of Nursing of the aged care facilities and/or their organisational policy. Decisions made have been based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

If the resident does not meet these 3 criteria and therefore does not have capacity to give consent, please complete this form on their behalf.

I acknowledge that the researchers would like to enrol _____ (resident's name) in the research project named above, according to the conditions in the 'Participant Information Form for Resident of the Aged Care Facility'.

- I have read, or have had read to me, and I understand the 'Participant Information Form for Resident of the Aged Care Facility'
- I will be given a copy of the 'Participant Information Form for Resident of the Aged Care Facility' and Third Party Acknowledgement Form to keep.
- I understand that absolute confidentiality will be upheld and privacy will be maintained at all times throughout the study.
- The researchers have agreed not to reveal _____'s identity and personal details if information about this project is published or presented in any public form.
- I understand that _____ has the right to withdraw from this project at any time without comment or penalty.

Resident's Name (printed) _____

Name of EPOA or Person providing Health Attorney Acknowledgement (printed) _____

Relationship to resident: _____

Please describe the authority by which you are empowered to provide consent on behalf of the resident

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____

Researchers' signatures:


Ms Franceska Jordan AM


Dr. [Name]


Assoc Prof Gerard Byrne

Appendix 6: Participant Consent Form for Staff in the Intervention Group

Participant Consent Form Residential Aged Care Staff Member

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Franceska Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Name of Aged Care Facility: _____

I, _____ (*please print full name*), agree to take part in the study "Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study" I therefore agree that the following statements are true:

1. I have read the 'Participant information sheet for residential aged care staff' and I understand the purpose of this project and training is to:
 - To enhance staff's knowledge of late-life depression.
 - To enhance staff's ability to detect depression in the early stages of its onset, to monitor the treatment response and to facilitate communication with medical professionals.
 - To improve rates of recognition of depression by staff.
 - To improve high quality, best practice responses to depression and increase the access to treatment.
 - To increase confidence among staff in responding to symptoms of depression.
2. I freely consent to my involvement in the study.
3. I have had any questions answered to my satisfaction
4. I understand that if I have any additional questions I can contact the research team
5. I understand that I will be asked questions in relation to my knowledge and experience of dealing with residents with depression.
6. I understand that I will be involved in the interventions for residents as described in the participant's information sheet for staff.

I acknowledge

1. That the aims, methods, and anticipated benefits, and possible risks/hazards of the research study, have been explained to me.
2. I understand that aggregated results will be used for research purposes and may be reported in scientific and academic journals.
3. Individual results **will not** be released to any person except at my request and on my authorisation.

4. That I am free to withdraw my consent at any time during the study, in which event my participation in the research study will immediately cease and any information obtained from me will not be used.
5. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study.
6. I agree to waive confidentiality for the purposes of allowing video recording of the educational training sessions only
7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty.
8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers.
9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes and those already in the facility.
10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study.
11. I wish/do not wish (circle one) to receive findings at the conclusion of this study.
12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project.

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Address details (if you would like to receive findings at completion of study):

Street address: _____

Suburb: _____ Postcode: _____

Email address (if prefer electronic copy): _____

Appendix 7: Participant Consent Form for Relatives/Carer in the Intervention Group

GPpartners Logo here

Participant Consent Form Family/Carer of Resident of Aged Care Facility

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Franceska Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

I, _____ (please print full name), agree to take part in the study
“Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study” I therefore agree
that the following statements are true:

1. I have read the ‘Participant information sheet for relative/carer of resident’ and I understand the purpose of this project.
2. I freely consent to my involvement in the study.
3. I have had any questions answered to my satisfaction
4. I understand that if I have any additional questions I can contact the research team
5. I understand that I will be asked questions about my age, feelings, mood, general health and my experiences of my relative/friend entering an aged care facility and how they may have affected me.
6. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study.
7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty.
8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers.
9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes
10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study.
11. I wish/do not wish (circle one) to receive findings at the conclusion of this study. (Please provide your address details on the following page if you wish to receive the findings)
12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project.

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Address details (if you would like to receive findings at completion of study):

Street address: _____

Suburb: _____ Postcode: _____

Email address (if prefer electronic copy): _____

Appendix 8: Participant Information Sheet for Residents in the Control Group



GPpartners Logo here

PARTICIPANT INFORMATION SHEET RESIDENTS OF AGED CARE FACILITIES

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Franceska Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Franceska Jordan AM
Research Project Coordinator
3630 7344 or 0429 055 088
Franceska.jordan@gppartners.com.au

Description

Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned.

This study is part of a larger study being conducted to look at adjustment to living in aged care facilities for new residents and their families/carers. The study aims to investigate feelings of depression and distress that may be associated with recent admission to residential aged care. It also aims to assess the knowledge and skills of staff in dealing with depression and distress in recently admitted residents.

The research team requests your assistance in being willing to be involved in the study. Your participation will involve the following:

We will ask you a series of questions in relation to your age, health, mood, feelings and life experiences. The same set of questions will be asked at the beginning of the study period, after four months and again after a further 2 months.

All of the above activities will be conducted at your aged care facility.

Your responses and information will be used as part of the larger study in order to report on the findings and recommendations.

Expected Benefits

The main benefits are to attempt to understand the feelings and responses of new residents and their families/carers to adjustment to living in residential aged care. Further, it will assist in helping to improve training for staff in meeting new residents' needs and responding effectively to depression. It is expected that this project will also benefit other people who will enter residential aged care facilities in the future.

Risks

There are no risks beyond normal day to day living associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you

experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued. Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland's School of Psychology's clinical/counselling practice.

If you are experiencing significant symptoms of depression, anxiety or other psychological distress, with your permission, we will arrange for your General Practitioner or nursing staff to attend to your needs and possibly refer you for further professional treatment.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

The researchers may require access to your personal resident file to gain information from assessments that nursing staff may have already conducted since your admission to the aged care facility.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

We will be guided by the Directors of Nursing of the aged care facilities and/or their organisational policy as to whether the resident or their EPoA/Guardian should sign the consent form. This decision will be made based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

Where it is determined that the resident does not have capacity to consent, there is a separate consent form for The Statutory Health Attorney or the Enduring Power of Attorney (for health matters) to sign on behalf of the resident.

Questions/further information about the project

Please contact the research team members named above to have any questions answered or if you require further information about the project.

Feedback about the project

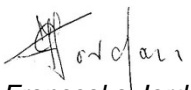
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 or on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:


Ms Franceska Jordan AM


Dr Richard Kidd


Assoc Prof. Gerard Byrne

Appendix 9: Participant Information Sheet for Staff in the Control Group



GPpartners Logo here

PARTICIPANT INFORMATION SHEET STAFF OF AGED CARE FACILITIES

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Francesca Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Francesca Jordan AM
Research Project Coordinator
3630 7344 or 0429 055 088
Francesca.jordan@gppartners.com.au

Description

Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned.

This study is part of a larger study being conducted to look at adjustment to living in aged care facilities for new residents and their families/carers. The study aims to investigate feelings of depression and distress that may be associated with recent admission to residential aged care. It also aims to assess the knowledge and skills of staff in dealing with depression and distress in recently admitted residents.

The research team requests your assistance in being willing to be involved in the study. Your participation will involve the following:

We will ask you to complete questionnaires about your level of knowledge and confidence in identifying and dealing with depression in recently admitted residents.

All of the above activities will be conducted at your aged care facility.

Your responses and information will be used as part of the larger study in order to report on the findings and recommendations.

Expected Benefits

The main benefits are to attempt to understand the feelings and responses of new residents and their families/carers to adjustment to living in residential aged care. Further, it will assist in helping to improve training for staff in meeting new residents' needs and responding effectively to depression. It is expected that this project will also benefit other people who will enter residential aged care facilities in the future.

Risks

There are no risks beyond normal day to day working associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you

experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued.

Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland's School of Psychology's clinical/counselling practice.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

In order to gain the resident's consent, we will be guided by the Directors of Nursing of the aged care facilities and/or their organisational policy as to whether the resident or their EPoA/Guardian should sign the consent form. This decision will be made based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

Where it is determined that the resident does not have capacity to consent, there is a separate consent form for The Statutory Health Attorney or the Enduring Power of Attorney (for health matters) to sign on behalf of the resident.

Questions/further information about the project

Please contact the research team members named above to have any questions answered or if you require further information about the project.

Feedback about the project

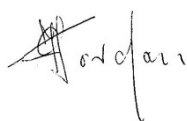
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 or on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 10: Participant Information Sheet for Relatives/Carers in the Control Group



GPpartners Logo here

PARTICIPANT INFORMATION SHEET

RELATIVE/CARER OF RESIDENT IN AGED CARE FACILITY

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

1. Ms Franceska Jordan AM – Research Consultant – GPpartners Ltd, Australian Division of General Practice, Brisbane.
2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

Research Team Contact:

Franceska Jordan AM

Research Project Coordinator

3630 7344 or 0429 055 088

Franceska.jordan@gppartners.com.au

Description

Admission to a nursing home brings major changes to people's lives and can be distressing for all concerned.

This study is part of a larger study being conducted to look at adjustment to living in aged care facilities for new residents and their families/carers. The study aims to investigate feelings of depression and distress that may be associated with recent admission to residential aged care. It also aims to assess the knowledge and skills of staff in dealing with depression and distress in recently admitted residents.

The research team requests your assistance in being willing to be involved in the study. Your participation will involve the following:

We will ask you to complete a questionnaire in relation to your age, general health, mood and feelings. The same set of questions will be asked at the beginning of the study period, after four months and again after a further 2 months.

Your responses and information will be used as part of the larger study in order to report on the findings and recommendations.

Expected Benefits

The main benefits are to attempt to understand the feelings and responses of new residents and their families/carers to adjustment to living in residential aged care. Further, it will assist in helping to improve training for staff in meeting new residents' needs and responding effectively to depression. It is expected that this project will also benefit other people who will enter residential aged care facilities in the future.

Risks

There are no risks beyond normal day to day living associated with your participation in this project. No anticipated risks are envisaged for you being involved in the program. If by being involved in the program you experience unpleasant feelings and you do not wish to continue, your participation in the program will be discontinued and you can discontinue attendance at any time.

Where the research may cause some distress, independent counselling services will be provided and you will be able to attend University of Queensland's School of Psychology's clinical/counselling practice.

If you are experiencing significant symptoms of depression, anxiety or other form of psychological distress, with your permission, we will refer you to an appropriate health professional for assistance.

Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

Consent to participate

We would like you to sign a written consent form enclosed to confirm your agreement to participate.

In order to gain the resident's consent, we will be guided by the Directors of Nursing of the aged care facilities and/or their organisational policy as to whether the resident or their EPoA/Guardian should sign the consent form. This decision will be made based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

4. Understanding the nature and effect of their decision to be involved in the study
5. Freely and voluntarily giving their consent
6. Communicating their decision in some way.

Where it is determined that the resident does not have capacity to consent, there is a separate consent form for The Statutory Health Attorney or the Enduring Power of Attorney (for health matters) to sign on behalf of the resident.

Questions/further information about the project

Please contact the research team members named above to have any questions answered or if you require further information about the project.

Feedback about the project

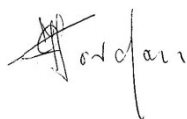
Residents and family carers will be provided with a summary of the main findings of the project, where they have indicated their interest on the consent form. A short report will be available to interested staff in the residential aged care facilities.

Concerns / complaints regarding the conduct of the project

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course free to discuss your participation in this study with project staff, contactable on 3630 7344. If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

GPpartners and the University of Queensland are committed to researchers' integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the University of Queensland Research Ethics Officer on 3365 3924 on <http://www.uq.edu.au/research/rtd/human-ethical-paragraphs> . The research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Researchers' signatures:



Ms Franceska Jordan AM



Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 11: Participant Consent Form for Residents in the Control Group

Participant Consent Form - C Resident of Aged Care Facility

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

- 1. Ms Francesca Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
- 2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
- 3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

I, _____ (please print full name), agree to take part in the study
“Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study” I therefore agree that the following statements are true:

- 1. I have read the ‘Participant information sheet for residents of aged care facilities’ and I understand the purpose of this project.
- 2. I freely consent to my involvement in the study.
- 3. I have had any questions answered to my satisfaction
- 4. I understand that if I have any additional questions I can contact the research team
- 5. I understand that I will be asked questions about my age, mood, feelings, health and life experiences
- 6. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study.
- 7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty.
- 8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers.
- 9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes
- 10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study.
- 11. I wish/do not wish (circle one) to receive findings at the conclusion of this study.
- 12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project.

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____

Researchers’ signatures:


Ms Francesca Jordan AM


Dr Richard Kidd


Assoc Prof. Gerard Byrne

Appendix 12: Participant Consent Form – Power of Attorney / Statutory Health Authority

Control Group

EPOA /Statutory Health Attorney Acknowledgement Form

(This form is to be used for residents who cannot consent for themselves, as a result of cognitive incapacity).

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

To determine whether the resident has cognitive capacity to consent to this study, we have been guided by the Directors of Nursing of the aged care facilities and/or their organisational policy. Decisions made have been based on whether the resident is capable of (as per the Guardianship & Administration Act, 2000):

1. Understanding the nature and effect of their decision to be involved in the study
2. Freely and voluntarily giving their consent
3. Communicating their decision in some way.

If the resident does not meet these 3 criteria and therefore does not have capacity to give consent, please complete this form on their behalf.

I acknowledge that the researchers would like to enrol _____ (resident's name) in the research project named above, according to the conditions in the 'Participant Information Form for Resident of the Aged Care Facility'.

- I have read, or have had read to me, and I understand the 'Participant Information Form for Resident of the Aged Care Facility'
- I will be given a copy of the 'Participant Information Form for Resident of the Aged Care Facility' and Third Party Acknowledgement Form to keep.
- I understand that absolute confidentiality will be upheld and privacy will be maintained at all times throughout the study.
- The researchers have agreed not to reveal _____'s identity and personal details if information about this project is published or presented in any public form.
- I understand that _____ has the right to withdraw from this project at any time without comment or penalty.

Resident's Name (printed) _____

Name of EPOA or Person providing Health Attorney Acknowledgement (printed) _____

Relationship to resident _____

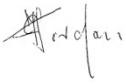
Please describe the authority by which you are empowered to provide consent on behalf of the resident

Signature: _____ Date: _____

Enduring Power of Attorney Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date _____

Researchers' signatures:



Ms Franceska Jordan



AM Dr Richard Kidd



Assoc Prof. Gerard Byrne

Appendix 13: Participant Consent Form for Staff in the Control Group

Participant Consent Form – C Residential Aged Care Staff Member

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

- 1. Ms Francesca Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
- 2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
- 3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

I, _____ (please print full name), agree to take part in the study “Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study” I therefore agree that the following statements are true:

- 1. I have read the ‘Participant information sheet for residential aged care staff’ and I understand the purpose of this project.
- 2. I freely consent to my involvement in the study.
- 3. I have had any questions answered to my satisfaction
- 4. I understand that if I have any additional questions I can contact the research team
- 5. I understand that I will be asked questions in relation to my knowledge and experience of dealing with residents with depression.
- 6. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study.
- 7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty.
- 8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers.
- 9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes
- 10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study.
- 11. I wish/do not wish (circle one) to receive findings at the conclusion of this study.
- 12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Researchers’ signatures:


Ms Francesca Jordan AM


Dr Richard Kidd


Assoc Prof. Gerard Byrne

Appendix 14: Participant Consent Form for Relatives/Carers in the Control Group

Participant Consent Form – C Family/Carer of Resident of Aged Care Facility

Title of study: Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study

Investigators:

- 1. Ms Franceska Jordan AM, Research Consultant, GPpartners Ltd, Australian Division of General Practice, Brisbane
- 2. Dr Richard Kidd, Aged Care Director, GPpartners, Australian Division of General Practice, Brisbane
- 3. Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland

I, _____ (please print full name), agree to take part in the study “Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study” I therefore agree that the following statements are true:

- 1. I have read the ‘Participant information sheet for relative/carer of resident’ and I understand the purpose of this project.
- 2. I freely consent to my involvement in the study.
- 3. I have had any questions answered to my satisfaction
- 4. I understand that if I have any additional questions I can contact the research team
- 5. I understand that I will be asked questions about my age, feelings, mood and general health
- 6. I understand that absolute confidentiality will be upheld and my privacy will be maintained at all times throughout the study and that I will not be identifiable in any reports about this study
- 7. I understand that I am free to decline to answer individual questions, or to withdraw from this project at any time without comment or penalty.
- 8. I am aware that I may request further information about this study at any time after its completion by contacting one of the researchers.
- 9. I understand that I may not directly benefit from participating in this research, but that it may help to improve outcomes for future people entering nursing homes
- 10. I am aware that I will not be paid or receive any form of remuneration for my involvement in this study.
- 11. I wish/do not wish (circle one) to receive findings at the conclusion of this study. (Please provide your address details on the following page if you wish to receive the findings)
- 12. I understand I can contact the Research Ethics Officer on 3365 3924 or email: humanethics@research.uq.edu.au if I have concerns about the ethical conduct of the project.

Signature: _____ Date: _____


Witness Signature: _____ Date: _____

Researchers’ signatures:


Ms Franceska Jordan AM


Dr Richard Kidd


Assoc Prof. Gerard Byrne



Appendix 15: Psycho-geriatric Assessment Scale (Jorm & Mackinnon, 1995)

The Psychogeriatric Assessment Scales (PAS) provide an assessment of the clinical changes seen in dementia and depression. Three scales are derived from an interview with the subject (Cognitive Impairment, Depression and Stroke scales) and three from an interview with an informant (Cognitive Decline, Behaviour Change and Stroke scales). The PAS Summary Profile sheet indicates graphically correspondence between scale scores and clinical diagnoses and to aid the interpretation of individuals' results in terms of norms. The PAS is easy to administer and score and can be used by lay interviewers. The scales are suitable for application both in research and in services for the elderly.

For a copy of the PAS and the user guide, please refer to the following website:

<http://www.mhri.edu.au/pas/>

Appendix 16: Cornell Scale for Depression in Dementia

Cornell Scale for Depression in Dementia

Scoring System A = unable to evaluate 0 = absent 1 = mild or intermittent 2 = severe

Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given in symptoms resulting from physical disability or illness.

A. Mood-Related Signs

1. Anxiety: anxious expression, ruminations, worrying
2. Sadness: sad expression, sad voice, tearfulness
3. Lack of reactivity to pleasant events
4. Irritability: easily annoyed, short-tempered

a	0	1	2

B. Behavioral Disturbance

5. Agitation: restlessness, handwringing, hair pulling
6. Retardation: slow movement, slow speech, slow reactions
7. Multiple physical complaints (*score 0 if GI symptoms only*)
8. Loss of interest: less involved in usual activities
(*score only if change occurred acutely, i.e. in less than 1 month*)

a	0	1	2

C. Physical Signs

9. Appetite loss: eating less than usual
10. Weight loss (score 2 if greater than 2.26kg in 1 month)

a	0	1	2

11. Lack of energy: fatigues easily, unable to sustain activities
(score only if change occurred acutely, i.e., in less than 1 month)

--	--	--	--

D. Cyclic Functions

12. Diurnal variation of mood: symptoms worse in the morning

13. Difficulty falling asleep: later than usual for this individual

14. Multiple awakenings during sleep

15. Early morning awakening: earlier than usual for this individual

a	0	1	2

E. Ideational Disturbance

16. Suicide: feels life is not worth living, has suicidal wishes, or makes suicide attempt

17. Poor self esteem: self-blame, self-depreciation, feelings of failure

18. Pessimism: anticipation of the worst

19. Mood congruent delusions: delusions of poverty, illness, or loss

a	0	1	2

SCORE

(Score greater than 12 = Probable depression)

NOTES



Instructions for use:

1. The same assessor should conduct the interview each time to assure consistency in response
2. The assessment should be based on the patient's normal weekly routine
3. If uncertain of answers, questioning other caregivers may further define the answer
4. Answer all questions by placing a tick in the column under the appropriately numbered answer
5. Add the total score for all numbers ticked for each question
6. Place the total score in the 'SCORE' box and record any subjective observation notes in the 'Notes' Section
7. Scores totalling twelve (12) points or more indicate probable depression.

Appendix 17: Cohen Mansfield Agitation Inventory

Cohen-Mansfield Agitation Inventory (CMAI) – Long Form

A seven point rating scale for assessing the frequency with which people show certain behaviours. There are 29 descriptors that should be rated from 1 – 7. The scale takes about 10-15 minutes to complete.

The author recommends training via the CMAI manual, which can be accessed via the author.

Contact details

Jiska Cohen-Mansfield

Research Institute on Aging at the Hebrew Home of Greater Washington

<http://www.researchinstituteonaging.org>

6121 Montrose Road, Rockville, MD 20852 USA

hcsjcm@gwumc.edu

cohen-mansfield@hebrew-home.org

1 = Never

2 = Less than once per week

3 = 1-2 per week

4 = Several times per week

5 = Once or twice per day

6 = Several times per day

7 = Several times per hour

As manifest during the last fortnight.



	1	2	3	4	5	6	7
1. Pace, aimless wandering							
2. Inappropriate dress or disrobing							
3. Spitting (include at meals)							
4. Cursing or verbal aggression							
5. Constant unwarranted request for attention or help							
6. Repetitive sentence or questions							
7. Hitting (include self)							
8. Kicking							
9. Grabbing onto people							
10. Pushing							
11. Throwing things							
12. Strange noises (weird laughter or crying)							
13. Screaming							
14. Biting							
15. Scratching							
16. Trying to get to a different place (eg out of the room, building)							
17. Intentional falling							
18. Complaining							
19. Negativism							
20. Eating/drinking inappropriate substances							
21. Hurt self of others (cigarette, hot water, etc)							
22. Handling things inappropriately							
23. Hiding things							
24. Hoarding things							
25. Tearing things or destroying property							
26. Performing repetitious mannerisms							
27. Making verbal sexual advances							
28. Making physical sexual advances							
29. General restlessness							

Appendix 18: General Health Questionnaire 28

THE GENERAL HEALTH QUESTIONNAIRE

GHQ28

David Goldberg

Please read this carefully.

We would like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently

A1	been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

B1	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Please turn over

Have you recently

C1	been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7	been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
D1	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5	found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A

B

C

D

Total



Appendix 19: Depression Training Program: Staff Questionnaire

**Caring for Older People with Depression:
Development of a Training Program for Professional Carers**

Perspectives of carers: PCAs and direct care staff

This questionnaire has been designed by a team of researchers at Deakin University and Eastern Health Aged Persons Mental Health Program, to examine professional carers' views of depression among older people, and confidence in caring for people with depression.

Your responses to this questionnaire will help us to design an appropriate education program in recognising depression and caring for depressed older people.

It is really important that you answer all questions honestly.

To help you feel comfortable in answering honestly, we can assure you that all the information you provide in this questionnaire will be kept confidential by the research team. We do not ask for your name or other identifying information. No other people will have access to your answers.

Post-Training Questionnaire

Date Completed: _____

Background Information

1. **Gender:** Male Female
2. **Age:** _____ years
3. **Type of workplace:** Nursing Home Hostel Community Care Day Care Centre
4. **Job title:** Div I Nurs Div II Nurse PCA/Direct Carer Care/Case Manager
 Manager/Director of Nursing Other _____ (please specify)

5. **How long have you worked in aged care?** _____year(s) _____month(s)

6. **Type of formal training:** Which best describes your training (not including experience in the workplace):

- None
- TAFE/college/other training institute _____
(please specify course or qualification received)
- University _____
(please specify course or qualification received)
- Other _____
(please specify course or qualification received)

7. **Duration of this formal training:** _____ in years/ months/ weeks/ days

8. **Previous training in depression:** Have you had any specific training in understanding depression?

- No Yes:

If yes, where did you receive training in depression?

- Current workplace As part of formal training course

Other _____ (please specify)

What was the duration of the depression training? _____ months/ weeks/ days/
hours

If you have attended more than one depression training program, please list details of the duration
and where you received the training:

Please answer the following five questions in regards to previous depression training.

1. Have you received training on the Cornell Scale for Depression in Dementia (CSDD) as part of the new aged care funding instrument (ACFI)?

No Yes

2. **If yes**, how many hours was your training on this depression screening tool?

3. Who trained you in the use of the depression screening tool? (please indicate their profession)

4. Please indicate when you received this training (*approx. date and year*) _____

5. Please indicate whether you received the ACFI training prior to, during, or after the *beyondblue* depression training program _____

Views about Depression in Older People

The following questions will help us to develop appropriate specialist training for aged care staff. It is not a test of your abilities, and your answers will not be identified as being provided by you.

Please circle the number to indicate whether you disagree or agree with each statement:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Older people who complain of feeling down are often just looking for attention.	1	2	3	4
An older person may have depression even though s/he is not feeling sad or blue.	1	2	3	4
Antidepressants should be considered for older depressed people, even those with dementia.	1	2	3	4
Depression is a normal reaction to the death of an older person's partner.	1	2	3	4
Worrying excessively about things and feeling on edge are both symptoms of depression.	1	2	3	4
Depression is a normal reaction to the changes of old age.	1	2	3	4
Older people who talk of feeling that life is not worth living should always be taken seriously.	1	2	3	4
Difficulty concentrating, restlessness, and feeling overly guilty about things are all symptoms of depression.	1	2	3	4
Most older people who have to sell their home and move into residential care will become depressed.	1	2	3	4
Confusion, memory loss, and loss of ability to carry out self-care	1	2	3	4

tasks such as dressing are all symptoms of depression.				
In most cases there is little that can be done to help an older person with depression.	1	2	3	4
Depressed older people are more likely to feel worse in the mornings than in the afternoon or evenings.	1	2	3	4
Sleep problems, loss of interest in things previously enjoyed, and tiredness are all symptoms of depression.	1	2	3	4
If a person tells you that s/he is depressed, it is best not to ask them about their feelings, as this might make things worse.	1	2	3	4
Worrying excessively about things and feeling faint or dizzy are both symptoms of depression.	1	2	3	4
Depression is quite common among aged care residents with dementia.	1	2	3	4
Most older people get depressed when faced with difficulties in life.	1	2	3	4
Older people in the community are less likely than young or middle-aged adults to develop depression.	1	2	3	4
The majority of older people with depression improve following medical treatment.	1	2	3	4
On average, older people with depression die earlier than those without depression.	1	2	3	4
Late life depression is associated with poorer recovery from physical illnesses.	1	2	3	4
It is common for depression to go undetected among older people in aged care.	1	2	3	4
Older people with depression often report physical aches and pains rather than sadness.	1	2	3	4

Confidence in Working with Depressed Older People

Circle the number that best describes how confident you feel in **working with people with depression**:

	Not at all Confident	Slightly Confident	Mostly Confident	Very Confident
In asking older people about their feelings or mood, I feel ...	1	2	3	4
In listening to older people talk about their feelings or mood, I feel ...	1	2	3	4
In being able to recognise that an older person might be depressed, I feel ...	1	2	3	4
In detecting a change in mood among older people, I feel ...	1	2	3	4
In knowing which signs to look for to tell if an older person might be depressed, I feel ...	1	2	3	4
In knowing if a person with dementia might also have depression, I feel ...	1	2	3	4

In knowing if someone might have depression or is just dissatisfied with their current situation, I feel ...	1	2	3	4
In telling the difference between signs of depression and anxiety, I feel ...	1	2	3	4
In monitoring signs of depression among older people, to see if things improve or become worse, I feel ...	1	2	3	4
In knowing what to do if I suspect an older person I provide care for might be depressed, I feel...	1	2	3	4
In knowing when it is time to raise concerns about a person who might be depressed, I feel ...	1	2	3	4
In knowing who to speak to if I suspect an older person might be depressed, I feel ...	1	2	3	4
In discussing my concern that a person I am caring for might be depressed with my supervisor/team leader/manager, I feel ...	1	2	3	4
Overall, in providing care for people with depression I feel ...	1	2	3	4

Attitudes to Depression

Please tick the box to indicate whether you disagree or agree with each statement:

	Strongly Disagree	Tend to Disagree	Neither Agree nor Disagree	Tend to Agree	Strongly Agree
During the last five years, I have seen an increase in the number of older people presenting with depressive symptoms					
The majority of depression seen in older people originates from their recent misfortunes					
Most depressive disorders seen in older people improve without medication					
An underlying biochemical abnormality is at the basis of severe cases of depression					
It is difficult to differentiate whether some older people are presenting with unhappiness or a clinical depressive disorder that needs treatment					
It is possible to distinguish two main groups of depression: one psychological in origin and the other caused by biochemical mechanisms					
Becoming depressed is a way that people with poor stamina deal with difficulties					
Depressed older people are more likely to have experienced deprivation in early life than other people					
I feel comfortable in dealing with depressed persons' needs					
Depression reflects a characteristic response, which is					

not amenable to change					
Becoming depressed is a natural part of being old					
Carers could be useful in supporting older depressed people					
Working with depressed care recipients is heavy going					
There is little to be offered to those depressed patients who do not respond to what GPs do					
It is rewarding to spend time looking after depressed older people					
Psychotherapy tends to be unsuccessful with depressed patients					
If depressed patients need antidepressants, they are better off with a psychiatrist than with a general practitioner					
Antidepressants usually produce a satisfactory result in the treatment of depressed older people					
Psychotherapy for depressed patients should be left to a specialist					
If psychotherapy were freely available, this would be more beneficial than antidepressants, for most depressed people					



Depression Referral Rates

Have you referred any care recipient in the last couple of weeks? No Yes

If yes, how many people have you referred? _____

What action have you taken to refer this care recipient for depression?

Please use the above space if you would like to make any further comments:

For example, are there any comments you would like to make about your confidence in working with people with depression or your attitude towards individuals who suffer from depression?

Or would you like to comment on the most appropriate training for professional carers in how to provide care for people with depression?

Appendix 20: Qualitative Questionnaire – Staff Feedback of Training Program

Evaluation of Training Program

1. How interesting did you find the training program?

Not at all interesting	Slightly interesting	Interesting	Very Interesting

Comments:

2. How useful did you find the training program?

Not at all useful	Somewhat useful	Moderately useful	Very Useful

Comments:

3. What aspects of the training program did you find most useful/helpful?

4. Please provide feedback on how you found the following:

- a) Presentations from the overheads/slides

- b) Group discussions

- c) Handouts – Worksheets


- d) Role Plays

- e) Homework

5. Did the program increase your knowledge about depression in older people? **Yes/No**

Comments:

6. Did the program increase your skills in recognizing depression and knowing how to respond?
Yes/No



Comments:

7. Was there anything left out of the program? What topics/information would you like to see included in the program?

8. What elements of the training do you think you will use in practice?

9. Did the training meet your level of knowledge & skills?

Yes/No

Overall comments/feedback

Nurses

Do you feel better able to encourage carers to express their concerns about depression among residents?

Do you feel better able to discuss your concerns about a resident with GPs and/or refer the resident on to a mental health professional?

Appendix 21: Qualitative Questionnaire: Resident Evaluation of Intervention Program

MENTAL HEALTH IN AGED CARE STUDY RESIDENT QUESTIONNAIRE

We are interested in knowing how you felt about coming into the nursing home. Thank you for completing this questionnaire. This information will assist us in planning and implementing future programs that can be used with residents, their family carers and staff.

Background Information

1. **Subject ID** _____
2. **Gender** Male Female
3. **Age** _____ years
4. **Type of facility** Nursing Home Hostel
5. **Name of RACF**


6. **Date of Admission** _____
7. **Date of Interview** _____

Views about the interventions

8. **Did a nurse/carer come to your room and talk to you and find out how you are?**
 YES NO
9. **How often did the nurse/carer come to talk to you?**
 Not at all Some days Most days
 Every day Every week
10. **Did you enjoy the nurse/carer coming to see you?**
 Not enjoyable Sometimes enjoyable
 Enjoyable Very enjoyable

Please add comments

11. **How did you feel doing the life story book?**
 Not enjoyable Sometimes enjoyable
 Enjoyable Very enjoyable



Please add comments

12. How did you find doing the walking (or exercises) with staff?

- Did not like it Liked it a little
 Liked it Liked it a lot

Please add comments

13. How did you feel when you came into the nursing home/hostel?

14. How do you feel now that you've been living here for several months?

Thank you very much for completing this questionnaire

Appendix 22: Qualitative Questionnaire: Staff Evaluation of Intervention Program

MENTAL HEALTH IN AGED CARE STUDY - STAFF QUESTIONNAIRE

We are interested in obtaining your reactions and experiences in being a key worker, doing the life story and walking and talking program for residents.

Thank you for completing this questionnaire. This information will assist us in planning and implementing future programs that can be used with residents, their family carers and staff.

Background Information

- 1. Gender Male Female
- 2. Age _____ years
- 3. Type of work place Nursing Home Hostel
- 4. Name of RACF:

- 5. Job title: DON/Care Manager Registered Nurse EEN's AIN's PCA
- 6. How long have you worked in aged care? _____ year(s) _____month(s)

Views about the interventions

- 7. As the key worker, were you able to be the main contact person for the new resident and their needs?
 YES NO

In what ways?

- 8. Has being the key worker provided someone for the resident to talk to?
 YES NO

Please add comments

- 9. As the key worker, was the resident able to call on you for support or assistance?
 YES NO

In what situations did you assist or support the residents?

- 10. How have you found being the key worker?



11. Has the resident's 'Life Story Booklet' been useful for the resident?

YES NO

In what ways has it been useful or not useful?

12. Has the resident's 'Life Story Booklet' been useful for you?

YES NO

In what ways has it been useful or not useful?

13. Has the walking and talking program provided exercise for the residents?

YES NO

14. Has the walking and talking program encouraged the residents to talk to you?

YES NO

15. Do you think the walking and talking program is useful for the resident?

YES NO

If YES, what has been useful? If NO, what has not been useful?

16. Have the key worker, life story and walking and taking program helped the resident to settle in and feel comfortable in the aged care facility?

a) Key worker
 YES NO

b) Life story
 YES NO

c) Walking and talking program
 YES NO

Please add comments:

17. Has the program helped reduce the resident's symptoms of depression?

a) Key worker
 YES NO

b) Life story

YES NO

c) Walking and talking program
 YES NO

Please add comments:

18. What are your overall impressions, both positive and negative, of ...

a) Being the Key Worker?

b) Using the Life Story booklet with the residents?

c) Doing the Walking and talking program with the residents?

b) Any other comments you wish to add?

Thank you very much for completing this questionnaire

Appendix 23: Life Story Book – Part 1: The Key To Me



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Important Message:

Information contained in this document will remain confidential. It is for sharing with staff to enable them to give appropriate care and support. It will not be shared with anyone except authorised staff.

To enable staff to provide personalised care and activities for you (your relative), we value your input and that of family and friends to this questionnaire. Please answer the questions as you feel comfortable and able to do so. Staff will maintain the confidentiality of this material and will use it sensitively.

PERSONAL DETAILS

Surname: Given first name:

Maiden Name:

Preferred name:

Date and place of birth:

Where did you live when you were growing up?

Where did you go to school?

Did you pursue any further studies?

What was your occupation?

.....
.....

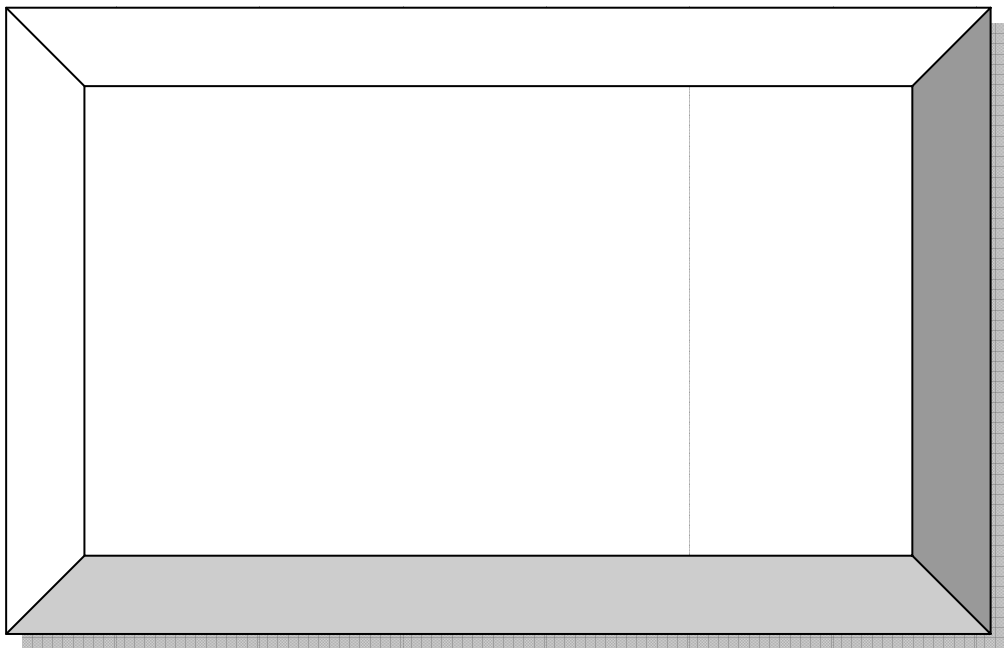
Did you enjoy the work (include voluntary work)?

.....

Have you retained any occupational skills?

.....

Photos





PARENTS & SIBLINGS

Mother's name:

Occupation:

Closeness to/feelings about mother:

.....

.....

Father's name:

Occupation:

Closeness to/feelings about father:

.....

.....

Brother's name(s):

.....

.....

Closeness to/feelings about brother(s):

.....

Sister's name(s):

.....

.....



Closeness to/feelings about sister(s):.....
.....

Any continuing contact with these members of the family?.....
.....
.....

Photos



RELATIONSHIPS *(How do you feel/act before & after visits)*

CHILDREN

Names:

.....

.....

.....

.....

.....

Are they/were they close?

.....

.....

Do they keep in regular contact?

.....

.....

GRAND CHILDREN

Names:

.....

.....

Do they keep in regular contact?

.....

.....

GREAT GRAND CHILDREN

Names.....

.....

Do they visit regularly?.....

.....

.....

Photos



NIECES & NEPHEWS

Names:.....
.....
.....
.....
.....

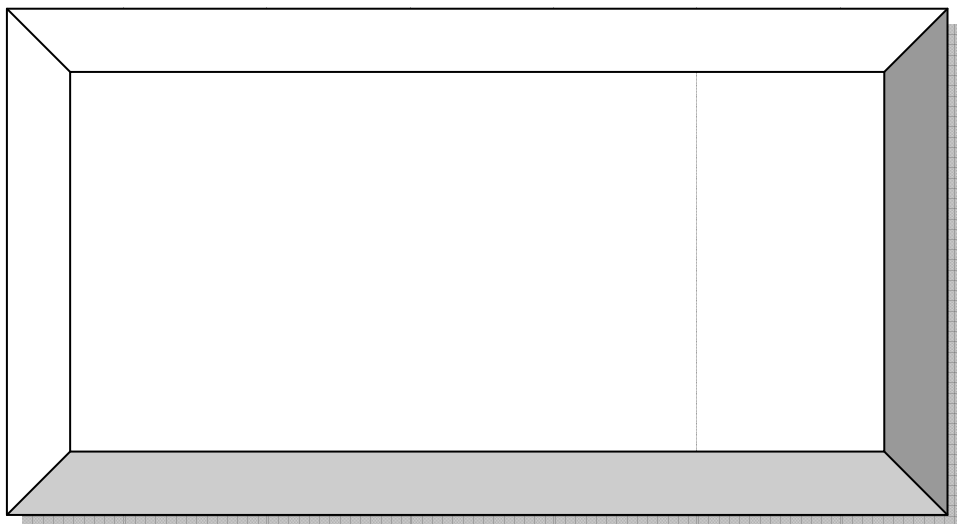
Do they keep in regular contact?.....
.....
.....

CLOSE FRIENDS & NEIGHBOURS

Names:.....
.....
.....

Do they keep in regular contact?.....
.....

Photo





ABILITIES/ACTIVITIES

Do/did you play a musical instrument?

.....

Do you enjoy: (details about types of music, songs, books etc.)

Music?.....

.....

.....

Singing?.....

.....

Reading?.....

.....

.....

Poetry?.....

.....

Concerts/Theatre?.....

.....

Drawing?.....

.....

Cards?.....

.....

Favourite film/radio/TV programs?.....

.....

.....



Do/did you have any pets, if so what kind of animal/bird?.....
.....
.....

Do you still think about any of the pets you have had in your lifetime?
.....
.....

Do/did you play any sport/games?.....
.....
.....

What were/are you best at?.....
.....

Special achievements of your lifetime?.....
.....
.....

What work, leisure or domestic activities gave/give the most enjoyment or sense of accomplishment?
.....
.....
.....

Which do you still enjoy doing?.....
.....

Well?.....

Partially?.....

Is there any person, topic or event that is really special?

.....

.....

.....

Is there any person, topic or event that you do not want to talk about? *(it is important for care staff to be aware of any occasions in a person's life that caused extreme distress because these may surface again at any time especially if a person, is later affected by memory loss with confusion)*

.....

.....

HABITS / SOCIAL RELATIONSHIPS

How do you usually *(include descriptions of facial expressions, posture, gestures, stance):*

Show approval?

.....

.....

Show pleasure?

.....

.....

Express anger?

.....

.....

Express grief?

.....

.....



Let off steam?

.....

What kind of praise is suitable?

.....

Do you ~ usually :

Like physical contact?

.....

Like to be hugged?

.....

Shake hands?

.....

Is the company of others welcome?

.....

or: Would you prefer others to keep their distance?

.....

How do you feel about people coming into your room?

.....

HABITS / ROUTINES (detail re: type of assistance required e.g. verbal/physical prompt, guide/demonstrate)

What was the usual time of the day for a bath or shower?

How many times a week?

Are you able to: Bath or shower - without assistance?

Or, could we help & if so how?

.....

Use the toilet? lavatory? (circle the familiar one) or other?

without assistance?

Or with assistance? What could we do to help?

.....

Dress/undress - without assistance?

with assistance?

.....

What is your favourite food?

.....

Favourite drink?

.....

Is there a special food or drink that this person remembers being given when they were sick or sad?

.....

Do you :

identify with a specific ethnic group?

.....
speak and understand English?



another language?

engage in family/cultural practices that should be continued?

Describe?

.....

.....

Is religion important to you? If so provide details of past practices.

.....

.....

.....

Does your family celebrate special occasions? e.g.

Easter..... Christmas..... Mother's' Day.....

Fathers' Day.....

Others.....

ANZAC Day

Did he/she serve in a war Zone?..... If yes give details

.....

.....

.....

How were special occasions celebrated?

.....

.....

.....



What are some examples of happy memories from childhood

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

ANECDOTAL

Are there any family anecdotes or jokes you would enjoy sharing/ talking about *(most people have anecdotes/events in the past that recall happier times with warm & joyful feelings?)*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What usually makes you laugh (jokes, stories, pictures, cartoons, songs games, memories)?

.....

.....

.....

.....

.....

.....

.....

What could we do that would help to make you feel more "at home"?

.....

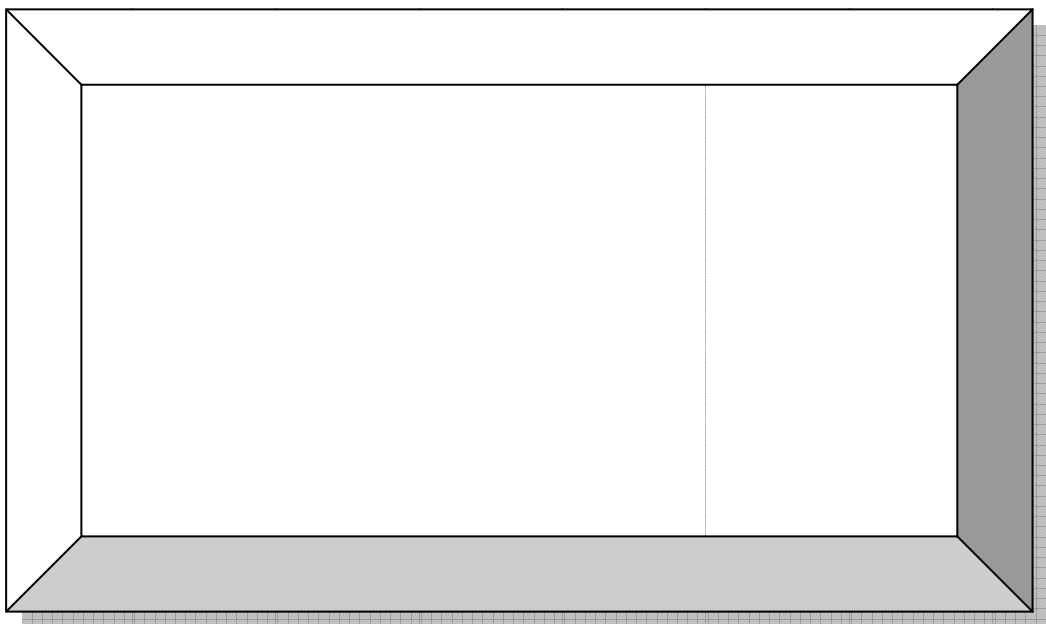
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Photos



Appendix 24: Life Story Book – Part 2: My Story

My Story

Excerpt taken from 'Navigating the Alzheimer's Journey: A Compass for Caregiving' by Carol Bowlby Sifton, 2004



I was born at on

I grew up in and went to school at

During all of these years, many wonderful things happened in my life. Some of the best were:

There were also hard times. Some of the worst were:

People and/or things helped me to get through these hard times. Some of the most important were:



.....
.....

When I look back over my life, I feel pleased and proud that:

.....
.....
.....

My Home

Include anything special and unique about the house. Ask – Who were the neighbours? Which special friends lived nearby? What special activities occurred in this location?



Main / Most recent home

Where I lived

What I loved about this home

.....
.....
.....
.....

What I miss about it

.....
.....
.....
.....

Special memories



.....
.....
.....
.....

Other details

.....
.....
.....
.....

Spiritual Life

In my life, I have been most inspired by
.....
.....

In my life, I have been most comforted by
.....
.....

I grew up in the religious
tradition.

My fondest memories of this are
.....
.....

As an adult I belonged to
In these communities I served as



.....
.....

My richest memories of these times are
.....
.....

My favourite sacred music is
.....

My favourite sacred/spiritual readings are
.....

My favourite religious holiday is
because

The spiritual activities which I enjoy most now are
.....
.....

To participate in these activities, I may need help to
.....

Other aspects of my spiritual life

My Personality

I would describe myself as

- Outgoing Shy In the middle

Social Keep to myself In the middle

Easy going A worry wart In the middle

Adventurous Reserved In the middle

Talkative Quiet In the middle

Positive Negative In the middle

Patient Impatient In the middle

Peaceful Fearful In the middle

Confident Nervous In the middle

Other things about my personality

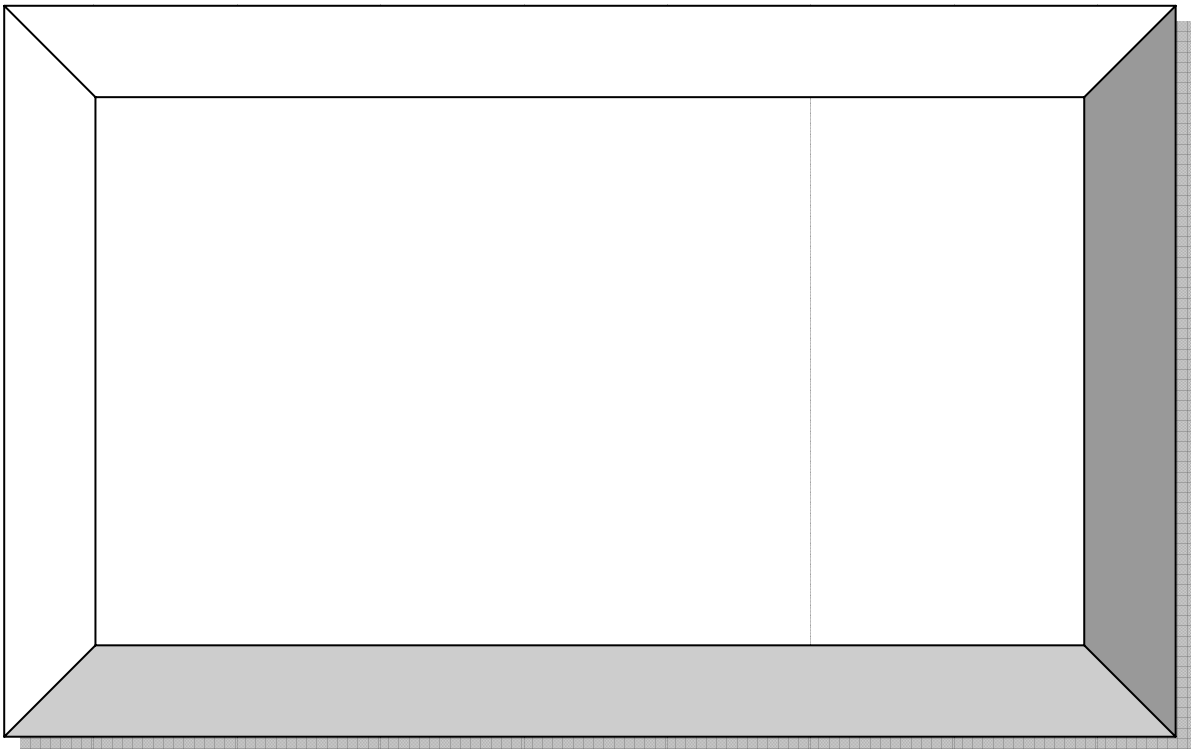
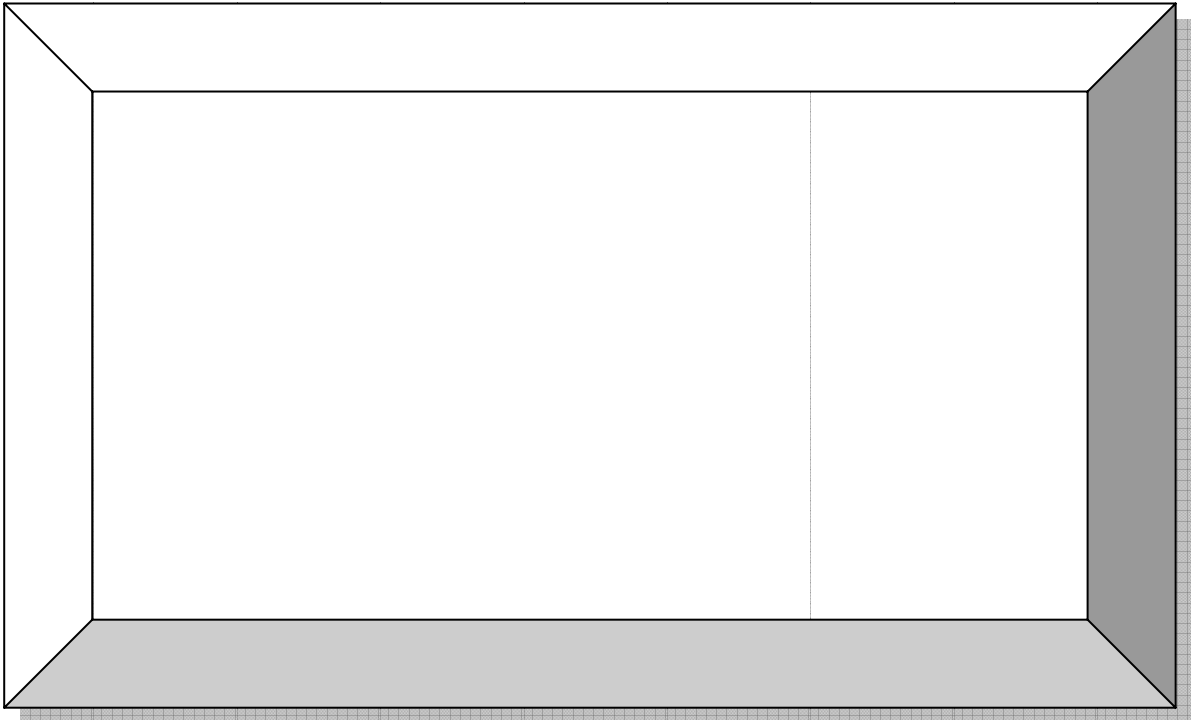
.....
.....
.....
.....

Note: Personality section taken from Tri-care's Lifestyle assessment form





Photos



Appendix 25: Walking & Talking Tracking Sheet

Name of Resident:

	Time 1		Time 2		Time 3		
Week 1	Start time	Minutes walked?	Start time	Minutes walked?	Start time	Minutes walked?	Comments / feedback
Date:							
Date:							
Date:							
Date:							
Date:							
Week 2	Start time	Minutes walked?	Start time	Minutes walked?	Start time	Minutes walked?	Comments / feedback
Date:							
Date:							
Date:							
Date:							
Date:							
Week 3	Start time	Minutes walked?	Start time	Minutes walked?	Start time	Minutes walked?	Comments / feedback
Date:							
Date:							
Date:							
Date:							
Date:							
Week 4	Start time	Minutes walked?	Start time	Minutes walked?	Start time	Minutes walked?	Comments / feedback
Date:							
Date:							
Date:							
Date:							
Date:							

Appendix 27: Other Types of Evidence Based Interventions for Residents

Social interaction and Meals

An interesting study completed by Dutch researchers (Kristel et al, 2006) showed that having meals together in a family style environment improved outcomes for residents of nursing homes.

The 178 residents (average age 77 years) in the study were randomly divided into an intervention group of 95 participants and a control group of 83. Over a period of six months the intervention group took their meals family style and the control group received the usual individual pre-plated service. The difference in change between the groups was significant for overall quality of life (6.1 units, 95% confidence interval 2.1 to 10.3), fine motor function (1.8 units, 0.6 to 3.0), and body weight (1.5 kg, 0.6 to 2.4).

Such changes in outcomes due to the different way people are served their meals leads one to think that perhaps different management style and service delivery can have an effect on the behaviour of nursing home residents.

Arts and Music


The following evidence is taken from Staricoff, RL, Arts in health: a review of the medical literature, Arts Council England, August 2004, Research report 36, August 2004.

Therapeutic storytelling and poetry therapy have shown to be effective, possibly because the individual can safely identify him or herself with fictional characters, making it easier to project themselves as somebody else (Mazza, 1993). One study has shown a significant reduction in levels of depression in those patients who were guided to read selected literature, fiction or poetry, compared to a control group who did not participate in reading (Smith, 1997). For people with Alzheimer's disease, the introduction of narratives or stories, which they can relate to their own experiences, produced positive results (Manthroe, 2000).

An evaluation of the role of **therapeutic theatre** as a method of therapy for people with deficits in communication, cognition and social skills showed a positive effect in alleviating these disabilities (Snow, 2003). The use of drama therapy responds to the deeper psychological need of people with dementia to express and understand their own world (Knocker, 2002).

Painting: The artist Willem de Kooning who was diagnosed as having Alzheimer's disease and associated dementia, continued working. Espinel (1996) suggests that painting helped de Kooning maintain his creativity in spite of the development of Alzheimer's disease and associated dementia. He claims 'recovery' in the sense that colours and forms gave him a pathway for the restoration of his self. In this context, art was an aid to managing his illness and his life.

Dancing: Dancing, and how people with dementia behave during dance sessions, was investigated in another study. The results showed that their emotional and functional motor activities are largely preserved. The authors indicated that this type of activity creates a supportive environment and helps the patient to achieve a state of independence (Palo-Bengtsson, 1998; 2000).



Singing: Research studies found that encouraging care providers to sing familiar tunes during daily routines has a valuable therapeutic effect (Gotell, 2000; 2002). Singing increases verbal communication, stimulates patients' collaboration during routine tasks, improves their mood and reduces agitation (Brown, 2001). A study of the effect of singing on patients showing impairment of their naming abilities due to memory loss showed a clear improvement in the percentage of correct face-name recognitions in the group of patients who were involved in singing sessions (trial group) compared to patients in the control group, who did not have singing support (Carruth, 1997; Brown, 2001).

Music: The review of the literature in this particular field suggests that music intervention is one of the most useful tools available to care givers. The findings show that music plays a vital role in helping to deal with the behavioural problems of mental health patients, including eating and sleeping patterns, memory loss and other disorders (Lou, 2001).


Preferred Music: Other authors analysed the responses of patients to individualised music, using material obtained from video-recorded sessions. The sessions included either music selected by the patient or classical music selected by the staff; patients in the control group had no music. The results showed a significant reduction in the levels of agitation in the group of patients who listened to their preferred music compared to that of the other two groups. This study also found that the use of music had a minimal effect in people with severe dementia (Ragneskog, 2001). These findings confirmed previous studies in the same field (Casby, 1994; Clair, 1994; Malaret, 1998).

Music and Aggressive Behaviour: The effect of listening to preferred music on occurrences of aggressive behaviour during routine daily tasks, such as bathing and eating, has also been measured. Results indicate that in 80 percent of patients, the total number of aggressive or hitting behaviours significantly decreased and cooperation with the caregiver increased (Thomas, 1997).

Music to Calm: Studies conducted outside scheduled routine mealtimes and routine care concluded that calming music provides a structured environment with less disturbing stimuli resulting in an improved patient behaviour (Tabloski, 1995; Remington, 2002). The studies reviewed here indicate the relevance of music intervention as an alternative method of controlling behavioural disturbances (Clark, 1998; Herrman, 2001).

Music and Long-term Care: Music also has a role in helping mental health users to adjust to living in a long-term care setting (Kydd, 2001). The intervention of music for recreation or therapy is recognised for its therapeutic value. With the intervention of a music therapist, it is possible to build a communicative and interactive relationship with the patient, even when their responses are limited by disease such as dementia (Kneafsey, 1997; Kyle, 2000, Brotons, 1997; Koger, 1999).

Music, Wandering and Agitation: Music plays a significant role in controlling wandering behaviour in people with senile dementia of Alzheimer's type. It was found to be significantly more effective than reading (Groene, 1993, Fitzgerald, 1993). It has been recently confirmed that music significantly reduces physical agitation in patients with this type of dementia (Jennings, 2002), increasing their willingness to participate in other types of activity or routine tasks (Mathews, 2001; Cevasco, 2003). All these findings are of great importance for the management of patients with Alzheimer's disease and could be used as an effective way of diminishing the need to physically restrain patients; a procedure associated with loss of control and increased feelings of anxiety (Janelli, 1997).



Mozart Effect Specific clinical tests have shown that Alzheimer's patients retain considerable musical skills in spite of the development of the disease (Beatty, 1994). The retention of this ability in cases in which the disease has caused cognitive deterioration is very useful for developing examination tests and treatments (Aldridge, 1994; 1995; 1998). A study found a significant improvement in patients completing special visual tasks after listening to 10 minutes of a Mozart piano sonata in comparison to the control group, which had 10 minutes of silence (Johnson, 2002). A number of techniques are applied to stimulate and capitalise on any of the remaining cognitive functions still present in patients with dementia; among them, music is found to be one of the most effective interventions for inducing improvements in speech and communication (Mahendra, 2001). It is reported that nostalgic types of music stimulated long-term memory and positive behaviour in patients attending an Alzheimer's day care centre (Olsen, 2000). Other research studies confirm these findings; the authors concluded that the introduction of music programmes in residential facilities is very valuable (Forbes, 1998; Chain, 2002).

Nostalgic Music. An interesting study measured mood and mental state among Alzheimer's patients in three different situations. One group of patients had 1920s and 1930s music played during their recreation period, a second group had puzzle exercises and a third group had routine painting and drawing activities. This programme was run for six months. Statistical analysis of the data showed that the group who were exposed to music had a higher rate of recalling their personal history and were also more alert and happier than patients in the other two groups (Lord, 1993; Cohen, 2000). These results were confirmed by a recent study in which mental health providers perceived and reported a significant improvement in the social and emotional state of patients who were exposed to music (Brotons, 2003).

Yoga and Meditation to Treat Depression

The effects of yoga and ayurveda on geriatric depression were evaluated in 69 persons older than 60 who were living in a residential home (Krishnamurti and Telles, 2007). Participants were stratified by age and gender and randomly allocated to three groups: Yoga, Ayurveda, or Wait-list Control. The 15-item Geriatric Depression Scale was used to assess depressive symptoms prior to the intervention, and after 3 months and 6 months post-intervention. Participation in one of the three groups lasted 24 weeks. The yoga program (7 hours 30 minutes per week) included physical postures, relaxation techniques, regulated breathing, devotional songs, and lectures. The Ayurveda Group received a herbal preparation twice daily for the whole period. The depression symptom scores of the Yoga Group at both 3 and 6 months decreased significantly, from a group average baseline of 10.6 to 8.1 and 6.7, respectively ($p < .001$, paired t-test). The other groups showed no change.

Relaxation and Treating General Disorders

A literature review (Astin et al, 2003) of studies evaluating the efficacy of interventions based on relaxation, (cognitive) behavioural therapies, meditation, imagery, biofeedback, and hypnosis showed positive results for the efficacy for several mind-body therapies in the treatment of coronary artery disease (e.g., cardiac rehabilitation), headaches, insomnia, incontinence, chronic low back pain, disease and treatment-related symptoms of cancer, and improving post-surgical outcomes.

Appendix 28: Workforce Issues affecting the care of residents and their families

Nurses and Physicians have Different Attitudes to Treatment

Nurses and physicians have different attitudes and ideas about how people with severe cognitive decline should be treated. Cohen-Mansfield and colleagues (2006) interviewed nurses and physicians involved in the care of 28 cognitively impaired nursing home residents who were unable to communicate their own wishes. Compared with physicians, nurses reported a greater degree of familiarity with the family's and resident's wishes. Physicians reported considering more treatment options and choosing more treatments for residents than nurses, probably because nurses did not see this as part of their role in some of the cases. In 65 percent of cases, doctors estimated that the condition was likely to improve with the treatment, while the nurses predicted improvement in only 48 percent of cases.

Ombudsman for Aged People in Long-Term Facilities

The United States began an Ombudsman Program in 1972 as a demonstration program, to protect the rights of aged people in long-term facilities. Today, Ombudsman Programs are established in all states under the Older Americans Act, which is administered by the Administration on Aging. There are one thousand paid and 14,000 volunteer staff (8,000 certified) investigating over 260,000 complaints each year across the country. They provide information to more than 280,000 people on a myriad of topics including how to select and pay for a long-term care facility.

Ombudsmen help residents and their families and friends understand and exercise their rights that are guaranteed by law, both at the federal and state level.

Residents have the right to:

- be treated with respect and dignity;
- be free from chemical and physical restraints;
- manage their own finances;
- voice grievances without fear of retaliation;
- associate and communicate privately with any person of their choice;
- send and receive personal mail;
- have personal and medical records kept confidential;
- apply for state and federal assistance without discrimination;
- be fully informed prior to admission of their rights, services available and all charges; and
- be given advance notice of transfer or discharge.

http://www.aoa.gov/eldfam/Elder_Rights/Elder_Rights.aspx

Office of the Ombudsman for the Institutionalised Elderly – New Jersey Annual Report 2006

This report gives us an idea of the types of complaints and behaviours that reached the Ombudsman's Office (Corzine et al, 2006).

The Ombudsman Hotline receives 60 calls a day, 58% from administration staff, Directors of Nursing or Social Workers, 26% from family, 3% from other authorities and 3.5% from residents. There are approximately 7,000 complaints each year. Neglect is by far the most prevalent category of complaint. Neglect is failure to provide food, water, hygiene, medicine, comfort and personal protection. There were 2,298 complaints of neglect in 2003 rising to 2620 in 2004 and dropping back to 2105 in 2005. Most complaints refer to inadequate care plans. The Ombudsman concluded that these cases reflect staff shortages.

Abuse cases are the next largest group of complaints making up 1068 in 2004 and 981 in 2005. Abuse is any action that results in bodily injury and verbal or emotional abuse. The latter category is far more common.

The Ombudsman rarely sees cases of financial abuse involving staff but reports that this is more common from family or friends. The Ombudsman has experienced an increase in complaints of financial abuse coming from Banks and sees this as a welcome change that should be encouraged.

At any time, the Ombudsman's Office is dealing with over 3,000 cases, many of which involve more than one complaint. For example, the 3,112 cases in 2005 represented 6,319 individual cases (Corzine et al, 2006).

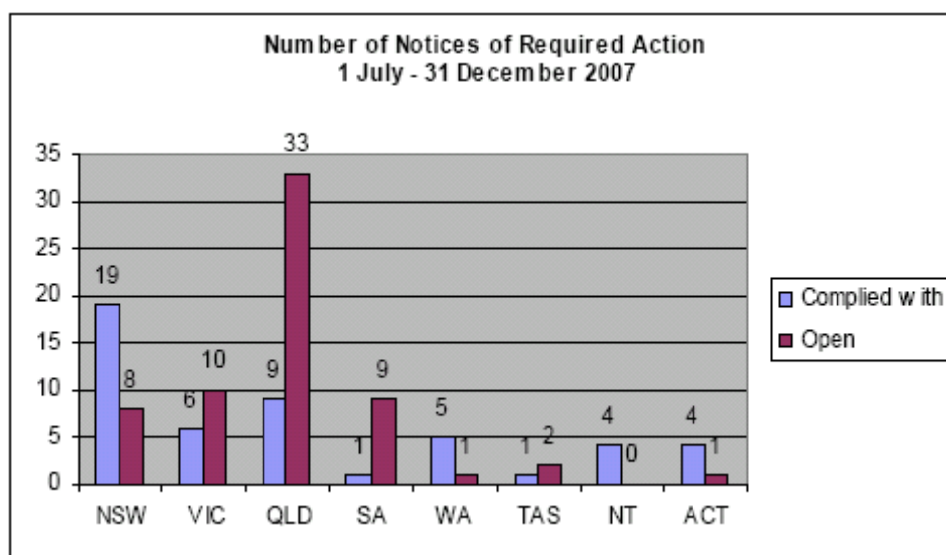
The Australian Complaints Investigation Scheme introduced in May 2007 received the following complaints:

1 July - 31 December 2007

ISSUE	Number
Health and Personal Care (key issues include continence management, clinical care and personal hygiene)	1405
Food and Catering	315
Physical Environment	793
Choice and Dignity	291
Consultation and Communication	586
Unreasonable use of force	278
Personnel	467
Security of Tenure/Agreement	169
Specified Care and Services	377
Falls and Fall Prevention	160
Financial	353
Personal Property	103
Medication Management	332

Notices of Required Action

There were 113 Notices of Required Action (NRA) issued from 1 July to 31 December 2007, of which 49 (or 43%) have been met while 64 (or 57%) were still being addressed at the end of December 2007.



In addition, there were 320 instances where a breach was identified as a result of an investigation, where either no NRA was issued because the matter was remedied immediately through a negotiated outcome, or it was referred to another agency.

Eighty-six notices of required action were issued in Queensland, 40% of national total of residential aged care facilities for non-compliance with accreditation standards (Source: Office of Aged Care Quality and Compliance- Six monthly report on operation 2008)


It is the view of the researchers that when training is given to staff on the detection of depression, anxiety and dementia and simple interventions are employed, as well as support and counselling to family and friends of residents, that complaints may reduce. This could be due to the individual emotional, social and physical needs of both residents and family and friends being addressed.

The USA Ombudsman sees lack of staff education as being the most pressing issue resulting in neglect and abuse, apart from the staff shortages mentioned earlier. It is reported that some staff regard resident's behaviour as 'intentional' and do not understand that it is a result of dementia or depression.

Consequently, the Office has invested a great deal in developing and running education programs. Described in greater detail as this project ran educational programs as part of the research.

Team Building Workshops for Administrators

In collaboration with the University of New Jersey Medical Faculty, the Ombudsman's Office has developed Team Building Workshops for long-term care administrators to develop leadership skills in:



Problem solving,
Cultural competency,
Decision-making,
Conflict resolution, and,
Interpersonal communication

The aim is to enable administrators to create a caring institutional culture. The workshops have so far trained 100 administrators.

Education Program in Developing Long-Term Care Ethics

In collaboration with the Cooper Hospital University Medical Centre, and with a grant from the Robert Wood Johnson Foundation, the Ombudsman's Office developed a 5 session education program, the only one of its kind in the United States.

The Introductory Session, over one and a half days, was an intensive session in ethical theory and case methodology for long-term care.

Sessions 1 and 2 covered ethical issues relating to the law, decision-making capacity and pain management,

Sessions 4 and 5 covered advance care planning, the role of culture and spirituality, educating and utilizing ethics.

The course has been run 11 times for over 700 professionals representing 200 long-term care facilities in New Jersey.

In 2005-6 the training was extended to regions and 14 Long term Care Ethics Committees. Over 1,000 individuals have now been trained in this State-wide Ethics Education and Development (SEED) methodology.


Volunteer Program

The Ombudsman's office also uses 230 volunteers who are trained, and active in 200 facilities. They visit Nursing Homes for a minimum of 4 hours each week, and sometimes they are the only visitor a resident has to see. The volunteer program is very highly regarded.

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