

Newham Older Adult's Clinical Psychology in Care Home Liaison

Dr Navi Nagra, Clinical Psychologist, Newham MHCOP, Sep 2020

Overview

Care home liaison is a forum for staff in Nursing Homes in Newham, staff can address any areas of concern they are having around resident's with dementia e.g. behaviours that challenge and/or resident's mental health. In addition, staff can relate their experiences supporting residents and use the space to consider their emotional needs and how to support one another as a team and organisation. By addressing such issues in the early stages it is hoped that this will better meet care home residents needs and result in less formal referrals to the CMHT and provide psychological support to staff in a timelier manner. This in turn can monitor and prevent placement breakdown and staff burnout. These aims are in line with the EHCH plan.

Current Protocols around the liaison service during the 2020 Pandemic:

Current protocol to support care home staff have been updated and adapted to manage the current infection control and pressures of the 2020 coronavirus pandemic. Liaison has become remote through telephone and video consultations between CMHT professionals and care home staff.

Currently, liaison is 4 weekly with mostly psychiatric nursing input. One home is provided the liaison by a clinical psychologist by video conference. The space is typically attended by various nursing, management and caring staff in a large room with laptop and residents to discuss are brought from the different units.

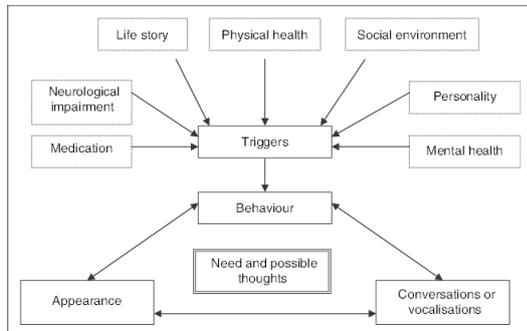
Additional Support to Staff of Care Homes in Newham

Clinical Psychology within Newham MHCOP also created a therapeutic newsletter called "Coping with Covid-19", the newsletter's main focus is to provide staff in various roles and positions a brief source of information around understanding and supporting people with dementia, mental health needs and team/own wellbeing and psychological supports for staff during uncertain times. Family members have been involved in the production of these newsletters, which has offered a means to connect with the homes when unable to see their loved ones. In the initial peak of the pandemic, staff reported burnout and disconnection as they faced outbreaks of covid-19 and systems of support were not in place to manage. The newsletter grew to connect local care homes and families by sharing good practice and experiences. A regular reminder from their local NHS mental health team of their efforts and needs was welcomed.

Psychological Approaches

The sessions are informed by systemic and person centred dementia care principles to consider the context of behaviour and unmet needs around the resident and staff, in addition to considering families needs and the wider organisations involved. Person centred dementia care is the Gold Standard for care provision for people with dementia, which necessitates focussing on communication and relationships between and across different parts of the system. It stresses the importance of focussing any interventions on the relationship between carer and cared for, as both influence the other reciprocally. In addition, the opportunity to bring together different professionals from across the home is not always a common occurrence. Being aware of the workload demands of staff and tendency to lean towards more practical and fast acting solutions prevents more sharing of internal team resource and knowledge and provides an opportunity to

name and enhance existing skills and approaches staff members currently have. For more emotionally exhausting behaviours that challenge in dementia the Newcastle Model is worked through together (see figure below). Staff job satisfaction and burnout is often linked to a disparity between personal/professional values and organisational barriers to person centred careⁱ. MHCOP psychology facilitating a space for formulation, team definition of person centred care as well as applying those elements to staff wellbeing has proven effective in feedback (see below).



Concerns brought to this space have included: sun downing, low mood, refusing eating, sexually inappropriate behaviours, shouting and death wishes. Solutions often arise from exceptions to the behaviour, staff's past tried solutions, identifying unmet needs and considering GP investigating physical health needs.

Feedback

Staff and managers of Manor Farm Care Home were asked about their experiences of care home liaison facilitated by MHCOP clinical psychology. They appreciated the regular and consistent time slot with clear agenda and purpose with this highly specialist provision- where changing needs could be addressed and met flexibly over time. This has helped to enable a more proactive and preventative approach to both residents and staff well-being. Ease of technology and access to additional life history of residents through the psychologist being on her system at the same time. Many staff reported having a plan and opportunity for follow up at the next liaison to be helpful. Typically, 20 minutes-30 minutes were spent per resident and staff took turns to discuss together.

Other feedback included:

Nurse: "Mental health is important!"

Nurse: "thank you for asking us how WE are"

Nurse: "thank you for your time to make sense of this Dr"

Manager: "I feel liaison is going really well, it came at a critical stage in the first peak and the phone calls made me feel like I have people out there. The space with a psychologist gives us a chance to express ourselves and provides reassurance, especially around residents with dementia. After our sessions there is a boost in morale and self confidence and the main shift noticed since a psychologist has supported us is the boost in confidence, the time and space given to us to express and discuss our worries and concerns in our roles. Although the nursing liaison support was helpful it did not offer that time to discuss or offer us prompts the same way. Also, we get information from your systems quickly and there is communication and dialogue which is not the same as some other services."

ⁱ Ward, Vass, Aggarwal, Garfield and Cybyk 2005