

# Reducing depression in care homes - what can managers do to help?

**By Charles Patmore**

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A straightforward method exists whereby front-line care workers can reduce depression among older people who receive care services, according to research by North Yorkshire and York Primary Care Trust.

Conducted in 14 Yorkshire care homes and nursing homes, the research studied the results of training care staff to spend “quality time” with depressed residents and use it to work towards life-improvements chosen by the individual. Examples of the latter included transport to visit friends, help to attend church services, obtaining large print books or simply time for the resident to confide their feelings with the care worker.

Eighty-seven depressed residents received such help over a two to three month period. They showed pronounced improvement on a psychiatric test for depression. In contrast, there was no such improvement among a control group of 27 depressed fellow residents in the same care homes, who continued to receive only their ordinary care. Detailed research reports are available via the web pages listed at the end of this article.

These findings are very important. Depression is very common among older people who receive care services, often because of the disabling physical illnesses which are the reason why they are receiving care. Typically, 40% of residents in care homes are depressed – among these Yorkshire care homes the figure was 44%. This method for reducing depression is straightforward. The training and supervision needed is relatively cheap. The approach has a commonsense character which made it easily grasped and very popular among the care staff in this research.

Also, it should be equally applicable to older people who receive homecare services. This research shows a straightforward, practical way to implement recent government policy about “well-being”, “person-centred services” and improving mental health among older people. There is clear evidence of effectiveness.

How can care home managers use these findings? First we can describe the full package of training and support for staff, which involves input from mental health professionals. Secondly, according to the researchers, there are smaller-scale steps which managers of care homes and nursing homes could take straightaway on their own, which can implement parts of this approach.

### **The training and support programme**

In this intervention programme those care workers, who volunteered to take part, first received four three-hour training sessions about depression and older people. These were conducted weekly in the care homes by specialists in older people's mental health, like community psychiatric nurses, psychiatrists or psychologists.

The first two sessions covered the nature of depression and how to listen and understand an older person. The remaining two sessions taught a structured discussion procedure whereby each care worker could better understand the depressed resident with whom they would be working and identify what particularly mattered to them. This covered the resident's life history, past and present leisure interests, their strengths, their likes and dislikes, their physical health, and their relationships in the care home. It culminated in encouraging the resident to identify three or four specific life improvements, which the resident particularly desired and which appeared feasible. The care worker was taught a process for planning jointly with the resident how to achieve these chosen goals.

Next, for each care worker, one of the mental health specialists, who were helping the programme, was assigned as a "mentor". They could give advice – in person or by phone – about progress with the resident whom they were helping. But these mentors never met the resident in question.

Each care worker then worked as described with one or two residents, who had been selected because they were depressed and willing to take part. Where possible, staff were assigned to residents for whom they were already a main worker. For the purpose of research, time limits were set for completing this help, so results could be examined. But, for routine usage, there would be no time limits.

How could a care home obtain this training and support programme? In North Yorkshire, the project was instigated by mental health services – partly in response to concerns expressed by a care home about its difficulties with depressed residents. How could a care home elsewhere obtain similar help?

"A care home could approach the local head of mental health services or their community mental health team for older people," says Jake Lyne, director of York's Psychology Services, who led the project.

“Ask them, ‘Is there anything your staff can do to help us train our staff in understanding depression?’,” he suggests. Care home managers could give them a copy of a four-page information bulletin produced by the North Yorkshire project, which can be obtained from the address at the end of this article.

The North Yorkshire training materials are being made available nationally so that they can be used elsewhere in partnership between mental health services and care and nursing homes. Contact information is listed at the end.

### **Applying the findings**

There are also ways in which care home managers can apply these findings on their own, according to Jake Lyne:

“They could say ‘For all new residents, we’ll do a profile of that person, get to know them well, find out about their life, find out what’s important to them, understand them as a person. Find out what family contacts they’ve got and whom they’re out of touch with. What hobbies they’ve ever had.’ Then use that as a basis for considering ‘How can we make that person’s life here more meaningful?’ For people who seem low and depressed they could also consider whether physical problems are contributing. For example, does the person need foot care assessment or sensory assessments? They could then make sure that all staff knew about that person.”

Procedures like these are in the training materials which the project is making available.

Concerning those residents, who are withdrawn and uncommunicative, managers can usefully encourage staff to coax them out. Jake Lyne advises:

“It’s not having an attitude of ‘Oh, she’s very withdrawn and likes to be left on her own’. Rather, while respecting their privacy, staff can use ordinary activities, like bathing, as times when communication can happen. Almost doing things as an excuse to get communication going.”

Once this approach is working, a resident’s main care staff should participate in any discussions about that person, since they will be gaining valuable information, says Sallie Moxon, a key researcher in the project.

Care providers as well as residents can benefit. During the North Yorkshire research, care staff squeezed in their extra roles within ordinary work routines, but this could be quite a strain and the researchers argue that, to continue long-term, a little extra time is needed. But, Sallie Moxon says, there are important gains for the home as well as for the residents from investing such extra time.

“I believe that ultimately time may be saved by this approach,” said Sallie Moxon.

“You’re going to get happier residents so everyday duties are going to take less time than with people whom staff experience as ‘awkward’. Residents will do more for themselves.”

There is also relief for staff and management from the stressful conflicts which can develop, vicious circle fashion, between depressed older people and care staff who do not understand them.

Last but not least, there is a boost to the job satisfaction of care staff. Sallie Moxon recalls:

“One care worker said to me, ‘If I had known that I could work in this way, I would have been working like this years ago.’”

Many care staff were very enthusiastic and some wished this person-centred approach applied to all residents, depressed or not. Once the research had finished, says Sallie Moxon, at least one care home began applying the project’s approach to all new residents. “They were very pleased with the results”, she says.

- For further information, follow links from: [www.well-beingandchoice.org.uk/ReducingDepression.htm](http://www.well-beingandchoice.org.uk/ReducingDepression.htm) For free, printed summaries of the research findings, contact: Dr Jake Lyne, director, Psychology Services, North Yorkshire & York Primary Care Trust, Bootham Park, York YO30 7BY, UK. E-mail [jake.lyne@nyypct.nhs.uk](mailto:jake.lyne@nyypct.nhs.uk)