



King's Fund Centre

A GUIDE TO TRAINING RESOURCES FOR STAFF

WORKING WITH 'CONFUSED' ELDERLY PEOPLE

Compiled by Joan Rush and Tom McAusland.

Long Term Care Team, King's Fund Centre,

November 1982

KFC 83/5

21-50

IMY2 (Rus)

King's Fund Centre,

126 Albert Street,

London NW1 7NF

KING'S FUND CENTRE LIBRARY 126 ALBERT STREET LONDON NW1 7NF	
ACCESSION NO.	CLASS MARK
31203	IMY ₂
DATE OF RECEIPT	PRICE
30/10/89	50p

King Edward's Hospital Fund for London is an independent charity founded in 1897 and incorporated by Act of Parliament. It seeks to encourage good practice and innovation in health care through research, experiment, education and direct grants.

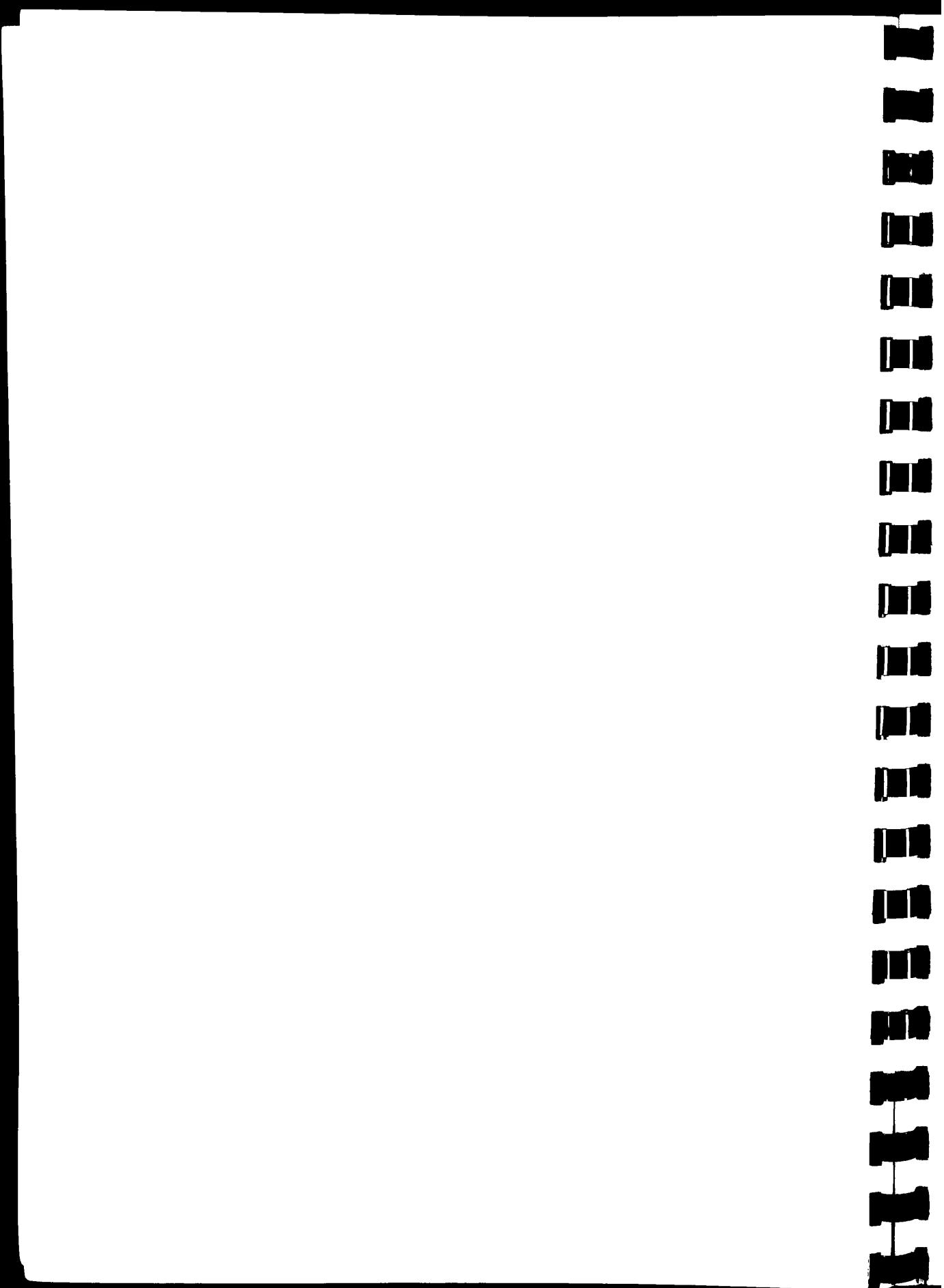
The King's Fund Centre was established in 1963 to provide an information service and a forum for discussion of hospital problems and for the advancement of inquiry, experiment and the formation of new ideas. The Centre now has a broader interest in problems of health and related social care and its permanent accommodation in Camden Town has excellent facilities for conferences and meetings. Allied to the Centre's work is the Fund's Project Committee which sponsors work of an experimental nature.

KFC 83/5

**A GUIDE TO TRAINING RESOURCES FOR STAFF WORKING
WITH 'CONFUSED' ELDERLY PEOPLE**

Compiled by Joan Rush and Tom McAusland,
Long Term Care Team, King's Fund Centre,
November 1982

Price 50p



INTRODUCTION

This resource list contains information on selected books, articles, films, tapes and exercises which may be useful in training staff or volunteers who are working with 'confused', 'mentally infirm' or 'mentally ill' elderly people.

It does not set out to provide a blue print for a programme of training or a training package in its own right. Our aim has been to bring together a range of materials which individual trainers can use and adapt depending on their own needs, job role and skills.

It should be of value to nurse tutors, local authority training officers, volunteer coordinators, senior residential and day-care staff, health education officers and others with a full or part-time responsibility for training.

Part One sets out a number of topics which might be particularly relevant to training in this field and alongside each we have suggested possible methods and approaches. Throughout this section we have tried to stress that 'specialist' training on mental disorders in elderly people should not be dealt with in isolation from training on other aspects of 'normal ageing', and that issues such as - individual rights, bereavement and loss, sexuality, group processes, the experience of admission to care, family work, physical illness and treatment, the problems of interdisciplinary cooperation, housing and welfare benefits, are as relevant here as with any other patient, client or age group.

The notes do not explain in depth how to set up and use particular training methods but we hope that they will suggest some ideas and encourage the use of approaches other than the familiar lectures or seminars.

Part Two contains annotated lists of written and audio-visual material set out as follows:

- 2a) Books dealing directly with mental illness and old age.
- 2b) Shorter articles dealing directly with mental illness and old age.
- 2c) More general books or articles on elderly people and other papers referred to in Part One.
- 2d) Audio-visual materials.
- 2e) Organisations and other sources of information.

These are highly selected lists, generally excluding academic or clinical research reports, materials which are not fairly easily obtained or material which duplicates points made elsewhere.

The information contained here was drawn up as a result of a King's Fund Centre workshop in 1981 at which we asked participants and others in the field to submit selections of useful materials on relevant topics. A list of individuals who commented on our earlier draft is given on page 35 and where we have quoted directly from them in the text, initials are given beside the reference.

It would have been impossible to produce the guide without this advice and support and we owe a great debt of thanks to everyone who helped us through the long process of compiling the information. Responsibility for any serious omissions or errors in the final text however lies entirely with the compilers at the King's Fund Centre.

We hope to be able to change and up-date this publication regularly and particularly to include more examples of training exercises and materials which may have been developed and used locally but never published. Readers are invited to pass on information on new materials or materials of particular value which we have missed

Tom McAusland

PART 1 - A CHECKLIST OF COMMON TOPICS FOR TRAINING

ATTITUDES -

Exploring and helping to change fearful, prejudiced and stereotyped views of mentally disordered people is a major element of training. It is beyond the scope of this short guide to deal with this in detail but the principle that 'confused elderly people' should be thought of and treated as 'people' first and foremost underlies all that follows.

A number of excellent training resources exist which can be used to explore attitudes towards elderly people. These include:

Age Concern's 'Training Resource Kit on Attitudes'

Help the Aged's 'The Old in the Community'

CSV pack 'Growing Old in Britain Today' (see section 2c)

Open University's 'An Ageing Population' and 'Caring for Old People' (see section 2e)

Oberleders paper (2c) might be another source of ideas on attitude scales which could be used either as an exercise during training or to measure its effect, as may Smith and Barker (2c).

A specific theme suggested for attention was 'Overprotection' - "if you are under 65 you can let your bath run over, burn a kettle or set fire to the chip pan, but if you are over 65 any these became evidence of dementia and a need to have you put into an institution" J.A.W. Another is 'Infantilization' (see Greshams article 2c). These issues are dealt with in many of the resources in this guide but see particularly Normans - Rights and Risks (2c).

An example of one brief but powerful exercise which examines the belief that 'confused' elderly people have shallow emotions or are 'happily confused' is as follows - The leader tells the group members that he/she will ask a question to which they are to answer "I don't know. I can't remember." The leader then asks one individual in the group "Have you any children?" or "Is your husband alive?" "What is your name?" or a similar question. The individual replies "I don't know, I can't remember". The leader then asks the person to say how that makes them feel and this usually brings responses such as "depressed and alone", "frightened", "angry." The leader can repeat the exercise with five or six other group members. Skillful and serious handling is obviously required.

*WORDS AND LANGUAGE

The use of such terms as 'dement', 'babies', 'semis' to refer to elderly people is still extremely common and closely linked to the values and attitudes of the speaker. It may also be due in part to lack of knowledge of the meaning and implications of terms such as dementia.

Some approaches here include Brainstorming words and phrases people have heard being used to refer to elderly people which are then written up on a board or flip chart and discussed; a Quiz asking individuals to write down what they understand by words such as 'senile', 'brain failure', 'confused', 'psychogeriatric' etc. which can then be discussed in terms of their usefulness and meaning. An introduction to terminology is a common theme in many talks and seminars by geriatricians or in locally produced handouts giving glossaries of psychiatric terms.

*THE INCIDENCE AND SCALE OF MENTAL INFIRMITY IN THE ELDERLY

Sheila Peace describes one session on this topic -

"I felt it was important to get across information concerning the elderly in general. We covered the increasing age of older people; marital status; dependency ratios and retirement; housing conditions and living arrangement; the status of older women. This was followed by looking at how the demographics point to the deprivations of old age, and at various role losses, and how the elderly are perceived within society. This leads on to the incidence of mental illness and more especially the high percentage of old people who may be 'at risk' of mental illness, which again leads into the facts about the scale of depression and dementia amongst the elderly. I think it's very important to get people to consider a far broader perspective, otherwise they tend to home in on the management problems of those with organic mental illness, without really considering the issue of mental health. This gives us a way of looking at prevention. I then go on to look at current research, and feel that 'Old Age Register of Social Research (Todd section 2) - is very useful here for looking at current social/psychological research in psychogeriatrics. I use 'Care of the Elderly Mentally Infirm' - Gray and Isaacs for background material (2a).

*DIAGNOSIS AND ASSESSMENT-

Distinguishing 'Acute Confusion', 'Depression' and 'Dementia'

There is no doubt that this is an absolutely essential area in the training of everyone working with elderly people and must be dealt with clearly and authoritatively.

Lodges book 'Coping with Caring' (2a) covers this extremely well and it is also dealt with in most other references in 2a.

McDonalds Depression and Elderly People in Residential Homes (2a) is a companion publication to Coping with Caring and the two together can form a good framework in briefing a local geriatrician or psychogeriatrician for a seminar session on this topic.

Purgold's booklet Mental Health and Medication (2c) provides some further information on side effects as a possible cause of acute confusion states and on drug treatments for depression.

Dr Whitehead's paper Dementia or Depression (2b) is useful background reading.

The second of the 'Mental Confusion in the Elderly' films and Confusion - a Medical Emergency (see 2d) are both relevant and provide useful sources of information and starters for discussion.

One of the cornerstones of effective training in this field is the understanding that 'confusion' is not a single condition with one cause but a woolly, general term which is applied to a wide variety of behaviours and mental states with causes which range across - physical illness, environmental features of homes and hospitals, social processes such as scapegoating and labelling, normal bereavement experiences and clinical conditions including dementia. Using this framework, a training programme on the 'causes and management of confusion' must explore a wide range of factors and look carefully at the contribution each makes to the overall picture.

***SENSORY AND PHYSICAL HANDICAPS**

This is recognised as a major contributor to confusion and disorientation in most of the good film and written materials. Stressing the importance of eyesight and hearing tests, the checking of aids and glasses is part of many training programmes alongside information on changes in sensory capabilities which are part of the normal ageing process.

In addition to talks or case discussions with medical and paramedical staff, approaches such as a Handicapping Exercise can be useful. In this trainees may be blindfolded, deafened by wax ear plugs, equipped with glasses which have been taped over to simulate tunnel vision etc, confined to a wheelchair, physically restricted by tying with elastic and so on. With these simulated impairments the groups can go to lunch, go shopping or carry out a variety of tasks. This can be an extremely powerful exercise evoking anger, depression and helplessness as well as positive coping and mutual aid in the group. It needs to be carefully and seriously set up and debriefed by a competent leader.

***BEREAVEMENT**

This must be an area covered in most programmes of training in this field because of the need to distinguish the often bizarre but normal processes of bereavement (denial, hallucinations etc.) from clinical depression and from some symptoms of dementia. Bereavement work with elderly people is an area receiving increasing attention and good written material eg. Murray Parkes Bereavement (2c) and films 'The Life That's Left' and 'Hospice' (2d) are in common use. Age Concerns bereavement training materials (2e) and speakers from their growing number of Bereavement Projects may be useful.

***ADMISSION**

The impact of poor admission procedures in precipitating acute confusional states is a common theme. Some methods here include: Role Play of an assessment visit to the elderly person in their own home with relative and other professional present or the first visit to the home or hospital.

Group Exercises such as breaking down into teams to draw up guidelines for a good admission process which can be discussed and compared to current practice.

Showing and discussion of the first section of What Shall We Do With Granny which depicts a very poor admission to a Part III home.

The first of the Mental Confusion in the Elderly films is useful as is Application (2d). With all three films skills relevant to good practice must be built up after the bad has been identified.

See also Open University materials (2e) for discussion of this topic.

Using the course members own 'admission' to the course as a focus for discussion is another useful idea. J E Horton gives one example - "At the beginning of our Joint Board course, before introductions, students are asked to stand up and walk around the room, viewing the surroundings, looking out of the window to get the 'feel' or atmosphere of the place. They must not speak to or acknowledge each other.

Then they acknowledge each other but do not speak. Following this they choose a partner who is someone they have not met before and find out as much as possible about the person so they can introduce this partner to the others.

Values gained from this are:

- i) impressions they get from new surroundings and assumptions they make.
- ii) to know how it feels when no one is speaking to them and they are unable to speak to anyone (nurses too busy to stop to speak to patients).
- iii) to know how it feels to give information about yourself to a complete stranger and to hear your information being related to the class (accurately?)

and "for our Certificate course, on the second day I ask the nurses who have been resident to speak about how it feels to be away from home and friends. Again to simulate the patients first night in hospital."

Links to the process of loss and bereavement during admission can be explored through exercises such as Gains and Losses. In the first stage of this, small groups produce two lists - what an elderly person gains by admission (eg regular meals, attention after falls etc) and what they lose (eg opportunity to eat alone, choice of when to get up etc). These lists can serve as a basis for discussion or for further work - identifying practical steps which could be taken to minimise the losses and increase the gains.

*ASSESSING AND CHANGING THE PHYSICAL SURROUNDINGS

The influence of the immediate environment on disorientation and 'confusion' is an area where recent research can offer useful information and a number of practical training methods.

Work on 24 hour reality orientation is one aspect of this covered in the materials mentioned below in that section.

Dr Lodges papers 'Coping with Caring', 'The Residents Role in Residential Homes' and Environmental Modification in Day Care' give an excellent framework.

Other approaches might include input on 'Group Living' as one way to dramatically change the nature of institutional environments and to prevent or reduce confused behaviour among residents (see Marsden and Gupta - Interesting the Elderly (2c)).

The use of a variety of checklists or more sophisticated observation methods to assess the good and bad features of institutions is increasingly popular. The King's Fund Centre's "Living in Hospital - 100 Questions" is one example. A suggested use for this with two ward teams is that Ward A staff use the checklist to assess Ward B while ward B staff assess Ward A. The two teams meet to discuss their findings, identify constraints and plan changes

Dr Peace's recent book 'A Balanced Life' (see 2c) contains a great deal of useful information and many ideas for training exercises and projects.

Another example of a simple checklist created by Dr Peace as a focus for group discussion is included in this booklet and further ideas are contained in 'Residential Care Reviewed' (2c).

Dr McDonald suggests an exercise for looking at the day to day social and physical environment -

"Observation Method for Training in the Long Term Care of the Elderly:

This is a useful and non-threatening way of getting people to examine their attitudes to "care". At a preliminary session the group learns a simple code for recording the activities of the clients at ten second intervals. Then, equipped with a small beeper, like a hearing aid, the group spends, say, an hour each observing a client or particular clients in the setting in which care is given. At the follow-up session a picture of the client, and the care received by him or her, can be built up, often with powerful implications. It is particularly useful in residential care, both for immediate care staff and for more senior members, whose experience of what is happening to the clients is second, or even third-hand otherwise. The use of this method as a training exercise is experimental, and full details are available from - Caroline Godlove, c/o Long Term Care Centre, 7 Windsor Walk, London SE5 8AF. Telephone 01 703 0417. A McD.

*INDIVIDUAL ASSESSMENT AND CARE PLANNING -

There has been a fair amount written about assessment scales and techniques - (see examples in section 2c) - but this is sometimes new to staff and there can be problems in making the links between completing 'assessments' and day-to-day care activities.

The Holden and Woods book 'Reality Orientation' (2a) gives a very good practically-based introduction with examples of assessments and care programmes which can be readily understood and put into operation.

Gray and Isaacs 'Care of the Elderly Mentally Infirm' (2a) provides good background material and a range of case studies which can be used for discussions and care planning exercises.

*INCONTINENCE

One form of individual care planning which may be relatively familiar to some staff. Good written guides are available (see Mandelstam and Browne in section 2c) - which stress the need to consider the range of physical, psychological and environmental causes, thoughtful observation, systematic help and evaluation of results.

*REALITY ORIENTATION

This has been an area of rapid expansion in the last few years and there are now a number of excellent written and audio visual materials available.

Holden and Woods book Reality Orientation (2a) is essential background reading for anyone planning training on this topic and the Woods, Holden and Hanley video and tape/slide materials set out in 2d are invaluable, both as introductions to this approach and for more systematic skills training.

Help the Aged's Reminiscence and Recall materials are similar in certain respects to the above but where Reality Orientation is directed towards the systematic support of those suffering from memory losses due to dementia, Recall has a broader aim in stimulating discussion among a variety of groups of elderly people.

Role Play at the beginning of the first session of a reality orientation group can be used to look at issues such as the range and extent of handicaps which can be dealt with in a group, size of group, role of co-workers and so on.

*WORKING WITH FAMILIES

Despite the evidence that the vast bulk of caring for 'confused' elderly people is carried out by family and neighbours there remains a surprising amount of hostility towards relatives on the part of many professional care givers and there is often a lack of positive ideas about how best to work with relatives. Over the last two or three years there has been a mushrooming of interesting projects and publications which should be useful in developing training programmes on this topic. The following books provide a good overview to established projects which offer support to relatives and carers in the community.

Alison Normans - Mental Illness in Old Age

Frank Glendennings - Care in the Community

Age Concerns Mental Health in Old Age.

Speakers from relatives support groups such as SEMI (see 2e), the audiotape Mental Infirmitiy in the Elderly or the Film Peege (both in 2d) can provide a direct understanding of the experiences and needs of families caring for an elderly mentally infirm relative.

See also M Gilhooly paper in Taylor and Gilmore - Current Trends in British Gerontology (2c).

The three papers from the Equal Opportunities Commission - The Experience of Caring, Caring for the Elderly and Who Cares for the Carer give important background on the costs of 'community care' for the women who provide it (see 2c).

*FUTURE PATTERNS OF SERVICES

There is a great deal of discussion and controversy at the present time about new staff roles such as home care workers, the introduction of shared care and day care into residential institutions and the changing relationship between health service and local authority provision. All these issues can form a useful focus for planning and staff development exercises (eg See Age Concerns packs 2e).

One theme which generates a variety of views and touches on basic values is the Integration of Confused People with Other Elderly People.

Meachers - Taken for a ride (2a) remains a source of useful information and argument against dumping in 'specialist' homes and Alison Normans book Mental Health and Illness in Old People's Homes contains a brief but useful summary of advice.

A copy of MINDs exercise 'Segregation and Integration' is included in this guide as an example of one 'neutral' way to examine the issues.

FINAL NOTES

The above represents just a few of the topics and methods which can be used in a training programme and we have not dealt with problems of interdisciplinary communication, the law and legal safeguards, group processes, or many other issues which could be included. We hope that comments and contributions from readers of this guide will help us to develop this section in future editions.

SEGREGATION AND INTEGRATION

There has been a great deal of discussion and controversy over the question of the most suitable type of residential provision for elderly 'mentally infirm' people. Since the 1960s an increasing number of local authorities have planned and built specialist ESMI or EMI homes. Other authorities have aimed at maintaining residential establishments which contain residents with varying levels of mental functioning and have rejected the idea of separate specialist homes and units.

In this exercise course members will divide into two groups (group S and group I). Each of these groups will meet separately for 1-1½ hours to consider the information for and against separate specialist provision and to share their own ideas and relevant experience.

Group S will prepare arguments in favour of separate specialist homes and against mixed homes and group I will prepare a case against specialist homes and in favour of the mixing of 'confused' elderly people within normal part III establishments.

Each group should appoint two spokespersons to put their arguments to the other group.

The second part of the exercise will be in the form of a debate:

- First spokesperson from group S will put their case for not more than five minutes.
- First spokesperson from group I will put their case for not more than five minutes.
- Second spokesperson from group S can respond to the opposition's statement for not more than five minutes.
- Second spokesperson from group I can respond the opposition's statement for not more than five minutes.

The discussion will then be open to contributions from everyone.

Getting into Groups

Group S and group I should be approximately the same size. It is sometimes interesting to join the group that you do not personally agree with in order to explore their arguments and understand another point of view.

In preparing for the debate/discussion you may want to think about some of the following questions:

- Are specialist homes the best way of ensuring that the needs of elderly 'mentally infirm' people are met?
- Is there an unacceptable stigma attached to specialist homes?

- Do specialist homes attract well-motivated staff or do they cause problems in staff morale and recruitment?
- Is the mixing of residents unfair to mentally able residents?
- Does a mixing of abilities cause friction or encourage mutual care and help among residents?
- Do specialist homes tend to lead to residents NOT being thought of as individuals?
- Would relatives be as willing to visit and keep up contact with both types of homes?

Draw on your own personal experience, visits you have made, articles you have read, etc. in preparing your case. Remember in the second part of the exercise you are trying to persuade other people not just to tell them what you think. Think about what sort of arguments are likely to be most effective.

Check List - Home Regimes

Please circle Yes or No to the following questions:

1. Prior to admission do you visit the prospective resident in their own home?	Yes	Yes, if possible	No
2. Do new residents have a chance to come in and look around before coming into the home?	Yes		No
3. Do residents have any choice of room when they enter the home?	Yes		No
4. Are residents allowed to bring in any of their own furniture on admission?	Yes		No
5. If so, are they encouraged to do so?	Yes		No
6. Are residents encouraged to use their own bedrooms when they wish?	Yes		No
7. Are residents discouraged from using their bedrooms during the day?	Yes		No
8. Can the residents come and go as they wish?	Yes		No
9. Is there a residents committee?	Yes		No
10. What about daily routine - is there any degree of flexibility over meal-times, e.g. can residents have breakfast when they wish?	Yes		No
11. Do residents always have the same person to assist them at bathtime?	Yes		No
12. Do residents decide on the time of their weekly bath?	Yes		No
13. Is bathtime geared to staff routine?	Yes		No
14. Is there any choice over menu for the main meal of the day?	Yes		No
15. Is the menu displayed?	Yes		No
16. Are visitors allowed to come and go as they wish?	Yes		No
17. Is any provision made for residents to look after their personal possessions, e.g. locking their own rooms?	Yes		No

18. Are staff encouraged to sit and chat with the residents as part of their job?	Yes	No
19. Are staff encouraged to help residents to help themselves?	Yes	No
20. Is there somewhere that residents can make a cup of tea or coffee?	Yes	No
21. Who has the final say in decision-making? (Please tick)	Residents Staff Officer in Charge	
22. Do you have regular staff meetings?	Yes	No

**2a - BOOKS DEALING DIRECTLY WITH
MENTAL ILLNESS AND OLD AGE**

AGE CONCERN ENGLAND. Mental health in old age: a collection of projects. Mitcham, A.C.E., 1982. pp. 53.

A free folder containing very brief details of over 50 projects serving elderly mentally infirm people and their relatives. Collected by questionnaire mainly from local MIND and Age Concern groups. The projects include day care, relative support groups and domiciliary care. Available from Information Dept. Age Concern England.

CENTRE FOR POLICY ON AGEING. Mental health and illness in old people's homes. London, C.P.A., 1980. pp. 20. Homes Advice Broadsheet no. 6.

(Available from Bailey Bros and Swinfen, Warner House, Folkestone, Kent). A very readable and useful summary of a wide range of points - from the causes of 'confusion' to brief but practical advice on maintaining identity or dealing with restlessness and delusions. It does an excellent job explaining the importance of good admission procedures and the management of continence.

GRAY, Barbara and ISAACS, Bernard. Care of the elderly mentally infirm. London, Tavistock, 1979. pp. x, 221.

Described as addressed primarily to community social workers - it will also be of interest to hospital social workers and nursing staff in general, geriatric and psychiatric wards and day hospitals... staff of residential homes and day centres'. It is a pretty comprehensive little book with sections on mental illness, 'brain failure', NHS and Social Services. There are chapters on Social Work Intervention, Communication & Relatives, with useful points. Particularly valuable from the training point of view are the Appendices which include case studies, tables of legislation, organisations. A useful factual book to buy but needs supplementing with other materials for training on skills or attitudes.

HOLDEN, Una P. and WOODS, Robert T. Reality orientation: psychological approaches to the 'confused' elderly. Edinburgh, Churchill Livingstone, 1982. pp. vii, 283.

This book covers both theoretical and practical aspects of R.O. Part I reviews and evaluates the current status of R.O. and places it in the context of other psychological approaches. Part II deals with practical aspects and could serve as a 'How to do it' manual describing both 24 hr R.O. and R.O. sessions. Practical issues such as staff attitudes, staff training and the application of R.O. in the community are also discussed. There are practical sections also on assessment and developing individual care plans for elderly confused people - B.W.

HOLDEN, Una P. and others. 24 hour approach to the problems of confusion in elderly people: Leeds, St. James's University Hospital, 1981.

This small attractive booklet was produced to explain some basic principles of communication and orientation for elderly people suffering from dementia. It is clear, practical and makes an ideal handout to care staff, nurses or relatives. Highly recommended.

LODGE, Brian. Coping with caring: a guide to identifying and supporting an elderly person with dementia. London, MIND, 1981. pp. 31.

A first class booklet explaining the nature of causes of 'confusion' in elderly people and spelling out practical steps which can be taken to support and help the elderly person and their relatives. It is written in a clear, down-to-earth way but manages to include a great deal of vital information. Essential.

MACDONALD, Alastair. Depression and elderly people in residential homes: some notes for care staff. London, MIND, 1980. pp. 14.

This is a carefully written booklet on a subject which is still very neglected. There is a great deal of information covering - types of depression, comparison of depression and dementia, practical ways of helping, notes on drugs and medical treatment. A pioneering effort in an area where much more needs to be done.

McCOY, K. F. Elderly people with mental illness: abstracts and bibliography. Belfast, Department of Health and Social Services, 1981. pp. 43. Personal Social Services in Northern Ireland, no. 11. May, 1981.

(From Social Work Advisory Group, DHSS Northern Ireland, Dundonald House, upper Newtownards Road, Belfast 4).

An extremely valuable bibliography with clear descriptive abstracts covering sections such as 'The nature of mental illness', 'Ascertainment and Assessment', 'Support for Relatives', 'Residential Care'. The list is "representative of the literature rather than exhaustive" but it covers most of the useful articles and books with a few exceptions. I would have thought it essential to anyone who wants an overview of what has been written about 'confused' elderly people. Academic rather than direct practical use.

MEACHER, Michael. Taken for a ride. Special residential homes for confused old people: a study of separatism in social policy. London, Longman, 1972. pp. xi, 546.

An invaluable book for anyone with an active interest in this field. Based on extensive research which is covered in the text but including also a number of 'personal vignettes'.

It deals at length with the nature and causes of 'confusion' in elderly people and makes a strong case against labelling and particularly against the policy of separatist EMI/SEMI homes.

Mental Health of Elderly People - MIND's response to the DHSS discussion paper "A Happier Old Age". London, MIND, 1979.

This MIND working party report still provides a useful overview of policy issues in the care of elderly people, and a set of recommendations which remain relevant to current service planning. Useful as background in training which is concerned with policy rather than direct care giving. Available from MIND.

NORMAN, Alison. Mental illness in old age: meeting the challenge. London, Centre for Policy on Ageing, 1982. pp. viii, 135.

This is an excellent review of the field centred chiefly on the services which are (or should be) available. Sections include - primary care, specialist psychogeriatric services, community psychiatric nursing, residential care, longer term hospital care. It brings together details of existing good practice throughout the country, points out the gaps and sets out some clear practical steps which can be taken at a local and national level to improve the services we provide. Essential reading.

PITT, Brice. Psychogeriatrics: an introduction to the psychiatry of old age. 2nd edition. Edinburgh, Churchill Livingstone, 1982. pp. x 224.

A basic textbook dealing with the nature and classification of mental disorders in elderly people.

Positive approaches to mental infirmity in elderly people: MIND's annual conference report, October 1978. London, MIND, 1979.

Some of the papers included are rather dated now and perhaps superceded by later publications on this list but this is still a fairly useful colection of material covering a variety of issues and policies with details of some interesting projects. Available from MIND.

WHITEHEAD, J. A. Psychiatric disorders in old age: a handbook for the clinical team. 2nd edition. Aylesbury; H.M.&M., 1979. pp. 124.

This is primarily a book for medical staff - as it takes for granted basic understanding of some common terminology. It is nonetheless written extremely clearly and simply using practical examples to explain the symptoms and treatment involved. It takes pains to point out the dangers of labelling and treating illness rather than people. Good readable introduction to some medical concepts.

WELLS, N. E. J. Dementia in old age. London, Office of Health Economics, 1979. pp. 72.

(Available from Office of Health Economics, 162 Regent Street, London W1).

Very cheap booklet containing a great deal of factual information about numbers, costs, research - no direct practical issues dealt with but good background information if needed.

**2b - SHORTER ARTICLES DEALING DIRECTLY
WITH MENTAL ILLNESS AND OLD AGE**

BROWNE, Bob. Interference that brings on confusion. Health and Social Service Journal, vol. LXXXVII, no. 4564. 28 October, 1977. p. 1502.

Distinguishes 'Acute Confusional States', 'Emotional Disturbances' and 'Dementias' in one page. Useful points on the importance in separating these, a list of common causes for acute confusion and concise information on some features of depression. Includes some words stressing the importance of medical assessment and treatment. Possibly a useful handout.

BROWNE, Bob. Confusion in the elderly. Health and Social Service Journal, vol. LXXXVII, no. 4566. 11 November, 1977. p. 1566.

This very condensed one-page sheet covers a lot of ground - separating senile and arterosclerotic dementia, mentioning common symptoms 'confabulations', 'disorientation' etc. Perhaps too cursory to be much value to staff or families with nothing on how to deal with the problems that are mentioned.

BROCKETT, Ralph G. The use of reality orientation in adult foster care homes: a rationale. Journal of Gerontological Social Work, vol. 3, no. 3. Spring, 1981. pp. 3-13.

American material but useful both as a review of Reality Orientation and its use. It deals with issues such as staff and client resistance to the introduction and use of these methods and practical hints on common problems in R.O. sessions.

GRAY, Muir. Will old people's homes be swamped by the confused elderly? Residential Social Work, vol. 16, no. 10. October, 1976. pp. 265-267.

A typically well-written stimulating article by Dr. Muir Gray chiefly recognising the obstacles residential staff face in trying to encourage residents to be more active in the homes. The article doesn't answer its own question or offer day-to-day advice on what to do about the problems. It does suggest a policy/managerial solution of changing 1/3 of the home into short-stay to encourage links with health and other services and better maintenance of elderly people in the community.

HAHN, Karen. Using 24-hour reality orientation. Journal of Gerontological Nursing, vol. 6, no. 3. March, 1980. pp. 130-135.

Readable, basic and very practical account of how to use R.O. methods in interactions throughout the day' - U. H.

HANLEY, Ian and others. In touch with reality. Social Work Today, vol. 12, no. 42. 7 July, 1981. pp. 8-10.

Basic introductory article dealing with reality orientation and practical hints on how a programme can be run.

HARRIS, Howard H. I sit, therefore I am...: a study of madness. Social Work Today, vol. 6, no. 24. 4 March, 1976. pp. 742-744.

This article describes the way old people can become labelled as 'confused' in old people's homes. It traces the story of a resident who was so labelled, and it all began because he would not sit on the chair assigned to him - P. B.

LODGE, Brian and PARKER, Frank. Environmental modification in day care. Social Work Today, vol. 8, no. 24. 22 March, 1977. pp. 14-15.

Good introduction to factors which cause 'confusion' in the day care setting and a short practical check list of steps which can be taken to make the surroundings more personal and more supportive.

LODGE, Brian and PARKER, Frank. The resident's role in residential homes for the elderly. Nursing Times, vol. 76, no. 34. 21 August, 1980. pp. 1495-1500.

Good overview of roles and attitudes of staff and residents followed by some excellent practical hints on ways in which residential settings can be made more stimulating, involving environments for people living in them.

MARSDEN, C. D. The diagnosis of dementia. In ISSACS, A. D. and POST, F. editors. Studies in geriatric psychiatry. Chichester, John Wiley, 1978. pp. 95-118.

A review of some key issues in the field of psychiatric disorders in old age.

MARTIN, Ian. Slow motion suicide. New Society, vol. 30, no. 630. 31 October, 1974. p. 263.

Mainly a 'case study' of woman showing typical problems of confused elderly person in the community. Raises the question of whether we should intervene through compulsory section or go along with the slow motion suicide. Offers no answer. Possibly stimulating case discussion material.

MENDEL, Janet. Confusion unconfounded. Community Care, no. 277. 16 August, 1979. pp. 19-20.

Basically a brief description of a MIND day centre project in Sheffield. Deals with some helpful information on establishing such a project and on the reality orientation based sessions run there.

NEWLYN, G. Suppose we hadn't found the fridge...? Nursing Mirror, vol. 149, no. 21. 22 November, 1979. pp. 32-33.

An account of one woman's experience in coping with her mother-in-law following a stroke including a description of the relative's mental confusion and disorientation before and after the event.

POWELL-PROCTOR, Linda. Reality orientation: a treatment of choice? Geriatric Medicine, vol. 11, no. 11. November, 1981. pp. 88-92.

Very practical readable account of what R.O. is all about. Not a lot of detail but fair introduction.

SLATER, Robert and LIPMAN, Alan. Staff assessments of confusion and the situation of confused residents in homes for old people. The Gerontologist, vol. 17, no. 6. 1977. pp. 523-529.

This is a stimulating article which looks at staff judgements of 'confusion' from a labelling perspective and in the context of the overall culture of the home. The paper presents evidence of misdiagnosis and looks at the implications for those residents who are labelled as 'confused'. The article includes details of a 'confusion assessment schedule' and 'confusion symptoms checklist' used in the research.

THOMPSON, Sue. Keeping confusion among the elderly at bay. Residential Social Work, vol. 17, no. 1. January, 1977. pp. 9-11.

Rather journalistic but encouraging description of some of the pioneering reality orientation work going on at Dingleton Hospital. A few practical hints and tips in the text. Not vital but interesting to read of some very positive successes.

WADE, Peter. Defining confusion. Social Work Today, vol. 11, no. 9. 30 October, 1979. pp. 18-21.

A fairly successful attempt to provide a 'laymans' guide to diagnosis and treatment of 'confusion', though the emphasis is really on explaining the causes of confusion, distinguishing dementia, from drug effects, depression etc., rather than on practical management. Less clear and readable than Lodges booklet.

WHEATLEY, Vanessa. Relative stress. Community Care, no. 324. 28 August, 1980. pp. 22-23.

A short but useful account of some of the problems faced by families caring for a 'confused' relative. Reports the relatives feelings and their ideas on the services and help they need.

WHITEHEAD, Tony. Dementia or depression: do we always spot the difference? Modern Geriatrics, vol. 8, no. 1. January, 1978. pp. 21-22, 25.

The scope of this article is wider than the title implies and it includes discussion of paraphrenia, toxic confusion as well as dementia and different forms and degrees of depression. It is a positive encouraging piece stressing the right to proper diagnosis and treatment with practical guidance on medication for medical and nursing readers.

**2c - MORE GENERAL BOOKS ON ARTICLES ON ELDERLY PEOPLE
AND OTHER PAPERS REFERRED TO IN PART I**

AGE CONCERN ENGLAND TRAINING DEPARTMENT. Film list: an annotated catalogue. London, Age Concern England, 1981.

A very useful overview of available materials with brief details, prices and distributors for over 100 films about ageing. Price £1.00.

AGE CONCERN ENGLAND TRAINING DEPARTMENT. Training resource kit on attitudes towards the elderly. London, Age Concern England, 1981.

This kit of tutors booklets, packs of handouts and an audiotape makes an expensive but very useful set of materials. Using an imaginative mixture of case studies, handouts and exercises, it explores topics which include stereotyping, risk taking, retirement and family dynamics. Price £26.45, Age Concern England.

BROWNE, Bob. Management for continence. Mitcham, Age Concern, 1978. pp. 56. Available from 60 Pitcairn Road, Mitcham, Surrey. Price 80p inc. p&p.

CARVER, Vida and LIDDARD, Penny. editors. An ageing population: a reader and sourcebook. Sevenoaks, Hodder and Stoughton for Open University Press, 1978. pp. x, 434.

This excellent general source book includes a chapter on 'psychogeriatrics' by Klaus Bergman dealing with the diagnosis and management of dementia.

COMMUNITY SERVICE VOLUNTEERS, AGE CONCERN and TASK FORCE. Growing old in Britain today. London, C.S.V. and others, 1982.

This was written for use with 14-18 year olds in schools but many of the ideas and exercises would be useful to people running courses for adult volunteers and for those working with elderly people. The format is a combination of factual information, questions, work cards and teachers notes. Issues include - putting labels on old people, housing, poverty, residential homes etc. Available from C.S.V. Price £6.50 plus p + p.

COUGH, Roger. Old age homes. London, Allen & Unwin, 1981. National Institute of Social Services Library no. 42

One of the best books about residential care. Covers the views of residents and staff as well as the tensions of residential living and a history and analysis of provision. - A. W.

EQUAL OPPORTUNITIES COMMISSION. The experience of caring for elderly and handicapped dependents: survey report. 1980.

Caring for the elderly and handicapped - community care policies and women's lives: research report. 1982.

Who cares for the carers? Opportunities for those caring for the elderly and handicapped: recommendations. 1982. Manchester, Equal Opportunities Commission, 1980 and 1982.

These three reports - available free - together chronicle the emotional and physical strain, poverty, isolation, accommodation problems and loss of employment prospects suffered by women who provide the cheapest form of community care.

GLENDENNING, Frank. editor. Care in the community: recent research and current projects. Stoke-on-Trent, Beth Johnson Foundation in association with University of Keele, Department of Adult Education, 1982. pp. 153.

Outlines a lot of the issues that arise for caring relatives together with details of schemes which have been set up - A. W.

GRAY, J. A. Muir and McKENZIE, Heather. Take care of your elderly relative. London, Allen & Unwin and Beaconsfield Publishers, 1980. pp. 202.

A very comprehensive resource book full of information and practical advice which would be useful to everyone caring for elderly people - particularly in their own homes.

GRESHAM, Mary L. The infantilization of the elderly: a developing concept. Nursing Forum, vol. XV, no. 2. 1976. pp. 195-210.

This is an interesting review of research on the ways in which elderly people are patronised and treated as children and the effects of this on mental and physical capabilities. Good background reading.

HELP THE AGED EDUCATION DEPARTMENT. The old in the community: a new module for courses in further education. London, Help the Aged, 1979.

This looseleaf kit of materials was designed for students on the Preliminary Certificate in Residential Care Course but would certainly be useful for wider audiences. It is a mixture of role plays, exercises, projects challenging stereotypes of old age, providing background information and examining issues such as risk taking, dignity, bereavement and so on. Available from Help the Aged Education Department. Price £5.00.

HOOKER, Susan. Caring for elderly people: understanding and practical help. Second edition. London, Routledge & Kegan Paul, 1982.

A good practical handbook, designed for those caring at home, but useful in other settings - B. H.

KURIANSKY, J. and GURLAND, B. The performance test of activities of daily living. International Journal of Ageing and Human Development, vol. 7, no. 4. 1976. pp. 343-352.

A description of one assessment system which is more appropriate than most of the more general scales - U. H.

LEMKE, Sonne and MOOS, Rudolf H. Assessing the institutional policies of sheltered care settings. Journal of Gerontology, vol. 35, no. 1. January, 1980. pp. 96-107.

An account of part of an investigation into the system, procedures and general availability of resources in a home or institution - U. H.

MANDELSTAM, Dorothy, editor. Incontinence and its management. London, Croom Helm, 1980. pp. 233.

MARSTON, Neville and GUPTA, Hemu. Interesting the old. Community Care, no. 188. 16 November, 1977. pp. 26-28.

An account of the philosophy behind the setting up of 'Group Homes' in Northamptonshire suggests that the practical effects in overcoming apathy and institutionalisation are much better than in traditional homes even when 'group activities' are used. Group living as a positive way of reducing 'confusion' and supporting elderly people with dementia.

NORMAN, Alison J. Rights and risk: a discussion document on civil liberty in old age. London, National Corporation for the Care of Old People, 1980. pp. 96.

A report of key importance for everyone who has dealings with very old people whether personally or professionally, as well as those who will be old themselves one day. A stimulating and well written book.

OBERLEDER, Muriel. An attitude scale to determine adjustment in institutions for the aged. Journal of Chronic Diseases, vol. 15, 1962. pp. 915-923.

This is a report of an academic study of attitudes among elderly residents but a point of interest in it is that it reprints a 25 item questionnaire containing items such as "old people usually don't talk very much" and "older people need special foods" which could form the basis for discussion.

PARKES, Colin Murray. Bereavement: studies of grief in adult life. London, Tavistock, 1972. pp. xiii, 223.

PATTIE, A. H. and GILLEARD, C. J. Manual of the Clifton assessment procedures for the elderly (CAPE). Sevenoaks, Hodder & Stoughton Educational, 1979.

This is probably the best known and best standardised mental status and behavioural scale. Prognostically and placement-wise particularly useful. Not so good for assessing fine charges - e.g. incontinence dropping from 6 times a day to once - U. H.

PURGOLD, Joan. Mental health medication: some notes on psychotropic drugs. London National Association for Mental Health, 1980.

PEACE, Sheila M. and others. A balanced life? A consumer study of residential life in a hundred local authority old people's homes. London, Polytechnic of North London, Survey Research Unit, 1982. Research report no. 14.

This is a condensed version for practitioners of a study in which the views of 1,500 consumers, residents and staff in 100 Local Authority homes were sought. The object of the research was to explore the complex inter-relationships between the social, organisational and physical environments which may be said to constitute residential life. The report contains a useful checklist for considering key features of both the organisational and physical environment of home life - S. P.

PERSONAL SOCIAL SERVICES COUNCIL. Residential care reviewed: the report of Residential Care Working Group incorporating Daily Living: Questions for Staff. (Chairman, Councillor Mrs. N. M. E. Eady). London, PSSC, 1977. pp. 59.

SMITH, Beverley J. and BARKER, Harry R. Influence of a reality orientation training on the attitudes of trainees toward the elderly. Gerontologist, vol. 12, no. 3. Part 1. Autumn, 1972. pp. 262-264.

TAYLOR, Rex and GILMORE, Anne. editors. Current trends in British gerontology: proceedings of the 1980 conference of the British Society of Gerontology. Aldershot, Gower Press, 1982.

TODD, Hilary compiler. Old age: a register of social research 1980-81. London, Centre for Policy on Ageing, 1981.

Over 170 current or recently completed research projects are included in the latest addition. The register is arranged in subject order and extensive detail is provided on each project. This is an excellent source of information for those who want to keep up-to-date with important research and perhaps to identify speakers and contributors to training events.

2d - AUDIO VISUAL MATERIALS

Application

Film 16mm, colour, 10 minutes. Contemporary Films Ltd. Dutch Film with English commentary. Available from Concord Film Council, 201 Felixstowe Road, Ipswich, Suffolk IP3 9BS.

"An elderly person being interviewed for admission to a residential home and the interviewers question remind the elderly person of meaningful events in her life.

Note: because of the total insensitivity portrayed by the interviewer in the film we would not advise its use with elderly people who may need contact with officials" - Age Concern Film List.

Confusion - A Medical Emergency

Film 16mm, colour, 20 minutes. Produced by Dragon Films for Riker Laboratories. Available - to medical audiences only - through Riker Laboratories, Morley Street, Loughborough, Leics. Tel. 0509 68181.

Intended primarily for training GPs and other medical staff working with the elderly in the community. It's essential message is that acute confusional states are often a symptom of physical disease and that it is the task of medical staff to ensure these underlying diseases are diagnosed and treated promptly. The film is a mix of dramatised case studies, interviews with old people and medical information presented by psychogeriatrician Klaus Bergman.

Hospice

Film 16mm, colour, UK 1975. Available from Film Services Organiser, St. Christopher's Hospice, 51-53 Lawrie Park Road, Sydenham, London SE26. Tel. 01778 9252.

Though chiefly intended to describe the work of the Hospice, this film can be useful as an introduction to general discussion of work with people who are dying. It makes a strong case for the value of positive care programmes when there is no 'cure', which has obvious relevance to work with dementia. Also brings out factors such as value of interdisciplinary work, staff support and positive work with relatives.

Improving the Quality of Life for the Institutionalised Elderly

Videotape, 8 programmes, 30 minutes each. Dist: Borders Health Board, Hire. 1979. p.c. Stirling University (Department of Education) Callender Park College of Education (Department of Educational Technology) for Borders Health Board. Credits: Drs. Sidney Saul, Shura Saul. sc adv. Alex Pollock.

A series of eight programmes available on four cassettes, which presents some highlights of the sponsor's month-long training programme for key staff of various disciplines who deal with the social and mental health needs of elderly patients in institutions. Individual titles are as follows:

1. Dialogues on agelessness;
2. Sensitising staff to emotional dimensions of handicap;
3. Discussion group;
4. Staff analysis of discussion group
5. Patient participation in aids to daily living;
6. Analysis of patient participation
7. Music and dance/Staff analysis;
8. Closure/Analysis

Introduction to Classroom Reality Orientation in Residential Settings for the Elderly

Video U. Matic, colour, 25 minutes. Currently available from Department of Psychiatry, University of Edinburgh, Morningside Park, Edinburgh EH10. Tel. 031 447 2011 ext. 578 or 279.

Introduction to basic principles of reality orientation by Ian Hanley followed by a sequence showing a R. O. session with 3 residents and a leader in an old people's home. This session is analysed and a 2nd session following on from the first is then shown to demonstrate continuity in the work being done. The tape ends with a final overview and summary.

The Life That's Left

Film 16mm, also video 30 minutes, colour, UK 1977. Produced by Centre for Television and Communication. Available (sale/hire) from CTVC, Foundation House, Walton Road, Bushey, Watford, Herts (01 923 5444), and hire - Concord Film Council (see above).

This is a powerful and well made film which is useful both in exploring the audiences own feelings and in laying out a clear account of the stages and processes of bereavement and loss. One particularly interesting feature of the film, used in the context of 'mental illness' training, is that shows how normal bereavement processes can easily be mistaken for symptoms of dementia or psychosis. An extremely valuable film if used competently.

Looking for Yesterday

Film 16mm, 29mm, colour, USA 1978. Available from Concord Films (see above).

This film deals with work carried out in a nursing home in the USA with very disorientated elderly people. The film is sharply critical of 'mechanistic' methods of running reality orientation sessions and stresses the need to listen to the elderly persons fantasies.

The film actually shows a caring worker using a high level of communication skills and in that sense is a useful tool. I think there are grave dangers though in using this film in Britain where R. O. is less well known and that it will tend to encourage the view that you should collude with 'confused' conversation. Partly because of these cultural problems and partly because the mystical overtones the film makers have imposed on this basically good work, I would not recommend its use in Britain. Others would disagree - T.McA.

Mental Confusion in the Elderly

4 films 16mm, colour, 20 minutes each, UK 1979. Produced by Siddartha Films for the Scottish Health Education Unit. Distributed (hire) Scottish Central Film Library, Dowanhill, 74 Victoria Crescent, Glasgow. Tel. 041 334 9314, or, Concord Films Council, 201 Felixstowe Road, Ipswich, Suffolk. Tel. 0473 76012. Sale: Siddartha Films - Tel. 031 556 6218.

1. Mental Confusion in the Elderly

Focused round an elderly woman, found at home, who is seen and 'helped' by a succession of people: neighbour, police, locum GP, ambulance men and hospital staff. It aims to demonstrate both good and bad practice, particularly in communication skills during admission. Suitable for wide range of audiences.

2. Diagnosis and Treatment

A more technical exploration of the causes of acute confusional states and medical treatments which should be used.

3. Management in the Community

Follows the case of a woman being cared for in her daughter's home, where the problems involved are becoming too much for the family, until the sympathetic support team improves the situation. (Worth noting that not all staff who see the film will have access to such good back up services).

4. Management in Hospital

Shows actual hospital situations covering different presentations of 'confusion'. Aims to reassure relatives that admission to hospital does not mean the end of the line, and to demonstrate positive programmes for working with elderly people suffering from dementia in hospital.

Mental Infirmitiy at Home

(Cassette Tape). Open University Productions. Ref. P.252 11/13 1979. Available from Open University Enterprises, 12 Cotterage Close, Stoney Stafford, Milton Keynes, MK11 1BY. Tel. Milton Keynes 566744.

Extracts from 'Where's the Key' - a set of tape recordings of conversations between a woman and her elderly confused mother who are living together. This is an extremely powerful and moving recording which conveys very clearly the experiences of a caring relative at home. To be used properly the audience should be prepared and helped to explore the feelings which the tape may evoke in them. The recording is edited to include recorded comments by Dr. Klaus Bergman. While Dr. Bergman's information on causation, reactions to impairment, help available etc. is clear and important, most listeners will find the emotional impact of the 2 individuals blotting out factual information. Use the tape to provide an understanding of the experience of caring for an elderly confused person and the needs of relatives and cover the factual information in another way at another time.

Peege

Film 16mm, colour, USA. Available from Concord Films (see above). A fictional account of family visiting a withdrawn and handicapped elderly relative in a nursing home in the USA. The discomfort and uncertainty of the family is dealt with and through a series of flashbacks we see the old woman and her grandson in earlier life. The film leaves a strong impression of the feelings of families in these situations and of the need to see the frail elderly as individual people.

Reality Orientation - An Approach to Working with Confused Elderly People

(2 tape/slide programmes).

Part I 24 Hour Reality Orientation

Part II Reality Orientation Sessions (81.62)

Bob Woods, 2 Cassette Tapes, 30 minutes each. 1 handout for each part. Available from Graves Audiovisual Library, Holly House, 220 New London Road, Chelmsford, Essex CM2 9BJ. Tel. 0245 83351.

Part I stands in its own right as a guide to basic attitudes and techniques needed for communicating and working with confused elderly people. Part II is intended specifically for those who may act as leaders in R. O. sessions and builds on Part I. When both parts are used they should be shown at separate sessions with opportunity for discussion of each part - B. W.

Recall

(3 tape/slide programmes).

Part 1) Childhood and the Great War

2) Youth and Living through the 30's

3) The 2nd World War - a different world.

Produced by Help the Aged Education Department 1981. Each part contains 40 slides, an 8 page booklet and a cassette tape (20-25 mins). Cassettes are available on audible bleep on pulsed version.

Each pack £12.00. An additional 48p illustrated handbook is also available which costs £3.00. Distributed by Help the Aged Education Department, 218 Upper Street, London N1. Tel. 01 359 6316.

This pack of materials has been carefully developed to stimulate discussion and interaction among elderly people. The slides show selected scenes from earlier this century and they are matched by the taped soundtrack. This is a valuable and practical tool which should be seen and tried by anyone who is interested in running activity or discussion groups with elderly people. Attractive for staff and a wide range of audiences.

Reminiscence and Recall

Video VHS, 30 minutes, 1982. Produced by Help the Aged Education Department in association with the Institute of Psychiatry. Available price £17.50 inc. p. & p. from Help the Aged Education Department, 218 Upper Street, London N1. Tel. 01 359 63165.

This training video film is designed for a wide range of staff in day care and residential settings and is intended to demonstrate the value of reminiscence and recall activities both for the elderly person and for staff who are caring for them. The film shows 2 groups of alert elderly people viewing and discussing the Recall tape/slides and goes on to explain how the approach can be adapted for other groups. One of the points emphasised is the effect of these activities in creating a more positive view of elderly people as individuals with a store of knowledge and skills. Can be used independently but obviously complements the Recall pack.

Talking with the Geriatric Patient

Video Umatic, Betamax or VHS, colour, 30 minutes. Sale through Advertising Department, Abbott Laboratories, Queenborough, Kent. Tel. Miss Rouse, 0759 663371 ext. 3467 or 3319. Price £75 + VAT. The video can be obtained on one months viewing trial without payment from the above. A booklet for leaders comes with the film.

"Real nurse/patient interactions recorded on video. The four sections are called:

- when communication is difficult
- when the patient is difficult
- when the patient is unresponsive
- when the patient is distressed

What Shall We Do with Granny?

Film 16mm, Part I, 50 minutes, b/w UK 1972. Produced by BBC TV 'Man Alive'. Distributed through Concord Films.

This rather dated but still useful film includes a number of case studies illustrating some of the problems of caring for elderly people and the stresses incurred when three generations attempt to live together. The first section of the film shows a badly handled admission to an old people's home which is useful for examining practices for establishing contact with new residents and working with relatives.

Working with Elderly and Confused Patients at Dingleton Hospital -

Video, University of Stirling A/V Dept. Production National Panasonic VCR. Colour, UK, 1977. Hire through: General Administration, Borders Health Board, Huntleyburn, Melrose, Roxburghshire. Tape 1 (25 mins.) "Dr. S. A. Stephen, Consultant Geriatrician in the Borders, and Dr. Saul discuss ways in which it is often necessary to 'repersonalise' elderly patients who have become institutionalised by providing various types of stimulating activities. Dr. Saul is seen working with a discussion group of elderly patients".

Tape 2 (45 mins.) 2 films on this: - a) The place of the nurse in encouraging each patient's potential to develop. A group of patients and staff are seen engaged in domestic activities such as table laying and serving a meal. b) Introduction by Kedzie Penfield, Movement Therapist, who demonstrates the value of drama and movement with patients seen in previous films. Given the lack of good visual material, the video of a reality orientation group being run by Dr. Saul and Kedzie Penfield's work is worth viewing, though the editing and commentary do not improve the films.

Four Videotapes of Work with Elderly People in an Old People's Home, Renfrew, Strathclyde

Tape 1 Dance with the Elderly led by Kedzie Penfield (25 mins.)

Tape 2 Work by Dr Sidney Saul (35 mins.)

Tape 3 Work by Dr Shura Saul (31 mins.)

Tape 4 Teaching Tape (55 mins.)

Tapes - (price £30 for the 4) and further details from Kedzie Penfield, Development Officer, Scottish Committee for Arts and Disability, 18/19 Claremont Crescent, Edinburgh EH7 4QD. Tel. 031 556 3882.

These 4 tapes follow the same basic approaches shown in the 'Working with Elderly Patient' tapes with the same 3 leaders.

Tape 1 Shows a movement group including warm up, music and rhythm activities. Ms Penfield is an extremely skillful, warm and non-mechanical leader and this tape will be useful in providing ideas and suggesting ways of working.

Tape 2 Dr Sidney Saul uses direct persistent questioning together with non-verbal communication skills, contrasts with previous tape.

Tape 3 Dr Shura Saul again working with a group of residents and demonstrating another style of group leadership.

Tape 4 Sid and Shura Saul leading a discussion with staff from various homes on the work shown in the previous tapes.

Six Week Study in Reality Orientation

Videotape 30 minutes. Available by arrangement with U. Holden through the Leeds University TV Medical Department.

2e - ORGANISATIONS AND OTHER SOURCES OF INFORMATION

Age Concern (England)

Bernard Sunley House, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL.
Tel. 01 640 5431.

Local Age Concern Organisations exist in most districts in England providing a wide range of services and including a growing number of projects for elderly mentally infirm people. Their central training department produces a wide range of training aids and materials including the "Attitudes Towards the Elderly Training Resource Kit" and the 'Film List' mentioned above. Also available are: 'Teaching Notes for Mental Health Films'.

Comprehensive tutors notes supporting five films readily available for hire. The notes outline the issues raised by the film and relevant discussion points in a detailed sequence by sequence order. The films are Peege, Mental Confusion in the Elderly, Out of MIND, Patients as People, and Ward F13. Price £1.40.

Services for the Mentally Frail

One of a series of project studies which describes 3 contrasting ways of organising a service. The studies are not recommendations of good practice but seek to help people to look at some of the problems, pit falls opportunities and different approaches offered. Price £1.25.

Bereavement

A two session introduction to bereavement in the elderly, containing background notes on the "process of grieving" and teaching notes for the use of the case study of Mrs Vidgen on the audio tape. The tape also contains a discussion on bereavement and two dramatised sketches on specific issues. Price £5.30. (Those who already have the tape can obtain the notes for £2.00).

All of these materials can be ordered from the Training Department of Age Concern England.

Centre for Policy on Ageing

Nuffield Lodge, Regents Park, London NW1 4RS. Tel. 01 722 8871.

CPA is the new name for what was formerly the National Corporation for the Care of Old People. In addition to its well known policy and research and the homes advice service to voluntary homes, there is an excellent library and information service. They publish a regular guide to new books and articles on ageing - New Literature on Old Age a regular review of research - Old Age: A Register of Social Research, and a number of useful bibliographies including - Attitudes to Old Age, Residential Care of the Elderly, and Mental Disorder in Late Life. An essential contact for anyone in this field.

Community Service Volunteers

Advisory Service, 237 Pentonville Road, London N1 9JN.

The advisory service helps teachers and others interested in developing school based community services and linking these to the curriculum. They produce and distribute a range of teaching packs including "Growing Old in Britain Today" and a new mental health pack.

Good Practices in Mental Health

Information Service, 67 Kentish Town Road, London NW1 8NY. Tel. 01 267 3054.

GPMH maintains an information bank on innovative projects throughout the country including a list of day care services for elderly mentally confused people, assessment and medical services and other support schemes. Brief details of individual projects are available on sheets which can themselves be used directly for training purposes and discussion, and the service is a good contact for educational visits or speakers.

Help the Aged Education Department

218 Upper Street, London N1. Tel. 01 359 6316.

As well as producing and distributing the 'Recall' and 'Old in the Community' materials, this active and imaginative unit are about to publish another series: Training Workshop Series - Nursing Auxiliaries. A teaching pack of 10 units on attitudes and care practices with elderly people intended for auxiliaries and other hospital based staff. Price £3.00. Details and applications from above.

The Mental Health Film Council

22 Harley Street, London W1N 2ED. Tel. 01 637 0741.

An excellent information service, with regular film showings and previews, and a comprehensive catalogue and newsletter covering the whole of the mental health field. Contact above for details of membership.

MIND (National Association for Mental Health)

22 Harley Street, London W1N 2ED. Tel. 01 637 0741.

MIND's local associations run various projects for elderly people including befriending and visiting schemes, day centres, clubs and group homes.

Publications listed can be obtained from MIND Bookshop, 155/157 Woodhouse Lane, Leeds LS2 3EF. Tel. 0532 453926.

NHS Learning Resources Unit

55 Broomgrove Road, Sheffield S10 2NA. Tel. 0742 661862.

The unit provides a comprehensive reference service on educational media, compiles a variety of resource lists and packs.

The Open University

PO Box 76, Milton Keynes, MK7 6AN.

In addition to the established Open University Course and the book 'An Ageing Population', there is a new course 'Caring for Older People', designed for home study for people such as home helps, social work assistants, nursing auxiliaries, volunteers and relatives who want practically based instruction. This is an exciting package of work books, audio cassettes, case studies, and linked television programmes which can be used either on an individual or group basis. It covers topics such as home care, admission to residential or hospital care, dying and bereavement and mental infirmity. Course fee £20.00.

S.E.M.I.

Bristol Council for Voluntary Service, 9 Elmdale Road, Clifton, Bristol BS8 1SW.

One of the best established relatives support groups with a great deal of experience in providing speakers and case materials for training courses and conferences.

INDIVIDUALS WHO CONTRIBUTED TO THIS EDITION OF THE
GUIDE

Peter Briggs

Senior Lecturer in Social Work (with a special interest in the teaching of social work with the elderly). Trent Polytechnic.

Bob Woods

Lecturer in Clinical Psychology, Institute of Psychiatry and Hon. Principal Psychologist, Bethlem Royal and Maudsley Hospitals London, specialising in work with elderly people and their supporters.

Audrey Cruickshank

Social Work Education Adviser, Central Council for Education and Training in Social Work.

Jon Head

Senior Practitioner, Elderly and Physically Handicapped. Wandsworth Social Services.

Una Holden

Previously Principal in Neuro Psychology, St. James' University Hospital, Leeds, now Moor Haven Hospital, Ivy Bridge, near Plymouth.

Working with neurology and the elderly. Particularly concerned with the treatment and approaches used for rehabilitation and assessment of impairment of brain function. R. O. work with the community, lecturing and research on 'dementia' in its many forms.

Brenda Hooper

Training/Group Adviser, Centre for Policy on Ageing.

J E Horton

Senior Nursing Officer, Non Statutory Training, Hastings Health District.

Bambi Lewis

Cicely Northcote Trust. Interests include staff training in hospital and residential situations.

Dr Alastair McDonald

Psychiatrist, Institute of Psychiatry, London. Working on research surveys of the elderly. He has a special interest in the management of psychiatric disorders of the elderly in residential homes.

J A Muir Gray

Community Physician, Community Health Offices, Oxford.

Sheila M Peace

Research Officer, Survey Research Unit, Department of Applied Social Studies, Polytechnic of North London. Research interests - residential care of the elderly, mental health and ageing. Former research officer at MIND.

Kedzie Penfield

Development Officer, Scottish Committee for Arts and Disability. Former movement and dance therapist, Dingleton Hospital.

Ann Webber

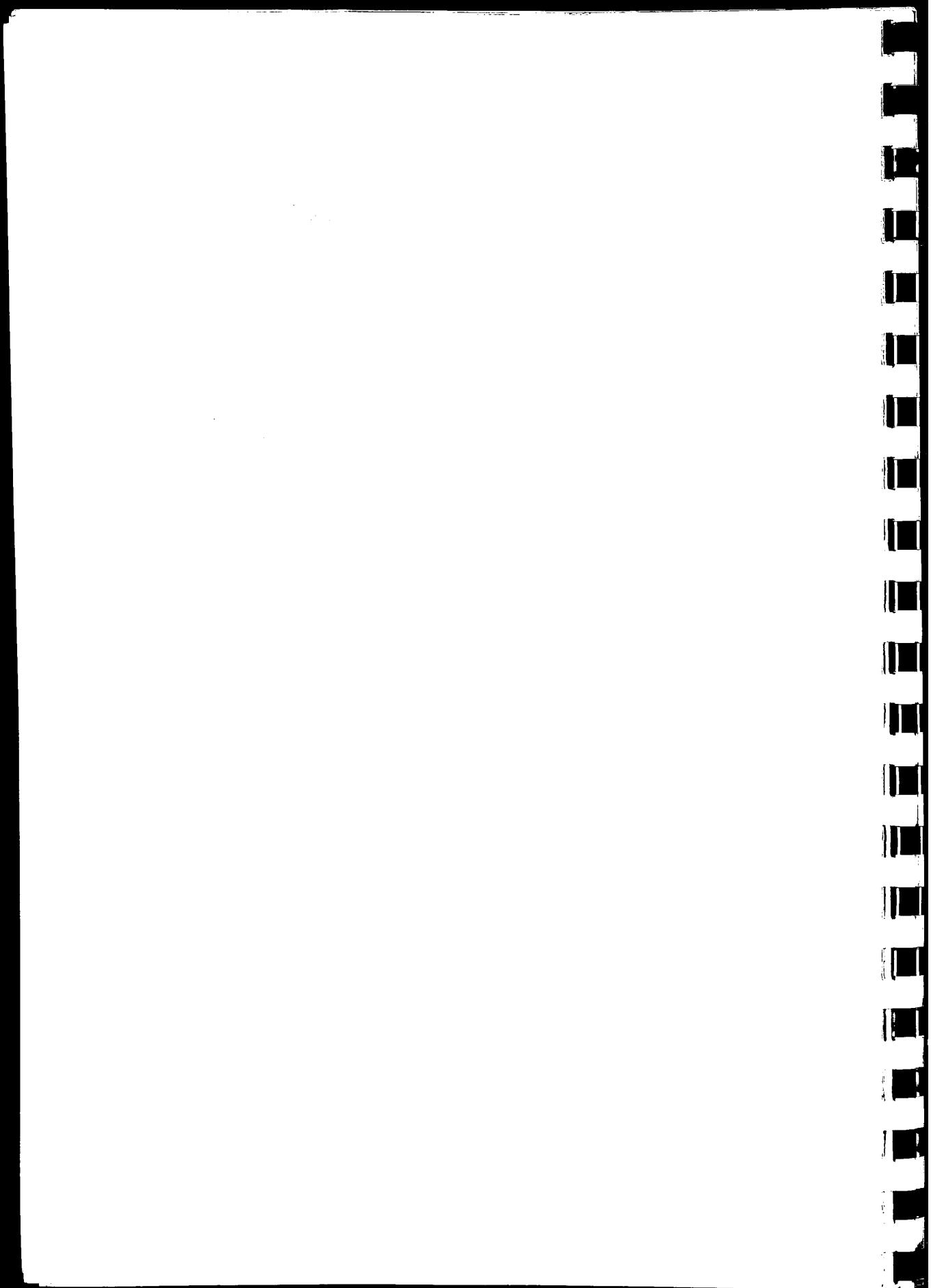
Head of Training, Age Concern England.

Dr J A Whitehead

Consultant Psychiatrist, Bevendean Hospital, Brighton.

Special thanks to:

Marianne Elsdon and Caroline Butler for typing and layout.



King's Fund



54001000061286

social health

education & training

elderly people

information resources

resource lists

