The following guidelines were developed by older people and carers as part of the Involving Older People Project. The guidelines outline older people’s expectations for good care in the early detection and prevention of depression when older people have to go into hospital or care home. They are designed to be used by older people and their carers to make their expectations and aspirations known, when care is required. They compliment the best practice statement, *Working with Older People Towards the Prevention and Early Detection of Depression*, that was written by and for nurses.

**COMPETENT CARE**

- We expect nurses to be aware of the life changes and circumstances that can put an older person at risk of becoming depressed.

- We expect nurses to be able to recognise signs of depression at the earliest possible moment.

- We expect that nurses are competent to deal with common physical problems such as when a person has chronic pain, difficulty moving about, memory troubles, or problems getting to sleep at night.

- We acknowledge that some people may be ashamed to say that they are feeling depressed. They will readily talk about a physical ailment when in fact depression is at the root of their problems.
COMPETENT CARE (continued)

“The older generation I think can’t discuss how they feel as they think they should snap out of it themselves, and in trying to do so they only feel lower and lower and loose self-esteem and confidence in themselves.’ [Moira]

- We expect that people will have access to skilled counselling as well as appropriate anti-depressant medication.

KINDNESS AND SUPPORT FROM NURSES

- We expect that a person is called by their preferred name or nickname and title.

- We believe that getting to know a person as a unique individual is an important aspect of care, as someone who feels depressed often feels a loss of their identity.

‘A person may have been a plumber or a lawyer, much needed by family and very physically active but now they are just seen as that old person who is depressed.’ [Rose]

- We expect nurses to be kind and to come and ask a person how they are feeling in order to quickly get to the nub of any problem. It is especially important to find out if a person is feeling low. Talking with people one to one on a regular basis needs to be made a priority in the hospital or the care home.

‘I hate to be controversial but I think in the majority of cases in hospitals and care homes or at home, there is now a section of staff that have forgotten the true meaning of care.’ [Moira]

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KINDNESS AND SUPPORT FROM NURSES (continued)

- We expect that a person will have a key worker or specific named nurse with whom they can discuss their care. In care homes it is particularly important that support and friendship are provided by staff.

- We believe that it is a daunting prospect for a person to think about giving up their home and treasured possessions when they are faced with the prospect of moving into a care home. We expect that nurses and care staff will support a person to make up their own mind when faced with the need to go into hospital or move to a care home.

- We expect that a person who is bereaved, particularly when they have lost a partner, will receive support and understanding from nurses and other staff.

- It can feel frustrating when bodily changes prevent a person from being as active as they were. We expect a person to get assistance to find ways of being useful and helpful to others, so that any contribution they make is still seen to be valuable.
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INCLUSION OF FAMILY AND FRIENDS

- We expect family and friends to be invited to take part in the care and welfare of a person in a care home, if this is what the individual wants.

- Patients in hospital like to see visitors but they would also like to see restrictions at visiting time, as they can become very tired if many people visit at one time and stay too long.

ENTERTAINMENT AND ACTIVITY

- We expect that people when they are in hospital or living in a care home will have access to hairdressers and beauticians.

- We expect there to be areas where people can meet and talk, to just pass the time of day, or to give each other moral support at difficult times. These should be provided in both hospitals and care homes.

- We expect there to be opportunities for people to make friends in the care home, through staff introduction and through group recreational activities.

- We expect people in care homes to have contact with pets who might be resident in the home or are brought in by their owners to give pleasure to those who want this.
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ENTERTAINMENT AND ACTIVITY (continued)

- We expect that in care homes there is provision of a variety of activities, entertainment, art and other creative occupations that are geared to people’s interests, as a means of lifting their mood. People have the option to take part or not, according to how they are feeling.

‘I know of several care homes who actively encourage local groups and societies to come along and entertain residents with concerts, demonstrations, that kind of thing, and although many residents cannot sometimes actively participate, the effect of this interaction can be seen in their change of demeanour, their eyes light up, and they smile. It is just another way of helping to keep depression at bay.’ [Moira]

‘When my gran was in a care home, she said she had to listen to the most awful singing, as she said she was a captive audience. The good thing though was that when the entertainment nights were on, the tea that night was worth suffering the singing.’ [Lynne]

- We expect activities to be provided that are suitable for adults. It is not acceptable to leave a person watching children’s television for example.

- For many people listening to a variety of music to suit all tastes, singing or playing an instrument is enjoyable and uplifting and helps them to feel better.
“At the start of the concert, some will be half-asleep and some obviously unhappy and depressed. However, by the time we have given them an hour or so of entertainment, many have brightened up considerably, smiling, laughing, joining in the songs and even getting up to dance! The nursing staff sometimes tell us that the patients talk about the concerts for days afterwards.’ [Jimmy who plays the piano for Council for Music in Hospitals]

- We expect that people living in care homes will have opportunities to keep contact with friends and the community outside the home and for homes to make use of voluntary befriending services.
ABOUT THE INVOLVING OLDER PEOPLE PROJECT

A Partnership for Care, an NHS Scotland policy document, calls for patients and members of the public to be involved in the development of services, standards, and policies for health and social care. The Involving Older People Project worked with older people and carers to use their experiences and expectations of health services to develop this brochure. This is an example of how people can be involved in the development of services, standards and polices.

HOW WE ACHIEVED OUR GOALS

People were shown in their own home how to use a computer and were provided with any special aids to help them where necessary. Project staff visited people at least once a month to continue computer skills training, and to provide them with support. Once the participants were comfortable using the computers they began to work with project staff in online discussions to develop care guidelines. Three face to face group meetings added to the online work of the group. This brochure was designed by group members, and is the end result of the group’s work.

THE PARENT PROJECT

The Involving Older People Project is an extension of the Gerontological Nursing Demonstration Project. The Demonstration Project was set up to help nurses from all over Scotland to share and develop best practice in the care of older people. For more information on the Gerontological Nursing Demonstration Project visit www.geronurse.com.

SUPPORT FOR THE PROJECT

This project was supported through grants from NHS Quality Improvement Scotland, EQUAL – Worklife Adaptability Project, with Glasgow Caledonian University Nursing and Midwifery Research Centre.
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THE FOLLOWING PARTICIPANTS IN THE INVOLVING OLDER PEOPLE PROJECT WERE INVOLVED IN THE DEVELOPMENT OF THESE GUIDELINES:

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Worklife Adaptability Partnership
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