

Psychosocial care for elderly in old age homes in Kerala



Social Justice Department, Govt. of Kerala
IN COLLABORATION WITH
DEPT. OF PSYCHIATRIC SOCIAL WORK
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
BANGLORE

PSYCHO-SOCIAL CARE FOR ELDERLY IN OLD AGE HOMES IN KERALA

WORKBOOK

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Published by:

NIMHANS,Bangalore-29

Printed at:

Edition : Second, 2020

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www.nimhans.kar.nic.in

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FOREWORD

Older persons, particularly the very old, are the fastest growing population segment all over the world. At the global population the share of the persons above the age of 60 has risen from 8% in 1950 (200 million) to around 11% in 2011 (760 million). In India census data from 2011 showed there were 98 million older persons in India, i.e., 8.1 per cent of total population, up from 77 million in 2001.

Increase in the proportion of the elderly and diminishing role played by the family in taking care of its old members have contributed to an increasing need for alternative arrangements for elderly to find a place and the most common alternative for taking care of old age people is old age homes. Most of the elderly living in old age homes are socially and economically deprived. To address their psychosocial needs and deal with those needs is a difficult task. While working with elderly, care givers need to have more patience, attention, active listening capacity and compassion towards work. Due to various reasons, care givers might face trouble in performing their duties and may feel burn-out. Hence here comes the importance of capacity building training programme for the care givers in the old age homes.

This work book is a tool for the trainers of the care givers working in the old age homes. I am looking forward towards mainstreaming psycho social care and capacity building of the care givers as a major programme to reach all parts of the country. Development of this training workbook is one of the most important tools for disseminating the knowledge to the trainees in varied ways. NIMHANS would like to use this material extensively in the future capacity building programmes for the care takers in old age homes. I sincerely appreciate the contributions of the authors and the Department of Social Justice, Kerala and Centre for Psycho Social Support in Disaster Management, NIMAHNS who made this outcome possible.

March 2021
Bengaluru

Director,
NIMHANS

PREFACE

In India, among all states, Kerala has more elderly. Kerala's 60 plus population is set to rise to 6.6 million by 2021 and to 11.17 million by 2051. There are 577 registered old age homes in the State. The State has an effective guideline for old age homes and policy interventions. But the state faces challenges in the effective implementation.

Elderly people have some specific needs. When a person moves towards old age, he/she suffers brain ageing, this in turn results in noticeable physical, psychological, cognitive and social changes. But the condition differs in those seek shelter in old age homes. The circumstances which force them to seek admission in a care home can be absence of family care giver, abandoned by the family, abuse and estranged by society. Hence, they have high level of exposure to severe psychosocial stressors.

NIMHANS, Bangalore initiated the project entitled "Psychosocial care for elderly in old age homes in Kerala" in collaboration with Social Justice Department, Govt. of Kerala, for developing innovative psychosocial care programmes in old age homes in the state and for the effective implementation of (ICP) Individual Care Plan. The project started as a pilot programme in Calicut district in the month July 2018, later it was extended to Ernakulam and Trivandrum in the month of October 2019. Capacity building is one of the major components of the project. So far the project has completed training for all the staff working in Government old age homes of the state, individual care plan for all the residents in Calicut, Trivandrum and Ernakulam districts and regular psycho-social support has been provided for the residents in the old age home. This workbook is developed as a training tool for the participants to better understand the concepts through activities. This also will give a brief idea on what have been learnt by them from the training.

Director
Social Justice Department
Government of Kerala, Thiruvananthapuram

ACKNOWLEDGEMENT

Hereby, we would like to express our sincere gratitude to Mr. Biju Prabhakar IAS, Special Secretary, the former Director Mr. Jafar Malik IAS, Ms. Sheeba George, IAS (Director, Social Justice Department, Kerala) Ms. Jalaja, Joint Director, Ms. Preethi Wilson, Assistant Director Social Justice Department, Kerala who facilitated and helped to implement all the project activities in the state of Kerala. I would also like to thank Ms. Bindhu Gopinath, former Regional Assistant Director and Ms. Sheeba Mumtaz, the former District Social Justice Officer, Calicut for the timely guidance and review of the work. We are very grateful to the District Social Justice Officers of Calicut, Ernakulam and Trivandrum for their ever time support for making this happened in the field. We would also like to thank the Superintendents and staff of the old age homes for giving the support and facilities for the team to work.

Our sincere gratitude to Dr. B. N. Gangadhar, Former Director, NIMHANS and Dr. G. Gururaj, The Director of NIMHANS for their valuable guidance in every aspect of the programme. We would also like to extend our gratitude to NIMHANS administration especially project section, account section for the smooth functioning of the project administrative work in NIMHANS. Next we would like thank the Department of Psychiatry, Department of Clinical Psychology, Department of Mental Health Education, Department of Nursing and Department of Biostatistics for their help in training and project implementation. Our special thanks to the Department of Psychiatric Social Work, the former and the present Head of the Department for having provided space and facilities for carrying out the project work.

We would extend our thanks to the project team, Mr. Nevin and Ms. Gayatri, project staff for their support in the process of project work at NIMHANS and Mr. Amaljith Jose, the Social worker for his support for the project. Last but not the least we express our sincere thanks to the residents of the old age homes where we carried out the project and made us learn the needs problems and management of elderly and replicate the same in the other old age homes also.

The Authors

BACKGROUND INFORMATION OF THE PARTICIPANTS

Fill up the given details followed by the 10 questions for providing us the valuable information about your background, nature of work and experience.

1. Name.....
2. Age.....3. Gender: 1. Male 2. Female 3. Third gender
4. Educational Qualification.....5. Marital Status.....
6. Type of family: 1. Joint 2. Nuclear 3. Single 4. Others7. No. of family members.....
8. Official Communication Address:

9. Institution Name.....
10. Designation..... 11. Experience in service (years)
12. Mobile No.13. Email.....

1. **How do you spend time in your institution from morning to evening?**
2. **What are your duties and responsibilities?**
3. **What are the reports and records maintaining in your institution?**
4. **What are the existing programmes for the elderly in your institution?**
5. **What are the social welfare benefits available for the elderly in your district?**
6. **Have you ever provided psychosocial care for elderly?**
7. **Is there inter-sectorial collaboration occurring in the institution?**
8. **Have you ever attended any training related to elderly care?**
9. **If yes, is it helped you to provide a better care for the elderly in your institution?**
10. **What is your expectation regarding this training?**

KNOWLEDGE OF PSYCHOSOCIAL CARE FOR ELDERLY IN OLD AGE HOMES

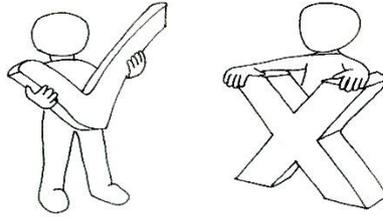
It is a scale developed for the assessment of your knowledge on psychosocial care for elderly.

Read each point carefully and give tick (✓) mark to the appropriate options according to you.

<p>I know to deal alone with the health care needs of elderly</p>	<p>1</p>	<p>I know to deal alone with the Social needs of elderly</p>
	<p>2</p>	
	<p>3</p>	
<p>I know to deal alone with the psychological care needs of elderly</p>	<p>4</p>	<p>I know to deal alone with the Environmental needs of elderly</p>
	<p>1</p>	
	<p>2</p>	<p>I know to deal with the health care and Psychological needs of elderly</p>
	<p>3</p>	
	<p>4</p>	<p>I know to deal with the and social and environmental needs of elderly</p>
	<p>1</p>	
<p>I know how to address social, psychological, health and environmental needs of elderly</p>	<p>2</p>	<p>I know how to provide multi sectorial services towards the wellbeing of elderly</p>

KNOWING AGEING

AGEING AND ITS COMPONENTS



Activity: Walking back



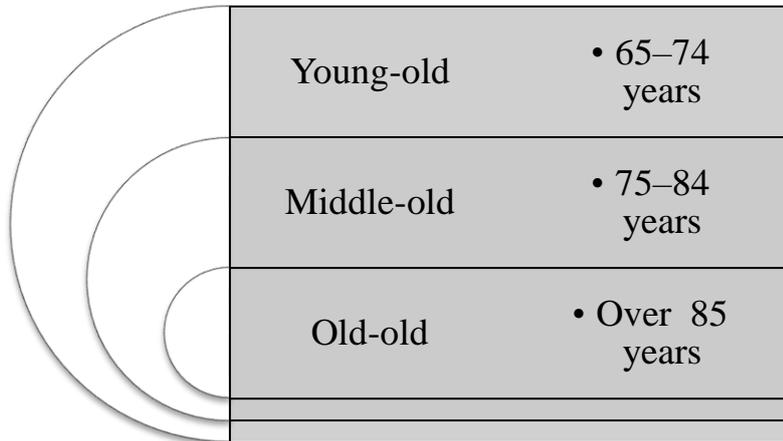
Free list the obstacles or struggles faced during the activity

Ageing is a normal persistent process in life

There will be decline in age specific fitness component

Ageing is not only a physical process this has psychological and social components also

NEEDS OF ELDERLY



Health	Family	Social	Economic	Legal	Institutional

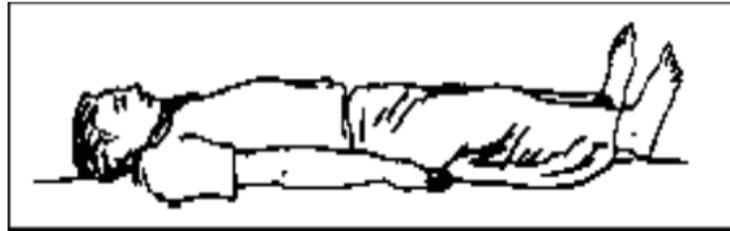
- A Holistic bio-psycho-social care is needed in the institution
- Needs of elderly vary in each age group
- Through satisfying their needs, quality of life can be ensured.

BIO-PSYCHO-SOCIAL ISSUES AMONG ELDERLY

Physical health/ Neurological issues among elderly	Mental health issues among elderly	Social issues among elderly
Risk factors		
Issues		
Stroke Neuropathy Alzheimer’s Disease Parkinson’s Disease	Depression Anxiety Mild cognitive impairment Dementia Delirium	Trouble in interpersonal relationships Loss of independence Limitation in social contact or involvement Social isolation

- All of the issues among elderly are interconnected
- Neurological disorders are diseases of the central nervous system but can be affect the mental health and behaviour of a patient

END OF LIFE ISSUES & PALLIATIVE CARE



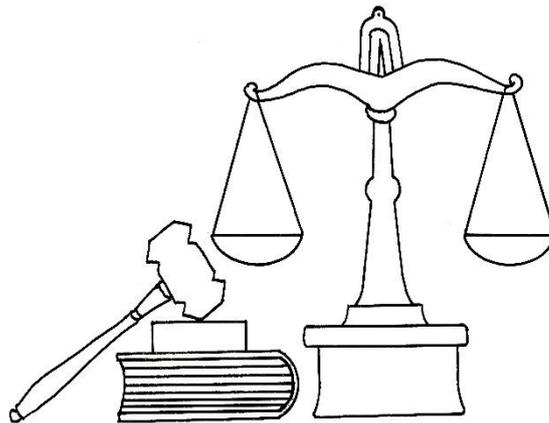
Physical	Psychological	Social
<ul style="list-style-type: none"> • Pain • Shortness in breath • Sleep Disturbances • Loss of appetite 	<ul style="list-style-type: none"> • Lose control over their feelings, social interaction, and concentration • Mood: up & down • Depression • Aggression • Feelings of helplessness • Anxiety, fear 	<ul style="list-style-type: none"> • Loss of independence • Limitation in social contact or involvement • Social isolation

Management

Palliative care	Psychosocial support
<ul style="list-style-type: none"> • Medicine • Nutritional guidance • Physical therapy • Occupational therapy • Integrative therapies 	<ul style="list-style-type: none"> • Emotional support • Social support • Coping problems • Spiritual intervention

The elderly in their last phase of life needs to be treated with dignity
 The aim of the palliative care is to improve the quality of life of a person regardless of his/ her diagnosis

RIGHTS AND LEGAL PROVISIONS OF ELDERLY



Activity: Lecture & discussion

Rights
<ul style="list-style-type: none"> • Article 14- 32
<ul style="list-style-type: none"> • Concession for travel, health and housing
Relevant constitutional provisions
<ul style="list-style-type: none"> • Article 41

<ul style="list-style-type: none"> • Article 46
<ul style="list-style-type: none"> • Article 47
<ul style="list-style-type: none"> • Section 125(1) (d) of the Code of Criminal Procedure 1973 Section 20 (1 & 3)
<p>Acts</p>
<ul style="list-style-type: none"> • Maintenance and Welfare of Parents and Senior Citizens Act, 2007
<ul style="list-style-type: none"> • Hindu Adoption & Maintenance Act 1956
<ul style="list-style-type: none"> • The income tax act of India (Section 88-B, 88-D and 88- DDB)

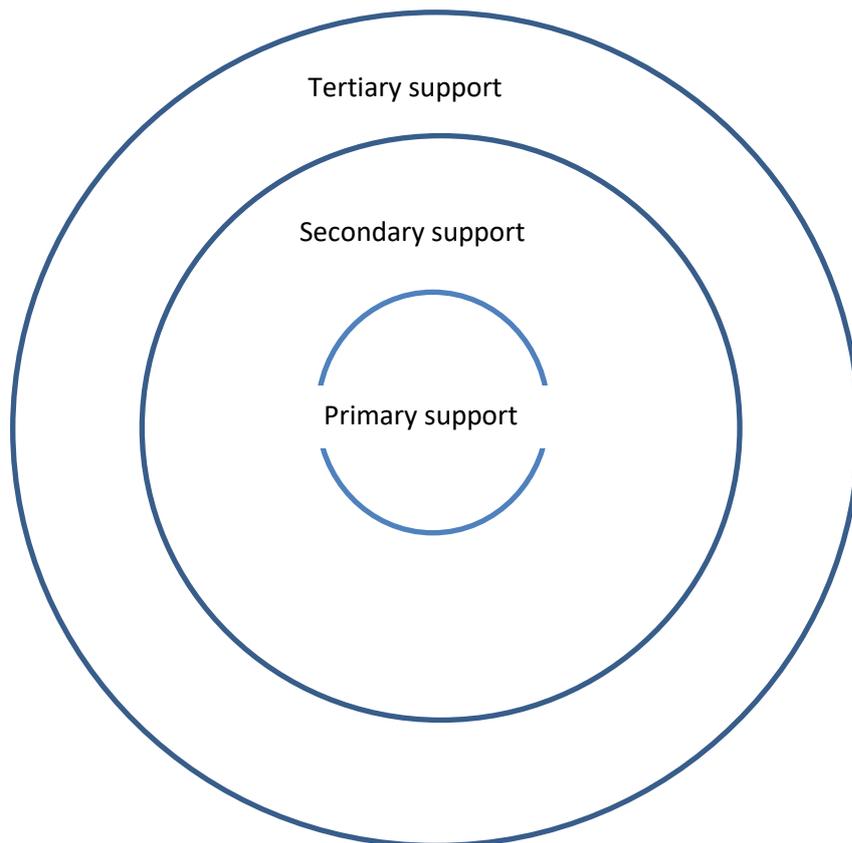
<ul style="list-style-type: none"> • Rights and legal provisions are to ensure the minimum standard in life of elderly as other age groups. • It is not just the duty but the legal liability of the children/ grandchildren to care their elderly
--

SUPPORT SYSTEM FOR ELDERLY

Network analysis

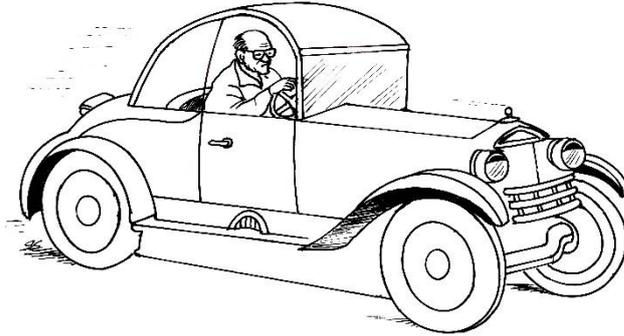
Social support

Perceived support



- All the levels of support systems are equally important
- A person in the old age home will have less primary and secondary level support and strong tertiary support system.

PATHWAYS TO OLD AGE HOME



Time Frame	Ways	Reasons
	A simple line drawing of a ladder, oriented vertically. It has several rungs and is slightly curved, suggesting it might be leaning against something.	

- Institutionalization is a long-term process
- For every individual, reason for the institutionalization may be different

Unconditional support



Dignity & worth of an individual



- All the levels of support systems are equally important
- A person in the old age home will have less primary and secondary level support and strong tertiary support system.

SKILLS AND TECHNIQUES

Empathy

Observation skill

Communication skill

Listening skill

Non-judgmental attitude

- Skills and techniques can be achieved only through continuous practice
- Practice of these skills may be found less applicable in the beginning later it will become part of their professional practice

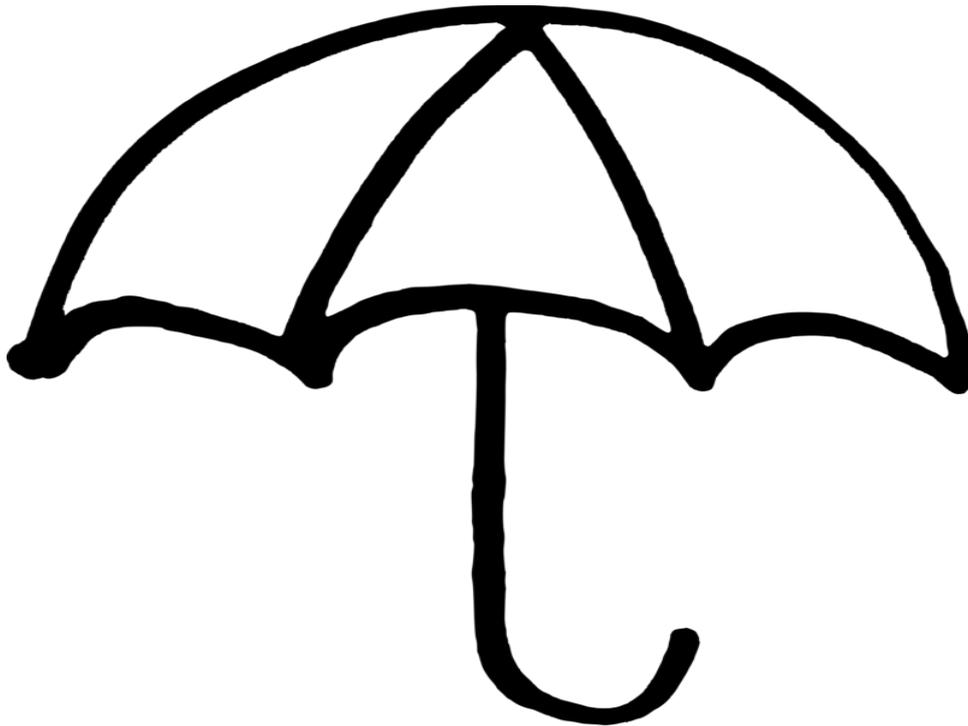
MANAGEMENT OF BIO-PSYCHO-SOICAL ISSUES AMONG ELDERLY

Physical health		
<ul style="list-style-type: none"> • Daily Routine • Exercise • Physical self-care • Outdoor and indoor activities • Daily life chores 		
Mental health		
<ul style="list-style-type: none"> • Yoga • Meditation • Sleep hygiene • Relaxation training • Externalization of interests • Finding a meaning in Life 		
Cognitive stimulation activities		
<ul style="list-style-type: none"> • Role play • Art and Craft Number clap • Word puzzle/ word opposites • Sequencing (Events, picture) • Maze, “odd one out” and “complete the picture” 		

Enhancing self esteem		
<ul style="list-style-type: none"> • Sharing of positive life experiences (life events/life cycle cards) • Positive life charts • Celebration of past achievements • Appreciating others 		
Social health		
<ul style="list-style-type: none"> • Life skills • Group and Clubs (Gardening, reading etc.) • Networking with other agencies • Visits family member • Picnic or Tour 		

- | |
|--|
| <ul style="list-style-type: none"> • Bio-psycho -social issues among elderly are interrelated to each other. • Management of bio-psycho-social issues is a complex process; professional expertise is needed to do it in a great extent. |
|--|

SPECTRUM OF SERVICE



Mention in what areas of his life, the particular case needed care or services

Health-----

Institution-----

Legal and Advocacy-----

Family-----

Welfare-----

- A multi-disciplinary team is needed to provide holistic care to an elderly in the old age home.
- Each stake holder needs to perform their roles adequately to ensure holistic care for the elderly.

MEASURES TO BE TAKEN FOR COMMUNICABLE DISEASES

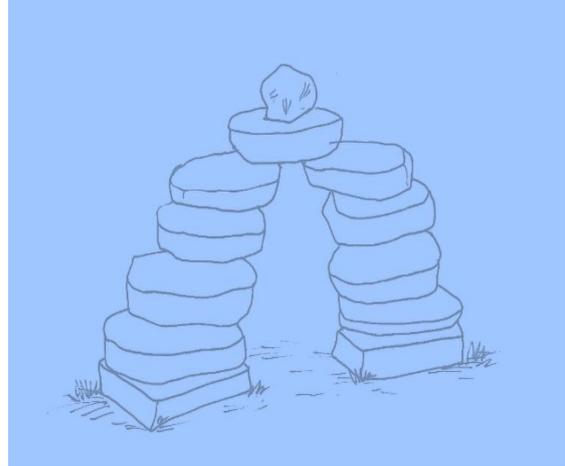
Mode of transmission	Examples
Contact transmission	
Droplet transmission	
Airborne transmission	
Vehicle's transmission	
Vector Transmission	
Preventive measures	
Individual level	Institutional

- | |
|---|
| <ul style="list-style-type: none"> • Senior citizens are more prone to communicable diseases • Do not - bring in, do not - take out, and do not - spread! |
|---|

FALL PREVENTION

Balance and Gait

Vision



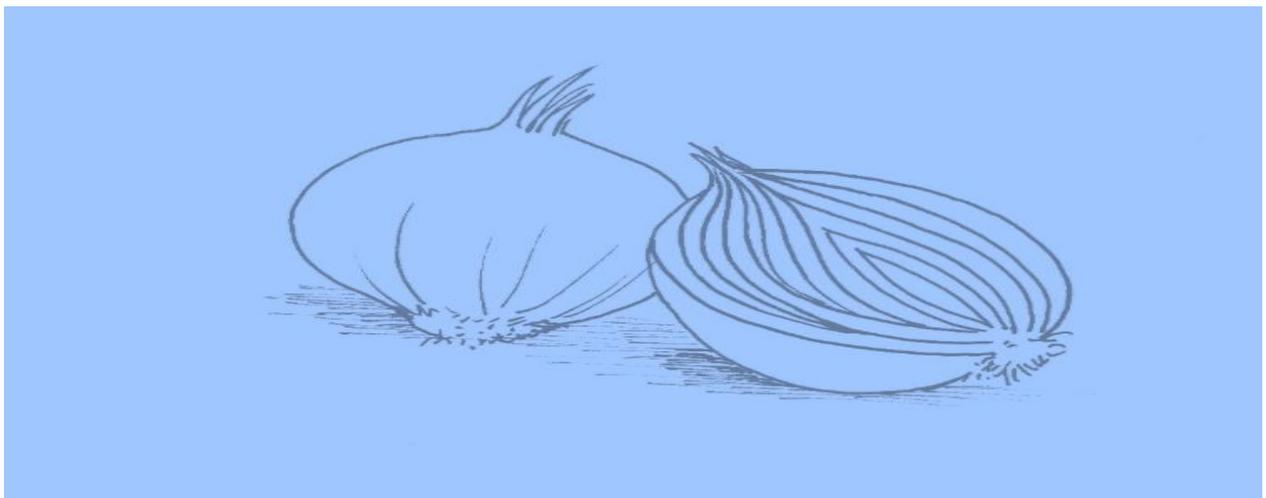
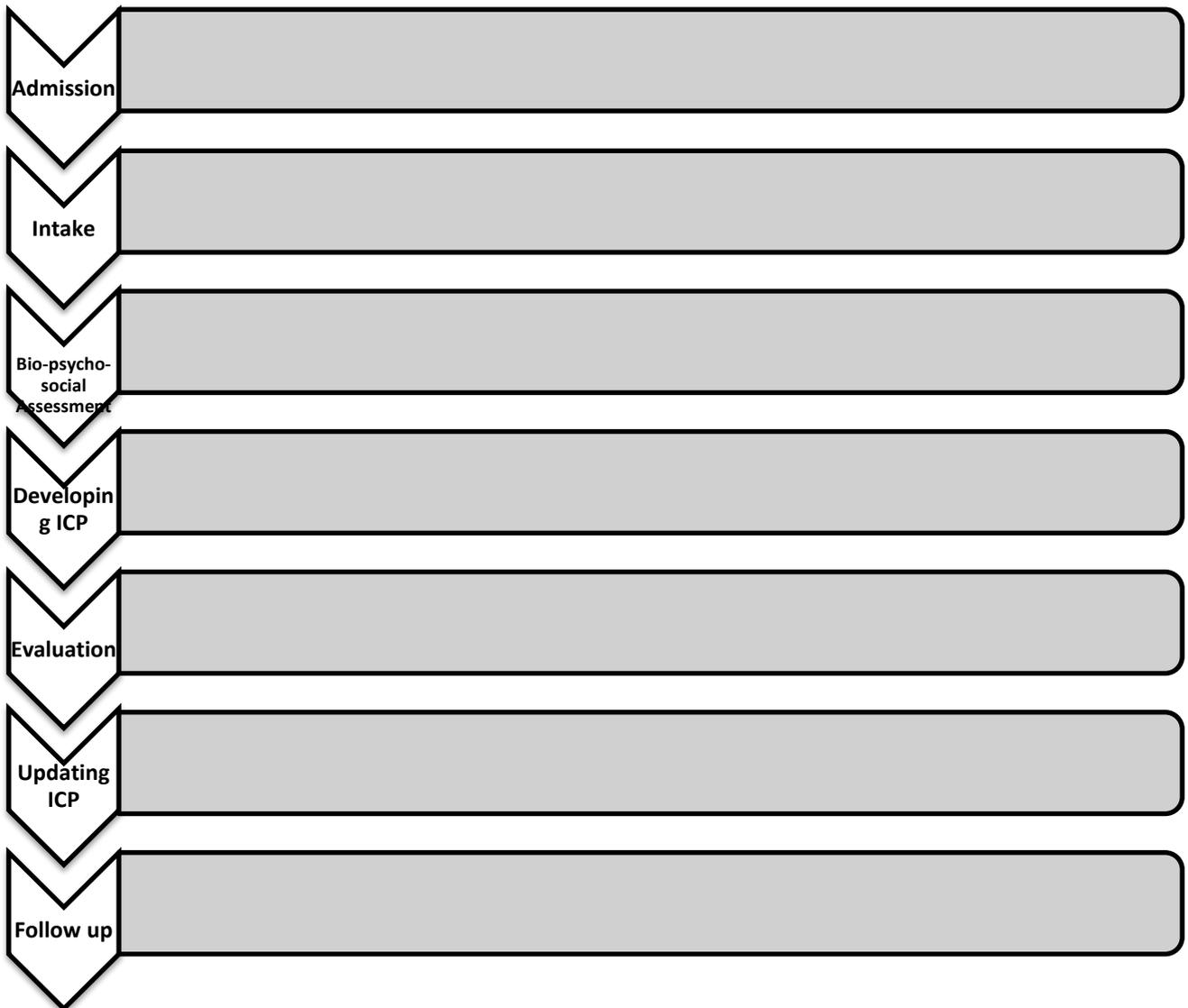
Medications

Environment

Chronic Conditions

- Falls are a leading cause of injury among elders
- Issues of fall can be modified by early risk assessment providing assistive devices, modification of infrastructure and balance training.

PROCESS OF PSYCHOSOCIAL CARE



- The psycho-social care process starts from the admission of a resident till the termination or the death of that resident.

CARING THE CARERS

COMMON CHALLENGES DURING CARE GIVING

Activity 1: Case presentation and discussion

Case

An inexperienced young female care giver in the old age home is facing trouble in her work. She is uncertain about the unfriendly behaviour of few residents. Due to this she was becoming easily irritated and upset, so she often feels frightened to deal with them. Although she is emotionally attached with a few residents and often shares details of her personal life to them and she faced issues due to her this behaviour. She also has back pain, sometimes, she is not able to lift the bedridden residents which results in heated argument with her colleagues.

Challenges in care giving

.....
.....
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Activity 2: Case presentation and discussion

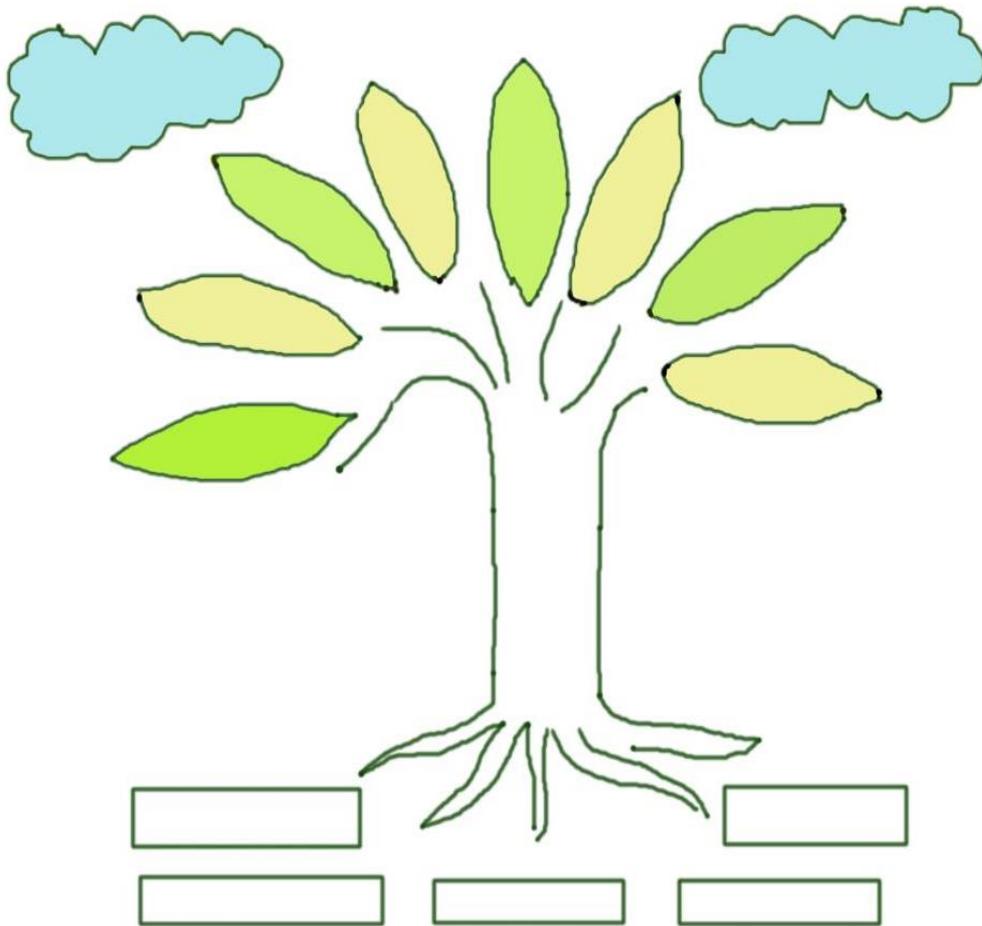
Case

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

Challenges in care giving

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

Tree of sustenance



- Health of the care giver and care recipient is equally important

CARE GIVERS BURNOUT

Activity: Please fill Zarit burden interview scale and fill up the self-assessment box given below:

What is Burnout?

.....

.....

.....

.....

.....

.....

Reasons for Burnout:

.....

.....

.....

.....

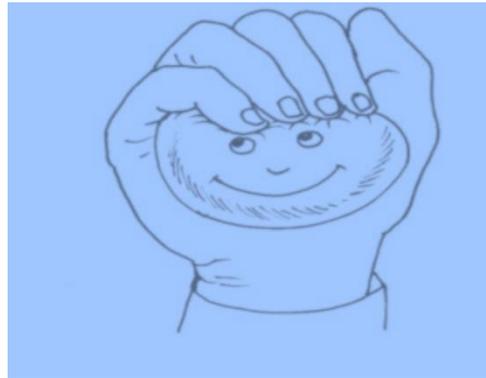
.....

- Identification of Burnout is the most emergency call

MANAGEING STRESS AT WORK PLACE

Track stressors

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



Develop healthy responses

.....
.....

Establish boundaries

.....
.....

Take time to recharge

.....
.....

Learn how to relax

.....
.....

Talk to your Superior

.....

Get some support

.....
.....

It is normal to have stress at work place.
Professional help can be taken if the stress is unmanageable by the care giver.

