

FACULTY OF THE PSYCHOLOGY OF OLDER PEOPLE ANNUAL CONFERENCE

21 - 22 JUNE 2021, VIRTUAL CONFERENCE



FPOP Conference Abstract Booklet

Symposia abstracts - Monday 21st June 2021

Older people and complex emotional needs

Convenor: Kathryn Dykes^{1,2}

¹Greater Manchester Mental Health Foundation NHS Trust, ²FPOP Committee

The NHS Long Term Plan and resulting spotlight on the provision of secondary care community mental health services explicitly demands the inclusion of older people's services in transforming and delivering improved care in England. But what is the current situation in the NHS with regards to supporting older people with experiences of trauma and complex emotional needs? What is the experience of older people who use existing services? How do secondary care mental health services identify and understand the needs of this group? What clinical interventions are most appropriate to support older people? And what training does the multi-disciplinary mental health workforce need to better understand, identify and meet the needs of older people with complex emotional needs?

The FPOP Psychological Therapies Workstream has developed a community of practice and this symposium aims to bring clinicians together to continue these vital conversations. The NHS Long Term Plan brings political momentum and a fantastic opportunity for additional resource and improved clinical care for older people with complex emotional needs. This symposium aims to support this by continuing this important discussion, making sure the profession utilises its expertise to be at the forefront of these improvements in care, with a focus on the areas of data, assessment and workforce. This symposium is an important part of the conversation about ensuring the needs of people who use secondary care mental health services receive the best care possible.



An older person's story – the lived experience of secondary care mental health services

Dr Shonagh Scott¹

¹Sheffield Health and Social Care NHS Trust

An opportunity to hear the true experience of an older person's journey through secondary care mental services as well as the views of staff who have supported this individual. By consulting with people who use services there is so much we can learn about what services do well and where there is room for improvement. Conversations with staff can enable better understandings of the challenges and gifts experienced in working with people with complex emotional needs and so what support and training would be of benefit. These narratives are a vital aspect in considering how care needs to be transformed and adapted to meet the needs of older people with complex emotional needs and also the staff who support them.



An exercise in understanding complex emotional needs within older people's community mental health teams

Dr Natasha Lord¹ & Dr Jennie Davies²

¹Worcestershire Health and Care Trust, ²Greater Manchester Mental Health Trust

The evidence base concerning prevalence of older people with a diagnosis of personality disorder or complex emotional needs is limited. The rates of diagnosis of personality disorder within local community mental health teams is low and does not reflect the complexity of need that services are currently supporting.

The NHS Long Term Plan and Community Transformation Agenda bring opportunity for resource and development but services are struggling to quantify the level of need within services. Without this understanding of need there are multiple challenges for older people's services in advocating for adequate resource from the Long Term Plan allocation, ensuring opportunities for workforce development and care intervention and service innovation to guarantee that community mental services are better able to support older people's needs in this area.

So this scoping exercise, completed in Worcestershire, Bolton and Salford, aims to begin to better represent the presentation of older people using community mental health teams and challenge persistent myths about this cohort. Findings of this work will be shared along with a discussion about how this data is supporting business cases and service developments locally.

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Assessing Trauma: A brief overview of current measures

Dr Angela Kennedy¹ & Dr Lynne Patience²

¹CNTW Head of Centre for Specialist Psychological Therapies, Mental Health Lead for Northern England Clinical Network, National Trauma Informed Community of Action Lead, Regional Staff Wellbeing Hub Clinical Director.

²Principal Clinical Psychologist – Neuropsychology, Walkergate Park Centre for Neurorehabilitation and Neuropsychiatry.

Over the last decade there has been an increase in awareness of the impact of early childhood adversity and trauma on emotional and physical health, and a move to working in trauma informed ways within mental health services. There perhaps been less movement on this within older adult services as how this presents in later life is often complicated by a myriad of factors such as past societal norms that failed to identify and prioritise at risk children, and the stigma associated with discussing abuse or neglect within families. With increasing awareness and more public dialogue around mental health and trauma, older people who have experienced significant adversity in their lives may find themselves facing, and viewing, their past in a very different way. The impact of early life adversity may have a long reach and may present itself in different ways without necessarily being identified as such i.e., behaviours that challenge in dementia or increased susceptibility to physical health conditions.

The aim of this session would be to have a brief look at the use of trauma screening tools and to discuss the unique complexities in identifying and working with older people's experiences of childhood adversity and trauma across a range of settings.

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Reducing Behaviours that Challenge in Dementia Care Through Online Staff Training: Training Staff During the Covid-19 Pandemic

Convenor: Prof Ian Andrew James¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

This symposium brings together four national experts in the area of Behaviours that Challenge (BtC). They will be each discussing on-line versions of training packages developed or adapted to enhance caregiver training during the period of the Covid-19 pandemic. The audience will have the opportunity to compare and contrast different methods of educating and coaching staff and families involved in the management of BtC in different settings.

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Online CAIT: A training program that utilises animations for improving communication skills and reducing behaviours that challenge in dementia

Prof Ian Andrew James¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Communication and Interaction Training (CAIT), a CBT needs-based program, was developed during a three year teaching program into 60 care homes in Sunderland, UK. CAIT is supported by two training manuals and a textbook (James and Gibbons, 2019). This presentation reports on the online version of CAIT, developed during the COVID-19 pandemic. It was produced because of problems accessing care homes during the lockdown period. A series of 7 cartoons are embedded in the program, which have collectively received over 10K 'hits' on YouTube. This talk will discuss the value of animations in increasing knowledge, skills and staff wellbeing in dementia care. The presentation will report on the piloting of CAIT conducted in three UK NHS Trusts and a nurse training course at Manchester University.

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CLEAR Dementia Care © Training Increases Understanding and Changes Behaviour of Carers

Dr Frances Duffy¹

¹Northern Health and Social Care Trust

Carers and care staff frequently report that people living with dementia present with behaviours that they find challenging and difficult to understand. These behaviours are often caused by the stress the person experiences as they try to meet their needs and cope with the challenges of living with dementia. Failure to understand behaviour and address unmet need can result in unnecessary breakdown in care arrangements, unnecessary hospital admission and increased distress. CLEAR Dementia Care © training programmes have been developed to help staff to see the perspective of the person with dementia which encourages staff to change their behaviour. Implementation of training is supported with the free App. The outcome is reduced distress and improved quality of life. The training programmes have been adapted for online delivery which has increased accessibility. Data from training outcomes in care homes, NHS and voluntary organisations will be discussed.

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Challenge Demcare Pre and Post Covid: what can we learn about staff engagement with evidence based online training?

Prof Esme Moniz-Cook¹

¹University of Hull

Challenge Demcare is an evidence based online interactive video assisted programme for the management of clinically significant 'behaviours that challenge others' in dementia care. Developed and tested in 2013 it was upgraded in 2020 and is widely used across England and Scotland. It was designed to train staff to formulate individually tailored health and psychosocial 'behaviour support plans' for people living at home and in care homes. In this presentation I will consider behaviour change in staff adoption of online support in dementia care, by outlining the similarities and differences in user views and engagement. The presentation will use data from online use and survey feedback from 100 users before, and 100 users after the Covid-19.

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iWHELD : an online programme connecting care home staff thoughts, feelings and behaviour to enhance their care for people with dementia

Dr Jane Fossey¹

¹University of Exeter

This presentation will discuss the digital version of the WHELD in-person training and coaching programme. The original WHELD was an RCT care home study which demonstrated improvements in quality of life and signs of agitation in people with dementia. The digital version was developed for online delivery to support residents and staff well-being during the COVID pandemic and recovery from it.

Early findings from the current randomized controlled trial, evaluating the effectiveness of this digital version, will be discussed along with qualitative aspects of the programme delivery.

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Workshop Abstract – Monday 21st June 2021

Reflect and Connect: An Art Therapy Approach to Working with People Living with Dementia

Ms Yuko Micus¹

¹Devon Partnership Trust (NHS), Exeter, United Kingdom

This workshop aims to give participants an understanding of Art Psychotherapy in the context of dementia and provide a space for participants to reflect and connect in an art-based session. People living with dementia can experience difficulty in communicating verbally, this workshop explores the benefits of using the addition of non-verbal communication when working with this client group.

The workshop is split into two parts. Firstly, a presentation on 'Art Psychotherapy' in the context of working with people living with dementia. This includes a case study presentation, based on two images made by clients, which convey the challenges and therapeutic aims of working with this client group.

Following an introduction to 'Art Psychotherapy', participants are invited to reflect and connect in an art-based session. Using art materials, participants are invited to reflect on the below two themes:

- What challenges do we encounter in our work?
- What grounds/anchors us in our work?

Participants are invited to share their experiences with one another. Connecting with like-minded professionals, creative expression and self-care are significant in our profession. This workshop brings together these elements in a safe and contained space.

Participants are not required to have previous experience in art-making or 'be good at art'.

Participants are required to prepare art materials - this can be as simple as paper and a pencil. Participants who find it difficult to express with art materials are also encouraged to attend - some may use visualisation as a way of art-making!



Oral Presentation Abstracts – Monday 21st June 2021
Alphabetically by Surname of First Presenting Author

Remote neuropsychological assessments: feedback from clients and clinicians

Steve Boddington¹, Dr Mazda Beigi, Mr Steve Boddington

¹*South London and Maudsley Trust*

Objectives: COVID-19 restrictions have resulted in neuropsychological assessments being administered remotely for the first time. Given that tests were not designed to be delivered in this format, we seek to investigate the feasibility of this method of administration by gathering feedback from patients and clinicians regarding their satisfaction.

Design: We plan on gathering data from one group of patients who will be tested remotely, in comparison to another group of patients who will be tested using more traditional face to face procedures.

Methods: All participants will come from the South London and Maudsley Memory Service. We plan on testing 20 remote clients and a further 20 face to face. Allocation will be dependent on the patients access to technology. Data for this study will be gathered after neuropsychological assessments, based on a novel feedback questionnaire.

Results: Preliminary analysis has revealed a high level of patient and clinician satisfaction for both remote and face to face assessments. Importantly, a high level of patients and clinicians felt confident in the reliability of results from remote testing.

Conclusions: Results from our feasibility study indicate that both patients and clinicians feel that remote delivery of neuropsychological assessments does not effect the validity of findings or disadvantage patients. These results present a strong case for continuing to apply this format where necessary.

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An evaluation of how older people in the Northumberland experienced lockdown during COVID-19

Ray Cabrera¹, Dr Rowan Tinlin, Dr Judi Sharifi

¹*Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

In March, 2020 the UK government announced that the country would be in lockdown in response to the COVID-19 pandemic. Those who were clinically vulnerable were asked to stay in their homes and reduce face-to-face contact unless absolutely necessary (shielding) because they were deemed to be at greater risk of severe illness and even death if they contracted the virus. The rest of the population were asked to follow strict restrictions and to self-isolate if they developed symptoms of the virus. Although early research about the impact of the lockdown indicated detrimental repercussions (e.g., deterioration of mental health), the experience and attitudes of older adults during the pandemic is not well-documented, especially in the North East of England. In order to bridge this gap in research, thirteen service users from the Northumberland Older Adult Pathway were interviewed to understand their experience during the COVID-19 pandemic. A mixed-method approach, comprising a semi-structured questionnaire involving open-ended questions and statements requiring responses within a Likert scale, was utilised. Thematic analysis was implemented to evaluate the qualitative data. Responses from participants revealed that most older people seemed to experience the lockdown positively and felt safe during this time. Seven themes were identified: (1) impact on mental health, (2) impact of loss and bereavement, (3) devastation/despair, (4) coping with the pandemic, (5) responses to pandemic restrictions, (6) post-lockdown hopes, and (7) barriers/challenges during lockdown. Some reflections and recommendations will be presented.

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Promoting Psychological and Physical Wellbeing in Older People during COVID-19 with AgeNI and Good Vibrations

Dr Siobhan Casey¹, **Dr Frances Duffy**²

¹*AgeNI*, ²*Northern Health and Social Care Trust*

The long-lasting psychological and physical implications of Covid-19 on older people and the risk of associated de-conditioning is a major cause of concern for service providers. Loneliness, disruption to routines, lack of social contact with friends and families, reduced exercise, and access to care services has had a significant impact on mood and wellbeing. Psychological and physical wellbeing are interconnected. Loneliness and social isolation

have significant negative impacts on physical health and risk of cognitive decline and dementia. The AgeNI Good Vibrations programme was developed to respond to the needs of older people during COVID-19 to address potential negative impacts of physical and psychological wellbeing of carers, older people living at home and in care homes during lockdown restrictions. The challenges of reaching older people who are not online will be discussed and how this was addressed. Outcome data from the online Good Vibrations programme will be presented which demonstrated significant benefits of the programme to help people shielding at home to maintain their connections, mobility and wellbeing.

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Post Traumatic Growth in Dementia

Sarah Butchard¹, **Charlotte Cooper²**

¹Mersey Care NHS Foundation Trust, Liverpool, England, ²University of Liverpool, Liverpool, England

Historically dementia was characterised by a series of losses; e.g., loss of independence, loss of cognitive ability and loss of respect. As concepts such as living well with dementia have grown in strength there has been a recognition that dementia does not mean only loss. There has however been criticism that 'living well with dementia' does not fully capture the rich experience of dementia and focuses only on the positive, neglecting the significant challenges that people living with dementia face in their lives.

Post traumatic growth refers to the positive psychological change experienced as the consequence of adversity or challenge. This paper will describe a grounded theory study carried out with people living with dementia to understand their experiences of post traumatic growth after diagnosis.

Themes emphasise the importance of peer support in inspiring hope after a diagnosis, the concept of 'paying it forward' and the belief that development of new roles after a diagnosis of dementia helps to keep people functioning better for longer.

The presentation will describe the results of the study and suggest ways that this concept of post traumatic growth could be built into post diagnostic support services.

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Impact of COVID-19 on a UK mental health ward for people with dementia

Dr Emma Wolverson¹, **Rebecca Dunning-Hornby¹**

¹Humber NHS Teaching Foundation Trust, Hull,

The aim was to examine the impact of COVID-19 on an inpatient dementia ward and compare with a literature review of UK studies.

A retrospective, observational study to examine the impact of COVID-19 on a dementia inpatient mental health unit in the UK.

Data for all patients present at the ward between June 2019 and January 2021 were collected – 84 patients were included. All data were extracted by hand from patient electronic records. The information collected included patient's age, gender, number of active medical problems, routes of admission, length of stay, discharge destinations and number of prescriptions. All patients were classified into pre-COVID and COVID groups. Data were analysed statistically using SPSS.

The number of admissions to the unit fell during COVID-19. Differences were noted in patient characteristics during the pandemic; the mean number of co-morbid health conditions increased from 4.33 to 5.11 and the mean prescribed medications at discharge increased from 8.86 to 10.69. The number of patients admitted from an acute hospital increased from 27% to 53%. During the pandemic, more people were discharged into residential care and less people were discharged home. The mean length of stay reduced during the pandemic; however it took longer to discharge people home and was quicker to discharge into residential care.

These findings indicate that patients admitted to the ward during the pandemic have been more unwell. The routes of admission to the ward have changed. The findings also highlight the complexity of factors involved in discharge from inpatient care.

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Launching the second edition of the Guide to Psychosocial Interventions in early stages of dementia

Reinhard Guss, Felicity Caryer, James Middleton, Alex Bone, Lewis Slade

¹Sussex Partnership NHS Foundation Trust, ²Kent & Medway NHS Partnership Trust, ³Salomons Institute for Applied Psychology

Purpose: The aim of this follow-on project of the FPOP Dementia Workstream was to produce the second edition of the 'guide to psychosocial interventions in the early stages of dementia', which is now ready for publication. We updated the information for existing interventions, it's evidence-base and recommendations; included experts in the field and experts-by-experience, and identified emerging interventions for which the evidence-base has been sufficiently improved to now warrant inclusion in the guide.

Background: Given that a medical 'cure' for dementia remains elusive, and that there have been no new medications available for over 15 years, there has been growing interest in the efficacy of psychosocial interventions. This prompted the 2014 publication of the BPS Guide to Psychosocial Interventions. Over the past 7 years significant new contributions have been made to the evidence base, leading to our recent review.

Methods: The inclusion criteria were:

- an intervention involving psychological and/or social components to help people live well with dementia
- there is a body of literature with regard to early/mid stage dementia
- evidence of effectiveness with regard to early/mid stage dementia
- it is available somewhere in the UK

Conclusions: The updated edition contains 12 new interventions and a stronger evidence-base of efficacy, demonstrating the breadth of potentially helpful psychosocial interventions in the early stages of dementia. As with the previous edition, it is hoped the new edition of the guide will serve as information and encouragement for commissioners and other involved in service planning and delivery.

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Changing direction: Transitioning to new ways of working in inpatient services and meeting the changing needs of the older population

Stephanie Davis Le Brun, Dr Rachel Watterson, Evie McLoughlin

¹Mersey Care NHS Foundation Trust, Liverpool, UK

Purpose: This submission reflects on the challenges of working within medically dominant inpatient services and the impact of promoting multi-disciplinary team (MDT) working on culture and quality of care.

Background: The benefit of MDT working is well documented, yet older adult inpatient services in the region continue to be medically-dominated, having significant implications on service structure and the care and treatment of older people. Changing well established cultures is challenging and requires creative and innovative ways of working. The older adult population is growing and developing and complex care services will require a change in direction to continue to meet the population needs, particularly in the case of continuing-care beds.

Methods: An evaluation of the methods used, namely the 'therapy review' process, to create a shift towards more inclusive MDT working will be outlined. Data as well as practice-based reflections and case studies will be outlined to discuss whether inpatient services are currently meeting the needs of the older adult population. Recommendations on how to continue promoting further changes in direction to improve quality of care for older people will be outlined.

Conclusions: Older adult inpatient services are currently experiencing a period of transition with the introduction of new models of care. While there are challenges to changing current ways of working and team cultures, there is an opportunity to develop more evidence-based and effective care plans through the continued promotion of a cohesive MDT, and create a shift in the perceptions of treatment outcomes for older people.

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Coping with Covid-19 for Older Adults (COCOA): a Teletherapy Group Programme Responding to the Mental Health Needs of Older Adults

Karen Looney¹, Luke Hickey¹

¹*St Patrick's Mental Health Services, Dublin, Ireland*

Purpose. To describe context, content and outcomes relating to a novel, teletherapy, group-based intervention developed for older adult mental health service users in response to the COVID-19 pandemic in Ireland.

Background. A brief, transdiagnostic intervention was devised for the dual purposes of responding to the mental health needs of older adults during the COVID-19 pandemic and to address barriers which can work to prevent older adults accessing psychological interventions for mental health problems. Using an integrative approach, the Coping with Covid for Older Adults (COCOA) programme explored threat responses, psychological flexibility, emotional regulation and adaptive coping with in vivo practices to foster self-soothing and to nurture and promote wellbeing woven throughout the sessions. Content was drawn from Compassion Focused Therapy; Radically Open-Dialectical Behaviour Therapy and Dialectical Behaviour Therapy.

Method. Effectiveness was measured using the 21 item Depression, Anxiety and Stress Scale administered before and after the group intervention, as well as from informal feedback gathered from group participants.

Conclusions. The COCOA programme appears to have been a positive addition to supports available to older adult mental health service users, with an objective and significant decrease in overall levels of stress, anxiety and depression reported. The limitations of this practice-based evaluation and possible future directions are discussed.

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Journeys in Narrative Therapy, dementia and trauma: Learning what may help to assist people living with dementia and their families

Rossllyn Offord¹

¹*Cardiff And Vale University Health Board, Penarth, United Kingdom*

Narrative Therapy is gradually becoming recognised as a helpful approach to working with older people, although its use as a therapy with individual and families is not yet well documented. I would like to use this opportunity to share the attempts I have been making to use Narrative Therapy in my work context providing post diagnostic support and therapy for people living with dementia and care partners. In particular I have been keen to find ways to assist people with moderate dementia, whose experience of trauma in earlier life has come to contribute to their distress. People with dementia may struggles to access mainstream trauma services where therapists may struggle to adapt approaches that rely on cognitive skills that may be affected. A narrative approach enables conversations that work with strengths, working with memories that may be better preserved and seeking to follow the lead of the person. In this presentation I will share some of the journeys I have made with both people living with dementia and their care partners. This will not be a 'how to' presentation but rather a sharing of what seems to be helpful, where I have struggled, what I am learning and how I hope we might take this work forward.

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Establishing a 'psychologically healthy' inpatient ward for people living with dementia

Laura Phalp¹, **Mr Robert Balmer¹**

¹*Mersey Care NHS Foundation Trust, Liverpool, United Kingdom*

Purpose: It has been nearly four years since FPOP released the "psychological best practice in inpatient services for older people" document. The goal was to help create "psychologically healthy wards". The aim is therefore to reflect on the development of an inpatient psychology service on a new ward for people living with dementia, with consideration of the FPOP guidance.

Background: The Royal College of Psychiatry accreditation standards for older people's inpatient services currently recommends a minimum of 0.5 wte dedicated clinical psychology time for each ward. The role of psychology in improving quality of inpatient services, through the inclusion of a psychological understanding of patient and staff needs, is strongly advocated.

Methods: This paper will reflect on the process, to date, of setting up a psychology service on a new inpatient ward for people living with dementia. It will describe our work towards the goal, as detailed in the FPOP guidance, of establishing a "psychologically healthy" ward that is person-centred and focussed around individual need. The

paper will predominantly describe our “core therapy offer” co-produced with our occupational therapy colleagues, as well as other projects including carer support, staff support and activity programmes. The paper will conclude by describing future psychology plans on the ward.

Conclusions: The ward is still new; however, in line with the FPOP guidance, it is felt that psychology has the potential to make a significant and effective contribution to the quality of the service for people living with dementia and their staff teams.

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A therapeutic group programme on an inpatient ward for people living with dementia

Laura Phalp¹, Ms Emma Clappison¹

¹Mersey Care NHS Foundation Trust, Liverpool, United Kingdom

Purpose: In the face of a limited research base on inpatient wards, the benefits of structured activities for people living with dementia remain evident. The provision of a therapeutic group programme is therefore a high priority on a new ward for people living with dementia. This paper subsequently endeavours to describe the process of developing a group programme with the aim of improving service user well-being.

Background: Previous research has found that inpatients tend to spend substantial periods of their admission being inactive and socially disengaged, separate from staff and other service users. What is more, literature about group programmes and structured activity on inpatient wards remains shamefully limited. This is contradictory to the widely acknowledged importance of meaningful activity for people living with dementia. Activity is known to enhance identity and wellbeing, whilst also reinforcing a sense of competency by developing and rekindling life skills. Evidence also suggests that meaningful activity increases positive interactions and contributes to the reduction of behavioural symptoms of dementia.

Methods: The paper will therefore present the process, and the challenges, of setting up a therapeutic group programme on a new inpatient ward for people living with differing stages of dementia. The programme currently includes a CST informed group, a mindfulness informed group and a ward based newspaper group.

Conclusions: The programme remains in the early stages; however, it is felt that structured activity on inpatient wards provides a fundamental opportunity to promote the social health and well-being of those being cared for.

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Older People’s access to digital mental healthcare services during the Covid-19 pandemic

Dr Rebecca Poz^{1,2}, Miss Amber Snell^{1,2}, Rhiannon Reed¹

¹Norfolk and Suffolk NHS Trust, Bury St Edmunds, United Kingdom, ²University of East Anglia, Norfolk, United Kingdom

There are challenges surrounding the accessibility of digital mental healthcare services for older people during the Covid-19 pandemic. The impact on mental health when accessing such services is an important consideration for mental healthcare providers. The purpose of this study was to understand how older people have accessed (digital) mental healthcare services during pandemic and their related experiences. Semi-structured interviews were conducted to understand if and how older people accessed digital mental health care services and to discuss their experiences. Thirteen older people’s mental healthcare practitioners were asked to review their caseloads and participate in interviews. Three service users aged over 65 years old were also interviewed. Individuals from practitioners’ caseloads were categorised into two groups: those who had accessed digital technology and those that had not. Themes were drawn from the qualitative data collected from practitioners and service users. Of thirty-one older people, 9 were able to access an appointment using digital technology. Three independently and 6 with the support of a family member or carer. Positive outcomes of using digital technology were increased connection compared to telephone appointments, and professional appointments were more accessible for practitioners. Barriers to digital technologies were the exclusion of people who experienced serious mental illness and for mental healthcare practitioners’, challenges around risk assessment. This study highlights the complex nature of providing digital mental healthcare services to older people and the challenges associated with engaging and empowering them to use technology. Also, how they can contribute to shaping future digital mental healthcare services.

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Symposia Abstracts – Tuesday 22nd June 2021

The Voice of People Living with Dementia

Helen Rochford Brennan, Nigel Hullah & Adele Leighton

A symposium celebrating the significant contribution of people living with dementia to raising awareness, promoting rights, service development and research.



Using carer feedback and a multi-disciplinary approach to provide better support for clients and carers in their journey through dementia

Convenor & Discussant: Dr Laura Bell¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

This symposium considers a variety of ways to support people living with dementia, and their carers, from the point of diagnosis through to the end of life. It integrates feedback from carers with a multidisciplinary approach to develop better post diagnostic care for clients and families, across a range of settings (home, inpatient ward, care home). These presentations discuss the challenges to providing holistic post diagnostic care to people living with dementia, and share some of the hurdles and successes that we have experienced across community and inpatient teams in Northumberland. The symposium creates space to reflect upon what we need to do differently going forward: how we can provide better care for people living with dementia, better support for carers, and how we ensure client and carer feedback and input is at the heart of what we do.



Caring for a loved one with dementia

Valerie Apted¹ & Frances Anderson²

¹Wife and carer for a loved one with dementia, ²Dry Water Arts

TOGETHER ALONE

Night after night we spend together alone,
him slumped, half asleep in a world of his own,
his disjointed sentences not making sense,
agitated, hallucinated, always anxious and tense.
I put him to bed like his mother not his wife
Dementia has given us this strange kind of life.
Both of us trapped in this bizarre living hell,
only memories remain and his physical shell.
Little is left of the life we once shared,
though we're still together, he's always there
Our good days long gone, we live together alone.
Alone – that's the wordso very alone.

Valerie will share her experience of living with and caring for her husband through his journey with dementia. She will reflect upon their experience of services, and how she feels post diagnostic support could be improved for people living with dementia and their carers.



Post diagnostic support for people living with dementia, and their families and carers, in Northumberland

Dr Laura Bell¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Objectives: Recent dementia guidelines recommend access to a memory service or 'multidisciplinary dementia service' for people recently diagnosed with dementia, and psychoeducation and skills training for carers. As increasing numbers of people living with dementia are cared for at home by family or informal carers, it is crucial to provide people with information and support at the right time. The aim of this study was to implement and evaluate a post diagnostic support group for clients recently diagnosed with dementia, and their carers/families.

Design: An exploratory study was designed, including clients (and their carers) who had recently been diagnosed with dementia in Northumberland.

Methods: Clients with dementia were approached at their follow up appointment and invited to take part in the group. The Northumberland Memory Group was developed by a multidisciplinary group of staff and involved input from external agencies. Each group ran for weekly 2 hour sessions, over a 7 week period. Feedback from clients and carers/families was analysed using thematic analysis.

Results: Common themes were that it was helpful to have a group of peers to share experiences with, to connect more with local activities, to be given information and signposted to other agencies, and to have the opportunity to continue these networks after the group had finished.

Conclusions: The findings reflect an area of need for some people with a dementia (and their carers), following diagnosis. This supports the recommendations from recent guidelines, which highlight the need for improved access to practical, emotional, financial support, across organisations.

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The use of the principles of Namaste as sensory intervention for clients with dementia on an acute organic ward

Julie Young¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Purpose: To provide an overview of the Namaste intervention and discuss specific case studies in relation to this.
Background: The Namaste intervention was developed by experts working in hospice care to help people with advanced dementia live with a better quality of life towards the end of their life. It details the ways in which carers can understand the needs of people with dementia and communicate with them in a person-centred way to help meet their needs. Namaste care was developed in care homes, but is considered in the current paper, within the context of a ward environment.

Methods: The Namaste intervention was delivered on a needs-led basis to individuals with dementia on an acute organic ward in Northumberland. Trained Namaste therapists developed individual care plans to help meet the person with dementia's need to feel safe and for comfort. The effectiveness of this intervention was evaluated through observation charts, detailing psychosocial interventions, medication use, sleep, oral intake, and relationships with staff. Case examples will be discussed to illustrate this.

Conclusions: The Namaste intervention was found to have an improved awareness of the use of the environment on the ward, better relationships with family members, a positive and calming effect on both staff and people with dementia, and the importance of therapeutic touch in caring for people with dementia. These findings will be discussed in relation to developing practice guidance notes and bespoke training for the Trust.

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Workshop Abstracts – Tuesday 22nd June 2021 **Alphabetically by Surname of First Presenting Author**

Psychotherapy with minority ethnic older adults

Alasdair Churchard¹

¹Oxford Health NHS Foundation Trust

Background: Psychotherapists need to consider adaptations to their practice when working with older adults from minority ethnic backgrounds. However, there is relatively little academic literature and guidance for therapists about how to meet the needs of this population. I have been carrying out some work in this area and I will share my initial conclusions, but I am more interested in using the workshop format to facilitate a discussion about this area. This is therefore aimed to be an exploratory workshop which will provide a space for discussion about how psychotherapists can work more effectively with minority ethnic older adults.

Key points: I will argue that many of the adaptations which are thought to be good practice in psychotherapy with working age adults from minority ethnic backgrounds are also applicable to older adults. However I will draw specific attention to the importance of historical knowledge, considerations about how to construct a longitudinal formulation, and also how to sensitively discuss ethnicity with clients. I am of mixed-race ethnicity so I will also include some reflection on how personal experience can inform clinical practice. The workshop itself will have significant space for discussion and reflection.

Conclusions: This is intended to be a space to share knowledge about considerations in psychotherapy with minority ethnic older adults, but also to identify what areas of the evidence base require further development.

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Stories and Reflections from Care Home Wellbeing Projects across the UK in the Context of the Covid-19 Pandemic

Dr Padmaprabha Dalby¹, Dr Marina Paloma², Ms Ellie Bray¹, Ms Megan Darbyshire¹, Dr Frances Duffy⁸, Miss Kristina Gray³, Professor Ian James³, Dr Joanna Marshall⁴, Ms Ruth Mills⁵, Dr Carla Runchman⁶, Dr Jeanette Van Luyn⁷, Dr Clare Winter⁴

¹Sussex Partnership NHS Foundation trust, Brighton, England, United Kingdom, ²Camden and Islington NHS Foundation Trust, London, England, United Kingdom, ³Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, England, United Kingdom, ⁴Tees, Esk and Wear Valleys NHS Foundation Trust, Darlington, England, United Kingdom, ⁵Norfolk and Suffolk NHS Foundation Trust, Ipswich, England, United Kingdom, ⁶Oxford Health NHS Foundation Trust, Oxford, England, United Kingdom, ⁷South West London & St George's NHS Mental Health Trust, London, England, United Kingdom, ⁸Northern Health and Social Care Trust, Ballymena, Northern Ireland, United Kingdom

The Covid-19 Pandemic has had a huge impact on care homes. Approximately 20% of all UK Covid-19 deaths occurred in care homes (Office for National Statistics, 2021) and the psychological wellbeing and mental health of care home staff, residents and family carers of residents have all been adversely affected. Over the last year, psychologists across the UK have been working with multi-disciplinary colleagues to deliver services addressing the psychological needs of care homes in the context of the pandemic. Some work has been built on existing care home liaison services, some projects have linked in with NHS and Social Care staff wellbeing hubs and some have been additional 'pop-up' services funded by temporary monies. This workshop is being hosted by a collaborative of psychologists who have been running and working in such services.

The aim of the workshop is to share, in a semi-structured format, both the current evidence-base for interventions with staff in care homes, and some of the key themes that are emerging from the care home wellbeing work. This will be achieved through the presenters offering a number of five-minute stories that articulate and explore key threads and learnings from their projects, followed by a chaired reflective discussion. The workshop will create the opportunity for delegates to learn from each other in this relatively new area of work, and to highlight possible directions for future research and practice in the ever-shifting landscape of the Covid-19 world.

References:

Office for National Statistics (2021) Coronavirus (COVID-19).

www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases

Accessed: 12/03/2021

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Life Stories Worcestershire - A Digital Platform

Natasha Lord¹, Dr Louisa Jackman¹, Mr Gregg Bissell¹

¹Herefordshire And Worcestershire Health and Care Trust, Worcester, UK, ²The University of Manchester, Manchester, UK

Life story work is recognised as beneficial for life review and for supporting people living with dementia. Historically this has been more likely to be traditional pen and paper or memory boxes. However research suggests that digital medium may be even more powerful in enhancing wellbeing.

Life Stories Worcestershire is a bespoke new website. The platform was developed by Herefordshire and Worcestershire Health and Care Trust and VerseOne in collaboration with local stakeholders. There was representation across the range of expertise including from carers, heritage, people living with dementia and the general public over a period of 9 months. They commented on the content and the styling of the platform, which went live in April 2021.

Users are able create their own digital life story. Images, text, video and audio can be uploaded and is fully customisable. Their book is private however authors can invite others to view, contribute or “manage” their book/s. These can be downloaded as a PDF or shown as a video slideshow.

The workshop will provide an overview of the project and a demonstration of the platform. A review of the literature and unique elements of digital life story work will also be discussed. Questions will be invited about the project and process.

The main outcomes will be an understanding of the process to replicate for similar projects, increased knowledge of digital life story work, as well as consider if the platform is suitable for their trust as the technology is available via the developer VerseOne.

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Boomers vs Snowflakes: How do culture wars and changing narratives of ageing impact on our work with older people?

Rosslyn Offord¹

¹Cardiff And Vale University Health Board, Penarth, United Kingdom

The Brexit referendum arguably blew open fissions in British society, exposing divides between different groups including the old and the young. The language of ‘boomers’, ‘snowflakes’ and ‘gammon’ reflect ways in which older and younger groups have judged one another, becoming associated with competing ideologies on a range of issues, including immigration, racism and climate change. The different ways in which the pandemic has impacted us as older and younger groups risks adding to this divide. This workshop will draw on ideas and practice from Narrative Therapy to provide a space to consider the socio- political context we are living and working in and to reflect on what this may mean for us working with older people, the older people we seek to support and the relationships between us.

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Oral Presentation Abstracts – Tuesday 22nd June 2021
Alphabetically by Surname of First Presenting Author

Adaptations to an Older Peoples Care Home Liaison Service during Covid-19

Sara Appleyard¹

¹Humber Teaching NHS Foundation Trust, Hull, United Kingdom

The Covid-19 global pandemic which reached the United Kingdom in the first quarter of 2020 disproportionately affected those with dementia. Care homes were particularly negatively affected and both residents and care home staff required additional support from services. As a small Care Home Liaison Team in the North of England, existing resources were utilised to rapidly design and implement a proactive and preventative model of support to local care homes. Written materials, telephone support and clinics were offered between April and September 2020 using a Tier model to identify local care homes most in need and feedback from care homes was positive in response.

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Kahneman's Ideas Applied to Dementia: An Animation on Understanding and Managing Behaviour

Heather Birtles¹

¹CNTW, Newcastle, England

Purpose: 1) To explain Kahneman's cognitive theory of fast and slow thinking, and its usefulness in developing therapeutic interventions for people living with dementia; 2) To show an animation developed to teach Kahneman's ideas in an accessible way to healthcare staff.

Background: Kahneman (2011) describes cognitions in terms of 'fast' and 'slow' thinking. Slow thinking is conscious, deliberate processing and responsible for effortful, complex tasks like planning. In contrast, fast thinking is quick and automatic, allowing us to carry out routine tasks without using too much cognitive resource. In a recent published paper we argued that fast thinking is better preserved in dementia than slow thinking, and is comparable to procedural memory preservation.

Methods: People living with dementia appear to make decisions based of cues in the environment, and are often able to carry out repetitive and routine tasks. However, they struggle with more complex tasks requiring planning or long-term goals. As such, it can be theorised that people with dementia predominately rely on fast thinking for their decisions and behaviours, as their slow thinking becomes less reliable. An animation was created which illustrates these ideas, using a case study of Maria.

Conclusions: Interventions with people living with dementia should involve 'in the moment' activities which predominately rely on fast thinking and should be guided/scaffolded through any aspect of an activity which requires slow planning or long-term goals. The presentation will demonstrate how an animations can be used to describe these ideas to health care providers in an engaging way.

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The Impact of COVID-19 on the Human Rights of People Living with Dementia

Sarah Butchard¹, Matthew Simpson¹

¹Mersey Care NHS Foundation Trust, Liverpool, England

People living with dementia have been disproportionately impacted by COVID-19 with there being significantly higher mortality rates in this population and the public health restrictions having a huge effect on both cognitive abilities and mental wellbeing.

The pandemic has also highlighted existing inequalities in society with older people and people living with dementia being seen as 'expendable' (Amnesty International, 2020). Whilst everyone in the population has faced some restrictions on their lives and human rights during this time these have been amplified for people living with dementia.

This presentation will explore some of the ways the human rights of people living with dementia have been impacted during the COVID-19 pandemic linked to the FREIDA principles of; Fairness, Respect, Equality, Identity, Dignity and Autonomy. It will include the well documented problems faced in care homes as well as the challenges faced by people living with dementia in the community.

The work presented was carried out by the Human Rights and dementia group in Mersey Care NHS Foundation Trust which is made up of people living with dementia, carers and clinicians. It will include clips of people affected by dementia talking about their Rights during this time.

The presentation will also suggest ways that the experiences of the last year suggest solutions for the future; the importance of people knowing their Rights and being able to claim them and the work still required in society to ensure that people living with dementia are seen as equal citizens.



Exploring COVID-19 Experiences for People Living with Dementia: An enquiry led by service users

Tai Nga Chan¹, Keith Oliver¹, Melvyn Brooks¹, Clare Streeter¹, Adam Reid¹, Laura Smith¹, Caitlin Moriarty¹

¹*Kent and Medway NHS and Social Care Partnership Trust, Canterbury, United Kingdom*

The COVID-19 pandemic disrupted many lives, causing many plans and lifestyles to change. Although a negative time for many, a group of individuals living with dementia saw this as an opportunity to investigate and share their experiences of COVID-19 with the world.

In November 2020, the Forget-Me-Nots, a KMPT service user group in Canterbury, received a grant from DEEP to conduct a research enquiry on “What Impact has COVID-19 Had on My Connections with Others, Especially the Forget-Me-Nots”. This project will be carried out between December 2020 to June 2021. It is led by a working party comprised of service users, students, and volunteers. Additional Forget-Me-Nots members were recruited as participants through volunteer sampling, creating a total sample of 11 participants. All participants contributed to creating interview questions by participating in a preliminary conversation with a student or volunteer. From there, a list of questions for structured interviews was generated to collect data for the study. Forget-Me-Nots members interview each other via video conferencing or telephone. Throughout the entire process, students and volunteers provided individualised support to each participant, ensuring everyone was able to participate to their fullest extent.

Currently, three interviews have been completed. We aim to finish the enquiry by June. We hope this enquiry helps to reduce feelings of loneliness and empower people with dementia. We also hope to inspire future research in this area, and provide direction for future work with older adults living with dementia.



Lets Talk about Co-production: Challenges & lessons in working alongside people with dementia in creating an end of life leaflet

Polly Kaiser¹, Rachel Litherland, Jaqui Bingham

¹*Pennine Care, Oldham England*

Co-production is a much used term in health, social care, and research.

It is about

- getting involved as equals
- being recognized for the experience you bring; and
- making something happen together.

It is not just about getting involved in other people's work or ideas, but helping to shape new ideas from the beginning.

This talk (symposium) will explore the process and (sometimes unexpected) consequences of co-production by using the development of an information leaflet for people with dementia about end of life as an example. which in COVID has become even more important.

People with dementia will be part of this presentation.

People with dementia had highlighted the lack of opportunities and resources to think about and discuss end of life issues, including planning ahead. A group of people with dementia from Springboard in Oldham and DEEP then worked together to kick off the creative process. Subsequently, family carers were invited in and, finally, professionals were “consulted”. Award winning cartoonist Tony Husband used his unique style to translate their ideas and common concerns into cartoons for the leaflet. The leaflet uses humour to help initiate difficult but important conversations around end of life.

We will share data about the reactions to the leaflet from people with dementia, carers, and professionals. This data will be compared to other co-production projects, including a transport rights project initiated by people with dementia.

We will conclude with some of the challenges, the good practice approaches and recommendations in this field



iWheld digital training and coaching for care home staff to support residents' well-being

Jane Fossey¹, Ms Joanne McDermid¹

¹*University Of Exeter, Exeter,*

This presentation will discuss learning from the development of a digital training and coaching programme (iWHELD) for care home staff. iWHELD is based on the well-being and health for people living with dementia (WHELD) programme that was delivered in-person in care homes and was shown in RCT evaluation to improve quality of life and agitation experienced by people living with dementia. The digital materials were piloted to support staff during the pandemic and emergence from it and following adaptations are being evaluated in an RCT. This presentation will draw on the findings from the qualitative evaluation to describe practices that care home staff and coaches value when engaging online.



Update on the use of therapeutic lies in dementia care

Dr Katharina Reichelt¹

¹*Newcastle Memory Services, CNTW, Newcastle Upon Tyne, UK*

Purpose: The issue of therapeutic lies remains controversial. In the last year there have been 6 articles on the pros and cons of using untruths. There has also been a new taxonomy proposed by a PhD student who is completing a dissertation on the topic.

Methods: I intend to provide an update on therapeutic lies, giving a critical review of the topic. There has been international interest, and a variety of opinion expressed, including major reservations around its ethical and practical use.

Conclusions: Those who use therapeutic lies need to be clear about the nature of the concept. While training in the use of therapeutic lies is recommend, I argue that some forms of lies require care planning while other forms do not. I will make the distinction in this presentation.



Poster Abstracts

Inter-rater reliability of the ACE-III: The importance of training clinicians in the use of the tool

Alex Court¹, Dr Sam Roberts¹

¹Kent & Medway NHS and Social Care Partnership Trust, Maidstone, England

Objectives - The Addenbrooke's Cognitive Examination – Third Version (ACE-III) is a tool that is used widely within dementia assessment. There is a paucity of published studies regarding interrater reliability of the tool. The process of facilitating numerous ACE-III trainings has provided us with learning points that feel important to share.

Methods - In six separate training sessions, a dementia assessment role play was completed by facilitators, and participants were invited to score the ACE-III that they had observed. Participants were 87 healthcare professionals comprising nurses, psychiatrists, OTs, support workers and psychologists. Some were new to the tool, most had been using it for many years with no formal training.

Results - Across the trainings, there was a large variation in the scoring of the ACE-III for every domain. The highest range between the lowest and highest total score was 22 points. Outliers did not solely account for this variation, as standard deviations were generally sizeable, with a mean standard deviation of 4.44 points across the six training sessions. Experience of the healthcare worker did not correlate with scoring accuracy. Qualitative data is presented from the participants acknowledging that the training had led them to recognise errors that they had been making.

Conclusion - These results raise questions about the inter-rater reliability of the ACE-III if no safeguards are provided such as formal training, refreshers and close monitoring in supervision. It is also a reminder of the importance of interpreting ACE-III scores in routine clinical practice cautiously.

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Usage of the Goal Based Outcomes Measure: A Mixed Methods Clinical Audit within Lothian Older People's Psychology Service

Colin Farrell¹, Kate Forsyth¹, Diana Dascalu¹, Dr Lucy Birch¹, Dr Bryony MacGregor¹

¹Lothian Older People's Psychology Service, Edinburgh, Scotland

Purpose: The purpose of this audit was to assess usage patterns of the Goal Based Outcome Measure (GBOM) in Lothian Older People's Psychology Service (LOPPS) therapy appointments. An additional aim was to examine clinician perspectives on the GBOM.

Background: The GBOM is a clinical tool used to measure and evaluate the progress and outcomes of a psychological intervention. The rationale for using this measure is to provide person-centred interventions, facilitate collaborative goal setting, support clinicians in evaluating service quality, encourage reflection, and increase awareness of clinical changes. The authors are unaware of any literature currently available on usage of this outcome measure with older people.

Methods: Eight LOPPS clinicians using the GBOM across NHS Lothian between January and August 2019 participated in the audit. Quantitative data included frequency of GBOM administration, the type and number of goals set, and changes in goal scoring. These data were analysed using descriptive statistics. Qualitative data were analysed using thematic analysis, being separately and independently coded and completed by two co-raters.

Conclusions: This audit clarified that LOPPS staff members are consistently administering the GBOM throughout therapy, and illustrated the number and types of goal set. Qualitative data highlighted why it was that clinicians may or may not use the GBOM, and what clinicians found helpful or unhelpful about this measure. The results illustrate that staff perceive the GBOM as "fit for purpose" in supporting service users to establish goals which are important to them, and facilitating person-centred ways of working.

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Evaluating the impact of Assistant Psychologist Roles within Dementia Inpatient Services

Mr James Guerin¹, Ms Sophie Trees¹, **Dr Sally Stapleton¹**

¹*Sussex Partnership NHS Foundation Trust, Worthing,*

Purpose: To report on a 12-month pilot of two Assistant Psychologist roles and to outline the contribution of these new roles to the development of psychologically-informed care within Dementia Inpatient Services.

Background: Following a review of Psychology input to two Dementia Inpatient Wards, and increasing interest within the service for developing psychologically-informed care, the opportunity arose for two full-time 12-month pilot Assistant Psychologist roles, one to be allocated to each ward. These roles were to support the Clinical Psychologist who had already been working with each ward, one day per week, over a number of years.

Method: In order to assess the impact of the Assistant Psychologist roles, a number of outcomes were of interest and were evaluated. These included: 1. The development of psychologically-informed individual assessments and interventions, including contributing a psychological perspective to all care and safety plans. 2. The development and support of psychosocial interventions with other members of the multidisciplinary team. 3. The development of the team's confidence and skills in using assessment and outcome measures. 4. The development of the teams' offers of carers' support.

Conclusions: Evaluations during the 12-month pilot also involved understanding the perspectives of other members of the multidisciplinary team regarding the Assistant Psychologist roles. The posts led to a number of positive outcomes on each ward and each post was converted from a 12-month fixed-term post into a permanent post. A number of recommendations are outlined regarding the development of Assistant Psychologist roles within Dementia Inpatient Services.

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Evaluating the effects of a drop-in Cognitive Stimulation Therapy group in an inpatient setting

Zara Malik¹, Dr Catriona Craig¹

¹*Oxford Health NHS Foundation Trust, Aylesbury, United Kingdom*

Rationale: Cognitive Stimulation Therapy is an evidence-based group intervention for promoting cognition and quality of life in people with dementia. There are social psychological theories to suggest that these improvements occur because the intervention places value on the opinions of people with dementia, thus reducing negative age-related self-stereotyping. Therefore, a new drop-in CST group was set up on an inpatient ward and both patients with dementia and other mental health problems were invited. The aim of this study is to evaluate its effects on cognition and mood directly after the intervention in both groups.

Design: Self-report Likert scale measures of mood, alertness and communication ability were completed directly before and after the CST group sessions.

Methodology: The study sample comprised of 44 participants with dementia and mental health conditions who attended the CST group at least once during their stay on the ward. T-tests were used to identify any significant differences pre and post each CST group.

Results: Significant improvements in self-reported mood, communication ability and alertness were found in both patients with dementia and mental health conditions directly after attending a CST group.

Conclusion: CST may be an effective intervention for promoting mood and cognition in older adults with mental health problems as well as people with dementia in inpatient settings. This has implications for providing specialised care to meet the holistic needs of older adults with the limited resources in NHS healthcare settings.

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Older Adult Peer Support: Remote Provision during the Pandemic

Miss Emily Merten-Jones, Dr Jenna Course-Choi, Dr Claire Alwan

¹Essex Partnership University NHS Foundation Trust, Essex, United Kingdom

Purpose: We evaluated a Peer Support Group for service users known to the Older People's Community Mental Health team which commenced prior to Covid-19 and was adapted during the pandemic. We assessed if group aims were met, and identified areas for improvement.

Background: Peer support aims to provide a safe environment to share personal experiences, an opportunity to build social networks and learn from others in a similar situation, and access to information about local services. Peer support plays a role in aiding recovery and preventing relapse. Face-to-face, telephone and internet approaches are all useful ways of encouraging peer support.

Methods: Monthly peer support group was facilitated by a Clinical Psychologist and an Assistant Psychologist. Service users collaborated in designing the group. Three face-to-face groups were completed prior to the pandemic. Following lockdown, the group format changed to a Webex telephone conference and additional technical support was provided. After six sessions, ten service users completed a Likert scale questionnaire and open questions relating to group aims.

Conclusions: Results indicated both face-to-face and telephone peer support provision was valued and broadly met the group aims of facilitating shared experience and reducing isolation. Community speakers were unable to join following Covid-19 restrictions. There was a group preference for face-to-face format; however, telephone sessions increased access for some with mobility or health difficulties. We aim to combine the two formats.

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Bereaved by dementia during a global pandemic: from silent suicidality to self-compassion

Rebecca Poz¹

¹Norfolk & Suffolk NHS Foundation Trust

This poster reflects on the lived experience of Barbara and the particular psychological challenges that the Covid-19 pandemic and Lockdown brought to Older People married to a person with dementia.

Framed within the model of Compassion Focused Therapy (CFT), the case study formulates what psychological strengths and weaknesses Barbara took with her into the experience of first living alongside her husband with Lewy Body Dementia (DLB) and then making the decision for him to move into residential care. She reflects on the lived experience of her husband, and the specific challenges that DLB brought to being isolated from loved-ones during lockdown. The therapy allowed her to narrate her own story through his death, her overwhelming sense of abandonment and isolation, her desire for self-destruction and silent plans for suicide, but ultimately her ability to reach out and ask for help.

The Case study describes how Barabara engaged with core CFT concepts including flows of compassion, the three circles model and chair work. Progress is tracked with the Forms of Self-Criticising and Self-Reassuring Scale (FSCRS) and reflects on the accessibility of this measure to Older People.

Finally it asks the most painful question of all - could this have been different? Only by bringing our courageous tolerance of distress and bearing witness to what happened that was most psychologically toxic, can we start to reflect on how as a society we may do differently if there is a next time.

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Older People's access to digital mental healthcare services during the Covid-19 pandemic

Amber Snell¹, Rhiannon Reed¹, Amber Snell²

¹Norfolk and Suffolk NHS Foundation Trust, Bury St Edmunds, United Kingdom, ²University of East Anglia, Norwich, United Kingdom

There are challenges surrounding the accessibility of digital mental healthcare services for older people throughout the Covid-19 pandemic. The impact on mental health of accessing such services is an important consideration for mental healthcare providers. The purpose of this study was to understand how older people have accessed (digital) mental healthcare services throughout pandemic and their related experiences. Semi-structured interviews were conducted to understand if and how older people accessed digital mental health care services

and to discuss their experiences. Thirteen older people's mental healthcare practitioners were asked to review their caseloads and participate in interviews. Three service users aged over 65 years old were also interviewed. Individuals from practitioners' caseloads were categorised into two groups: those who had accessed digital technology and those that had not. Themes were drawn from the qualitative data collected from practitioners and service users. Of thirty-one older people, 9 were able to access an appointment using digital technology. Three independently and 6 with the support of a family member or carer. Positive outcomes of using digital technology was increased connection compared to telephone appointments, and professional appointments were more accessible for practitioners. Barriers to digital technologies were the exclusion of people who experienced serious mental illness and for mental healthcare practitioners', challenges around risk assessment. This study highlights the complex nature of providing digital mental healthcare services to older people and the challenges associated with engaging and empowering them to use technology. Also, how they can contribute to shaping future digital mental healthcare services.



Implementing a modified START Carer Program during the pandemic

Dr Pavan Mallikarjun¹, **Ms. Laura Stanford¹**

¹*Black Country Healthcare NHS Foundation Trust, Dudley, United Kingdom*

The COVID-19 Pandemic saw an increase in Duty/Crisis calls to Dudley ECMHTOA related to carer-stress in response to managing challenging behaviours in service users with dementia. Due to the restrictions placed by the COVID-19 working guidelines, face-to-face support during the peak of Lockdown was difficult to implement. The START carer program offered an ideal solution to address carer-needs.

We implemented a modified START program, offering 8+1 telephone sessions to carers. Pre and post wellbeing measures were administered.

Data from the first 10 service users will be presented and discussed in the context of person-centred care. We will also present qualitative data from ECMHTOA representing staff feedback in response to START.



From a therapy session to a global resource: The development of Copingresources.org during the COVID-19 pandemic

Ms Sophie Trees¹, Ms Heather Eason², Mr Thomas Preece³, **Dr Sally Stapleton¹**, Dr Carolien Lamers⁴

¹*Sussex Partnership NHS Foundation Trust, Worthing*, ²*sprigofheather.co.uk, Cardiff*, ³*thomaspreece.net, Bristol*,

⁴*Bangor University, Bangor*,

Purpose: To outline a collaborative project aimed at increasing access to coping strategies during the pandemic.

Background: The author (SS) had been working therapeutically with a client within an inpatient service for older people experiencing mental health difficulties. The client was needing day treatment at the general hospital, where one of the initial cases of COVID-19, in the UK, was identified. The client experienced understandable anxiety about COVID-19. At that time, "FACE COVID" (Harris, 2020) had been made publicly available for use. We read through this document together in a therapy session and picked out aspects that they found particularly helpful. This was typed up on a double-sided sheet of A4 paper. The client reported that they found this particularly helpful and they wished to share this with other people on the ward, as the level of concern about COVID-19 was increasing.

Method: An Assistant, Undergraduate Psychology student and I engaged with an Expert by Experience (EbE) with skills in dementia friendly design and desktop publishing to maximise the accessibility of the resource. The client gave their permission to share this with the FPOP inpatient network and promising early feedback was received. Due to the EbE's work in translation, they engaged with their professional networks and a number of translated versions were co-ordinated by professional volunteers, including the offer to develop the copingresources.org website.

Conclusions: Positive feedback was received and it was included within an FPOP publication. Website data suggests that the resource has since been downloaded across the globe.



Using Polyvagal Theory within Later Life Inpatient Services

Dr Ruth Watson¹, Miss Apostolia Fotoglou¹, Professor John Keady¹

¹*Greater Manchester Mental Health NHS Trust, Salford, UK*

Purpose: This poster considers how polyvagal theory can be applied within later life inpatient services – to inform direct clinical work (assessment, formulation and intervention), and to support a trauma-informed approach to care. The paper will reflect on the potential value of using polyvagal theory as a model and conceptual framework, within this setting.

Background: Polyvagal theory emerged in the late 1960s and continues to gain support as an approach to help understand behaviours (threat or safety based) as responses to survival. It focuses on changes in physiological states and the way this can impact upon our ability to connect. The idea that trauma may compromise this ability to connect, is helpful in formulating many of the behaviours which present during admission to Older Adult inpatient wards. Particularly some of the behaviours which go beyond the typically labelled anxiety responses and do not fall within 'fight or flight' response.

Methods: The poster will describe some of the ways Polyvagal theory has been used at Woodlands hospital – within formulation, intervention, staff training and environmental considerations. The authors will comment upon how successfully this model has been applied and received.

Conclusions: Polyvagal theory has significant potential value within this setting. It offers a model which reminds service users and ward staff, that behaviours may be a response to trauma (past and/or present), which informs a more trauma-responsive approach to care.



Disco Days: Using a Silent Disco Kit with Dementia Inpatients

Dr Ruth Watson¹, Miss Jessica Nuttall¹

¹*Greater Manchester Mental Health NHS Trust, Salford, United Kingdom*

Purpose: This poster is a reflection on the introduction of a Silent Disco kit with service users and staff on two dementia wards, incorporating initial data analysis of user and staff experience.

Background: Silent disco kits - which broadcast to headphones instead of loudspeakers - while originally used by young people at festivals, are increasingly used in residential care. While there is growing positive qualitative feedback from residential settings, there is no current research which has examined their use and effectiveness within inpatient settings.

Methods: The poster will include initial results to indicate how service users engaged with a trial of the silent disco kit during a week-long period in March 2021. Staff feedback was also sought on their experience of using the kit with service users.

Conclusions: Delivering music in a novel way to service users with dementia in this setting, has several benefits, with the potential to positively impact and enhance relationships between service users and staff. Music therapy with this cohort has a well-established evidence base, and can promote self-expression, reduce distress and affect mood and energy levels amongst those who are harder to engage. The authors will reflect on the potential of benefits to using music in this way, which will be outlined along with considerations for how and when the kits are used.

