## Older People with Mental Health Conditions &/or Cognitive Impairment

- May have significant risk factors:
  - Over 65 years of age
  - May have depression, anxiety, psychosis
  - May have behavioural factors
  - May have cognitive impairment
  - May use psychotropic medications
  - May have had ECT
  - May have physical co-morbidities
- May not be routinely screened for falls risk:
  - Data indicates differences between MH service setting

## Fall Prevention Group Euroa Inpatient Unit 2006

- Two parts to the group programme:
  - 15 minutes exercise
  - 15 minutes educational session
- Conducted for the patients on the ward (n=6)
- Twice weekly sessions over 6 weeks
  - Total time 3 weeks
- Multi-disciplinary team led (OT & Nursing)
- Staff Manual for conducting the group

## Euroa Inpatient Unit Education Sessions

- 6 educational sessions:

  Session 1: Footwear & Eyesight

  Session 2: Making the Home Environment Safe

  Session 3: Managing you Medications

  Session 4: Walking and Fitness

  Session 5: Out and About (Community Safety)

  Session 6: Practical Plans for Falls Prevention

## Exercises

## Lessons Learnt

- Difficulty getting enough consumers
- Participation beyond abilities?
- Context: a lower priority for consumers?
- Fluctuating staff commitment and expertise: ↓ sustainability
- Subsequent approach:
  - Ad hoc, individually tailored by OT
    - Home visit
    - Non-slip socks
    - Walking/ exercises

## Stepping On for Recovery 2016

- Community SMHSOP consumers
- OT- initiated and led
- n=10
- Tangibility of the exercises
- Liked the structure (7 weeks)
- Outcomes improved – TUG, near tandem, STS

## iFOCIS Fall Prevention for People with Dementia

- Can a tailored exercise & home hazard reduction program reduce the rate of falls in community dwelling older people with cognitive impairment or dementia?
- NHMRC funded RCT led by Jacqui Close
- n=310

## Intervention Overview

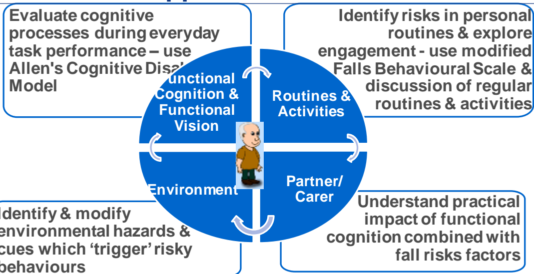
- 10 PT / OT home visits over a year
- Functional cognition assessment
- Tailored educational approach
  - delivery of falls prevention program
  - to teach carer how to work with cognitive abilities
- Home hazard assessment
  - recommendations including modifications where necessary
- Home exercise program
  - balance and strength focus
  - individually tailored

## Framing Intervention using Allen's Model

- Identifies underlying cognitive processes: aspects of the environment and tasks people are able to respond to
- Helps tailor content and instruction process:

  i.e. *HOW* we teach
- Helps educate carers re expectations

## iFOCIS OT approach

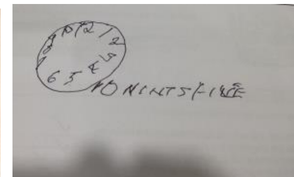



*identify underlying cognitive processes and aspects of task & the environment that people are **able to respond to**
*tailor content and instruction process i.e. *HOW* we teach
*educate carers re **expectations** as per functional cognitive abilities & habitual behaviours

PARTICIPANT A
Allen's Level.Mode 4.4
ACE-III 53/100

<u>Goal Directed Behaviour</u>

- Able to maintain actions to complete goal
- Difficulty identifying non visible problems, such as fatigue
- Needs visible cues to complete tasks



## Examples

**Mr J (80 years, lives in retirement village w wife)**

**Functional Cognition:** 4.4 (range 3.0 – 5.8)

*Goal-directed Behaviour: Completing a Goal*

**Problems:** carries too many bags of groceries at once; trips on hazards below knee height & bumps into things; never asks for help; starts without instruction

**Routines:** loves household chores: watering plants on balcony, bringing in groceries, laundry tasks

**Risk Factors:**

Functional vision: does not scan (sees only 1-1.5m in front/at eye level)

Visuospatial function: uses concrete 'samples' to correct errors - unable to estimate effects of non-visible cues

**Solutions:** Highlighting step edges, securing mats, re-positioning shower products off floor

**Innovative Solutions:**

Wife to prompt number of grocery bags to carry; buy smaller watering can & laundry trolley

Educate wife re functional cognition:

- reduced risk recognition - no understanding of non-visible hazards e.g. fatigue, potential hazards or consequences of actions
- demonstrations for new tasks, not verbal instruction **"seeing is believing"**

**Mr S (91 years, lives with his wife)**

**Functional cognition:** 3.4 (range 3.0 – 5.8)

*Manual Actions: Sustaining Actions on Objects*

**Problem:** Falling off chair frequently during the day while playing cards (usually picking up dropped cards). Wife often unable to get him up off floor

**Routines:** loves sorting cards; does so for extended periods (hours)

**Risk Factors:**

Functional vision: 'tunnel vision' only 12-14" to the front

Visuospatial function: difficulty estimating spatial relationships between objects, especially depth perception

**Solution:** Sturdy chair with arm rests; chair repositioned

**Innovative Solution:**

Defined spatial area for playing cards: tray with non-slip surface & raised tactile edges –

- **provides clear cues for card placement** & prevented cards falling to the floor. No further falls during this activity

Educate wife re functional cognition, risk factors, & to prompt regular rest breaks to reduce cognitive & physical fatigue

## Strategies

## Teaching Exercises & Home Safety Based on Functional Cognition

- Inability to recognise non visible cues e.g. fatigue:
  - Split sessions & watch participant
- Heavy reliance on visual cues:
  - Provide foot position markers
- Unable to recognise mistakes but does not like being told what to do:
  - Praise correct technique & ignore errors
  - Set up session for optimal performance e.g. time of day/ location in the home

## Implications

- Inpatient settings – do we have enough evidence regarding falls themselves and/ or interventions?
- Do we routinely screen? What is our reporting culture?
- What are we aiming for? Do we really believe?
- Some fall prevention interventions may have negative outcomes; what specific MH strategies are used?
- Do we consider functional cognition sufficiently in our interactions?
- How do consumers consider falls? Are they a priority?
- Traditional approaches vs individualised tailoring
- Role of the environment?

## Discussion?

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