

# Community OT and the mental health of older people

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# Clarification

- Focus on depression and well being
- Not qualified to talk about dementia
- Health: Not WHO but  
'Ability of individual to function in relation to self and to group of which (s)he is part' (Dubos, 1971)

# Starting point

- Review of evidence commissioned by Office for Disability Issues, Department of Work and Pensions, 2006.  
“What savings to Health and Social Care budgets result from investment in adaptations and equipment for disabled and older people?”
- (web publication expected March 2007)

# Focus of discussion today

- Falls
- Mental well being
- The direct and indirect connection of these things and
- the role of adaptations and other OT inputs in improving mental well being

Key point: Cause and effect may not be direct



# Falls: some evidence

- Estimated cost of hip fractures to UK society in 2000: £726 million (£236m health; £490m social care).  
*Parrott, S. (2000) The Economic Cost of Hip Fracture in the UK.*
- Includes hospital, ambulance, GP, outpatient, travel to outpatients and social care .
- Single hip-fracture average cost £25,424. (£28,665 in 2005)

## Or alternatively.....

- 'The total cost to the UK government from falls in those aged 60 and over was £981 million. 59% of this cost was incurred by the NHS and the remainder by the Personal Social Services, for long term care.'

Scuffham, P., Chaplin.,S. and Legood, R. (2003)  
'Incidence and costs of unintentional falls in older people in the United Kingdom.' *Journal of Epidemiology and Community Health* 57 740-744

# Do adaptations prevent falls?

- **Problems of evidence: the leaky sieve**
- Definition of a fall
- Reporting of falls (Allen,2003)
- Recording of deaths from falls (Swift, 2001)
- Recording circumstances of falls: (ODPM, 2003, Statistical evidence to support HHSRS; based on Home Accident Surveillance System (HASS))
- Much better evidence needed

# NICE Clinical Guideline 21(2004)

## Recommendations

- **multi-factorial falls risk assessment** (including assessment of home hazards, visual impairment, and fear of falling).
  - strength and balance training
  - home hazard assessment and intervention
  - vision assessment and referral
  - medication review with modification/ withdrawal
- and **multi-factorial interventions**, including action to tackle home hazards and reduce fear of falling.

# NICE: Found Not effective

- **Group exercise programmes**
- **Hip-protectors.**
- **Home hazard assessment without follow-up**
- **Referral re visual impairment without other actions**

# Groping for solutions, but what are the causes of falls?

- Transfers ?(your field!)
- Gardening ?
- Footwear?
- Stairs?
- Bathrooms?
- Poor lighting?
- Depression?

# Depression

- The best predictors of falls are a previous history of falling and presence of a neurological condition (eg depression).

Ruchinskas (2003) cited in Allen 2003

# depression

After adjustment for potential confounding variables, **there is a 30% increased risk of fracture** of the rib, hip, foot and ankle (but not wrist, humerus or other) **in older people with depression**, especially those suffering from sense of worthlessness, rather than just those lacking energy

(Whooley et al (1999) 6yr RCT with 7414 participants)

# This mental health question



- Wherever you look, it keeps turning up.

# Mental health

- **Systematic review of RCTs on housing health links over previous 100 years. The most solid findings relate to mental health. Eight out of the nine studies showed a gain in mental health after housing improvements.**

Thomson, H., Petticrew, M. and Morrison, D. (2002) *Housing improvement and health gain: a summary and systematic review*  
Glasgow, MRC Social and Public Health Sciences Unit

# Mental health

- Allen, T (2005b) 'Private sector housing improvement in the UK and the chronically ill' *Housing Studies* 20 [1]: 63-80.
- For chronic heart conditions: a programme of improvement and disabled facilities grants, with focus on heating, security and adapting bathrooms. **The outcome was a significant improvement in the mental health of the residents (average 6.2 points on the SF36 scale).**

# Mental health

Poor accessibility in the home is related to dependence in activities of daily living; low subjective well being (Iwarsson and Isaacsson 1998); poor perceived health, and poor psychological well being.

(Bonney, X et al (22 names from 9 EU countries) (2004) *Review of evidence on housing and health: Background document prepared for Conference on Environment and Health, WHO, Europe*)

# Effect of unadapted home on mental health

Key words before adaptation (constituents of 'poor psychological well-being')

- “prisoner”
- “degraded”
- “embarrassed”
- “afraid”
- “at screaming point”
- “useless”

# Effect of adapted home on mental health

## Words after good adaptations

- Freedom
- Independence
- Useful
- Confident
- Brilliant
- Warm

# Design matters too: theoretical underpinning

- Identification of home and self (many theorists)
- Person environment interaction (Lawton, Iwarrsson)
- intrusive adaptations reinforce negative self-image, increase low self-esteem.



# What are the implications?

- Assessment that looks more specifically for depression and its causes?
- Adaptations designed to tackle depression and to prevent causing it
- Re-assessment after adaptations

Key point: Cause and effect may not be direct



# and the consequences...

- Providing an older person with a shower may:
- prevent the depression
- that prevents the fall
- that costs pain, suffering and £28,000
- and that sometimes causes death.
- Could an OT mental health assessment make an impact on 'priorities'?

# Conclusion

- The issue of mental health and well being runs through all aspects of community OT with older people. Implications are serious.
- Understanding the role of the psychological factors is not a luxury extra.
- Much work to be done...