

What makes a difference in an older adults mental health service for men ? ‘Brian’s story’



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What's the challenge for men like Brian ?

Men admitted on the functional ward 'languishing'

Majority are self presentation level

Evidence refers to social isolation, lack of motivation, physical problems and more likely to end up in institutional care (Nicholls, 2006)

Why change ?

- Idea came from previous experience, research
- New MDT
- Focus on 'exploration'



So, what does a typical treatment programme look like for Brian ?

Trial program delivered & reviewed after 6 months

Using the model meant targeted treatments

Including:

- Physical wellbeing (exercise, walks)
- Creative skills (art, pottery, photography)
- Life skills (cooking, health promotion)
- Cognitive skills (discussion, games)
- Anxiety management, relaxation, tai chi
- Coffee morning (social ability)
- Occasional treatments (community)



So, what's the difference now for Brian and others ?

- “Just as capableparticipation, learning new skills and sustaining a sense of purpose” (DoH, 2005)
- Use of forms to highlight change
- More focused at the right level
- Feedback important,
- Promote ‘making a difference’
- “Taking on challenges... engaging in satisfying activities in order to maintain wellness” (Godfrey and Denby, 2004)
- Link into other services e.g. Age UK



References

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