

# Psychosocial care for elderly in old age homes in Kerala



Project Report

2018- 2021



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

## **Psychosocial Care for Elderly in Old Age Homes in Kerala**

### **PROJECT REPORT (July 2018 – March 2021)**

#### **INTRODUCTION:**

Growing elderly population is a global phenomenon. Kerala's 60 plus population (3.33crore) is set to rise to 11.17 million by 2051. (The Hindu 04, August 2015). Old age homes in the State are on a rise. So, strengthen the functioning of these institutions is becoming an inevitable need. So for ensuring the holistic care of the residents in these institutions, the Department of Social Justice Kerala collaborated with NIMHANS and initiated the project called '*Psychosocial care for elderly in old age homes in Kerala*' focusing on sustainable psychosocial care programs for residents in old age homes of Kerala. NIMHANS have started this project as a pilot programme in the month of July 2018 in Vellimadukunu, Calicut. Till then administrative and other formalities were on process. The project consists of three phases. While phase I is focusing on developing and standardizing the ICP and the phase II on implementing the ICP and capacity building. The analysis and review of the activities carried out in the first and second phases will make up phase III. This pilot programme will be later implemented in 16 old age homes in Kerala. The project team consists of Dr.K Sekar (Principal Investigator), Dr. Sojan Antony(Consultant), Dr. P T Sivakumar (Consultant) Mrs. Aleena Mathai(Project Coordinator) Mr. Arun Babu B.L (Social Worker) and Mr. Amaljith Jose(Social Worker).

#### **PROJECT CONCEPT AND MAJOR OBJECTIVES**

Mostly, the senior citizens in the care homes are those who are left alone, abandoned by the family and destitute. Deterioration of bio-psycho-social functioning is common issues of ageing and they have very high level exposure to severe bio-psycho-social issues. So the situation demands a system through which care and other services can be provided in an uninterrupted or structured way. So this project aims to develop state wise 'Psycho-social care model' or a system in the care homes run by the state through developing individualized care plans of the residents after the scientific assessments and enroot a potential multi-disciplinary team including trained staffs along with the system for supervising the team and for regular monitoring of the ICP. Another objective is the standardization of infrastructure facility.

#### **METHODOLOGY**

The project adopt a participatory methodology to develop Individual Care Plans and to implement psychosocial care in the existing services by integrating the activities with various other stake holders working in the area of the geriatric services such as Department of Social Justice, Social Welfare, Disability Board, District Mental Health Programme, NGOs and Schools of Social Work. The first phase of the activities included identifying the various needs of elderly in old age home, developing and standardizing the ICP through participatory methodology. The second phase is the implementation the individual care plans, capacity building and evaluation.

### **DETAILED INTERVENTION PLAN**

**Activity 1 Colloquium:** A half day colloquium will be conducted at Trivandrum for the higher level sensitization of the Administration, Disability Board, Social Justice office, State Mental Health Authority, Management of schools of Social Work, Institutional heads of elderly care homes, Directors of NGOs and other services providers of geriatric services.

**Activity 2 Need assessment of the elderly in old age homes:** To understand and develop individual care plans for the elderly in old age homes, activities will be carried out in all old age homes in Kerala.

**Activity 3 Development of contents of individual care plans and programme:**Based on the need assessment results, contents of the individual care plans will be developed besides, assessment, intervention and follow up strategies. A manual and training workbook will be developed to use for the staff training.

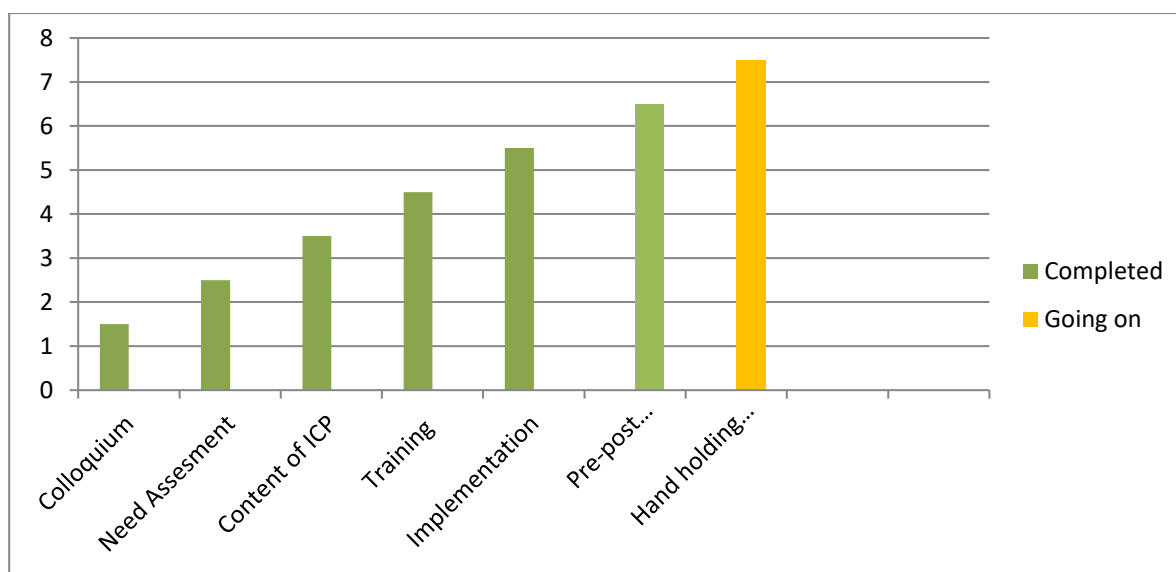
**Activity 4 Training of Staff in old age home in carrying out the work:** All the staff involved in the elderly care will be provided with training. Plan will be made to develop master trainers to implement this programme to other old age homes as well. NIMHANS and IMHANS, Calicut would provide training to the master trainers.

**Activity 5 Implementation of the programme:** Based on the intervention strategies developed, trained staff will implement the programme in the selected old age homes in Calicut district.

**Activity 6 Pre and post assessment:** In order to measure the effectiveness of the training, pre and post-test will be carried out on staff. Indicators will be developed to assess the progress in individual's psychosocial status after the intervention. This would help the team to identify the areas to be improved and necessary changes will be brought in the model.

**Activity 7 Reporting and Recording:** Definite format will be developed to record the progress of each programme at every phase of the project. ICP will be developed to plan psychosocial intervention for the elderly and MIS will be developed to record and report the results of psycho social interventions.

**Activity 8 Communication and hand holding support:** The stakeholders from Calicut at the pilot phase would have a Skype meeting with NIMHANS team every month to review the progress of the program. Apart from this the team will have Skype interaction with NIMHANS team on specified days on clarifying the intervention strategies and special cases. Handholding support will be provided by the coordinator appointed to support the staff in taking care of the elder on a regular basis through regular field visits and institution visit.

**PROGRESS INDICATORS OF THE PROJECT FROM JULY 2018- March 2021**

From the above figure it is understood that all the major activities of the project are over such as; colloquium, need assessment, content of ICP preparation, staff training and implementation. At present the project is giving handholding to the homes.

**OVER VIEW OF MONTH WISE PROJECT ACTIVITIES FROM JULY 2018 – MARCH 2021**

Sl.No	Activities done	Timeline
1	Rapport building with residents.	July 2018
2	Discussions with stake holders. Development of check list and completion of the assessment( Infrastructure facility, manpower, Health and other services).	August- September 2018
3	Identification of gaps, skill & strength of residents. Started the preparations of proposals (LENSFED).	October 2018
4	Detailed psychosocial need assessment.	November 2018
5	Data entry, started conducting home visits of residents, preparation of staff training module, and also started conducting programs for keeping residents occupied/engaged.	December 2018
6	Content development of primary ICP, preparations of workbook.	January 2019
7	Preparation of primary model of workbook (staff training), started Skill/Interest enhancement activities, cognitive re-training methods for the residents, completion of primary ICP of all residents.	February 2019

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8	Reintegration of few residents with their family members, planning and mobilizing volunteers for Vishu program. Guideline, assessment and advertisement of the Vishu programme were prepared. <b>Colloquium</b> with officials at Trivandrum .	March 2019
9	A community organization programme namely “ <b>Kaniyorukkanoru Koottu</b> ” 2019 (Vishu Program) was conducted. In which 12 residents were given opportunity to celebrate Vishu with the families nearby old age homes who met our guideline. <b>Disability audit</b> was done and submitted the report to the Social Justice Department.	April 2019
10	Restructuring of ICP and preparation of work book for staff-training. Subsequently, provided regular psychosocial support, Individual/group sessions, and Skill/interest enhancement for the residents.	May 2019
11	Participation and contributions in District collector initiative for developing a <b>comprehensive action plan for the welfare of elderly population in Kozhikode.</b>	June 2019
12	Completion and finalization of workbook was done. Identified the master trainers from 5 official from central south and north zones and conducted <b>5 days staff training at NIMHANS.</b>	July 2019
13	Completion of staff training, submission of proposal/ action plan towards District Collector’s initiative for the elderly living in Calicut District (Elderly in the community, streets and old age homes)	August 2019
14	Apart from providing regular Individual/group sessions and legal support for the residents, <b>submitted proposal for basic renovation needed in the infrastructure facility of OAH</b> and also conducted sensitizing session for private old age home representatives.	September 2019
15	<b>Extension of project in to other 2 districts</b> (Government Old Age Home, Thevara -Ernakulum and Day Care Center and Old Age Home for Women-Thiruvananthapuram) Started rapport establishment with the residents in these districts and done assessment using checklist.	October 2019
16	Collaboration with a project called ‘Happy Hill’ initiated by District collector Kozhikode. Conducted <b>Review meeting at NIMHANS</b> to understand the progress of the project. Started giving psycho-social support, individual sessions and skill enhancement to the residents in Thiruvananthapuram & Ernakulum old age homes. Started conducting psycho-social need assessment of the residents in these old age homes. Started preparing basic/primary ICP of the residents in Thiruvananthapuram. Completion of infrastructural/service assessment.	November 2019

17	<b>Collaboration with DLSA</b> at Thiruvananthapuram old age home. Reunited few residents to their family members with the help of DLSA. Also worked on bringing the services of DLSA and DMHP to the Ernakulum old age home. Requests regarding the same had sent to concerned departments.	December 2019
18	<b>Yearly review meeting</b> conducted at Social Justice Department, Thiruvananthapuram , reviewed the project activities and future plan of the project. Project progress was satisfactory and based on that allotted Phase 2 fund.	January 2020
19	Discussions with HLL (Hindustan latex limited) team for future collaboration. Submission of <b>manpower expansion proposal</b> to SJD for verification.	February 2020
20	<b>Prepared covid-19 preventive measures.</b> Implemented in the Kozhikode Govt. old age home first by making it as an order by DSJO and later adopted in the Ernakulum and Thiruvananthapuram. Conducted class on the measures to be taken during COVID, use of hand sanitizer and informative pictures were sticked on the walls. Separate sensitization programme conducted for the staff in Ernakulam, Thiruvananthapuram and Calicut old age homes.	March 2020
21	Support given for the initiative of District collector, Kozhikode in terms of providing <b>telephonic assistance to 140 senior citizens</b> under quarantine in Kozhikode district.	April 2020
22	Regular telephonic Inquiry and psychosocial support for the staffs & residents during covid-19 lockdown. Submitted <b>E Kshema evaluation report.</b> Conducted <b>online Video conferencing-session</b> on “Psycho-social support for care takers working in old age homes during COVID-19 pandemic”.	May 2020
23	Conducted <b>online review meeting</b> with the principal investigator and project consultants regarding the progress of the project	June 2020
24	<b>Online staff training in 3 districts</b> (Calicut, Ernakulum and Thiruvananthapuram) for the staff in the old age homes. It was a 10 days training programme.	July 2020
25	<b>Standard Operating Procedure</b> during the time of COVID-19 has prepared and implemented in the Calicut old age home. Final workbook has been sent to NIMHANS.	August 2020
26	Helped the district administration in mobilizing volunteers, experts for the <b>elderly helpline programme</b> in different districts. And provided continuous psycho social support for the residents in Ernakulam, Trivandrum and Calicut old age homes. <b>Online project evaluation</b> is done in the month of September. All	September 2020

	the activities of the project till date and the future plan of the project is discussed. Dr. K Sekar, Principal investigator, Dr. P T Sivakumar and Dr. Sojan Antony, Project Consultants were present in the evaluation.	
27	In the month of October project team focused more on the documentation work including manual preparation, workbook and ICP finalization and other administrative work.	October 2020
28	<b>Prepared the guideline</b> for the implementation of the project to the other districts. The guideline consists of regarding admitting a resident, management, ICP preparation/management, staff supervision, elder friendly infrastructure ,role of a social worker and other services.	November 2020
29	<b>Project review meeting</b> organized by Social Justice Department. Director , assistant director, District Social Justice officers and project team were part of the review meeting	December 2020
30	Initiated the work of <b>converting ICP into a software and to integrate it into E-Kshema Software</b>	January 2021
31	<b>Online District level training programme</b> for all the staff in Government old age homes as well as Government care homes under department of social justice. It was conducted in 2 batches, first batch was from 2/02/2021 to 11/02/2021 and the second batch started from 12/02/2021 to 21/02/2021.	February 2021
32	<b>Online review meeting</b> of the project by NIMHANS have conducted in the first week of March. It was asked to sort out the materials which need to handover to SJD.	March 2021

### SUMMARY OF THE WORK

Preliminary step to achieve the objective of the project was to develop a **check list** for the assessment of infrastructure and services available in the old age home. A check list was developed for assessing the facilities and services as well as health of the individuals. The detailed report of the check list given idea on the areas needed improvement in terms of infrastructure and services. A detailed **psychosocial assessment** was conducted using standardized scales: the scales used were:

- Mini Mental State Examination.
- Depression Anxiety Stress Scale.
- Loneliness measurement tool.

- Everyday Ability scale.
- Sense of Competence scale for caregivers.

Mini Mental State Examination, Depression Anxiety Stress Scale and Loneliness measurement tool administered among the residents through direct interview. Everyday Ability scale and Sense of Competence scale was filled by care givers. The results of need assessment provided detailed information about the current facilities, services, and care and health conditions of residents and psychosocial status of the residents. The results will support in improving the psycho-social status of residents and to develop an elder friendly facilities in the home as well to prepare psychosocial care model to support elderly through holistic care. It gave information about the profile of residents, intake process in the home for elderly, health status, indoor and outdoor infrastructure, manpower and other support available for elderly. The study identified gaps in intake process, changes in infrastructure to make home more elder friendly, psychosocial assessment and intervention as well as gap in manpower such as social worker and other health professionals.



Towards addressing these issues there should be resident welcome programme, case history of each resident, awareness creation about home and rules, skill and interest identification, physical and mental health assessment, preparation of individual care plan and also involve the routine activities of the home. Further improvement such as beautify the premises of old age home and making it elder friendly, improving daily routines, accessing the services of more health care professionals like, nutritionists, geriatrician, dietician, physiotherapist, etc is needed.



The results of the cognitive functioning of the residents showed that 34.9% of residents didn't have any problem where as 30.2% of the residents has mild cognitive impairment or have the early sign of Alzheimer's disease and remaining have either moderate or severe cognitive impairment and Alzheimer's disease. Suggestion includes improving mental and physical exercises, integrating other health care professionals and develop care plan, improving their safety and regular follow-ups and medications. Routine





activities need to be initiated in the homes for the elderly as per their interest, ability and cognitive skills.

Towards addressing the physical and mental health issues, care should be given by the multi-disciplinary teams in the system. Regular counseling, group work and group therapy, medications, regular check-ups and follow-ups need to be established. Regularly assessing other physical health problems, promoting social engagements in various activities,

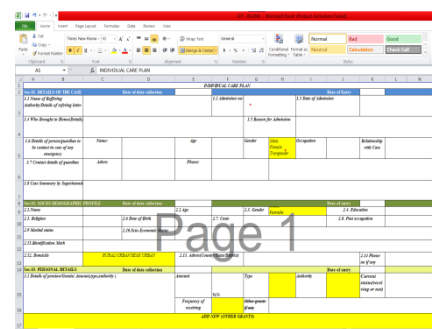


exercises, yoga, meditation and entertainment programmes is recommended. For reducing loneliness among elderly they need to be engaged in more group activities which can help them to maximize their friendships, health and happiness, encouraging staffs of the old age home to develop good relationship with the residents and execution of their services need to be ensured.

A **colloquium** was conducted at Trivandrum to disseminate the results of the study conducted in the old age home. Official from Social Justice Department, NIMHANS and the official working in Elderly care participated in the programme. Major suggestion from the colloquium was to conduct a disability audit in the old age home. Based on the suggestion the team conducted disability audit and detailed report was submitted to Social Justice Department. From the results it was understood that many of the facilities in the old age home are not elder friendly.



For fulfilling the project objectives, contents of **Individual Care Plan** have been developed, a system for staff supervision was developed and integrated it into ICP. So far the project have prepared 75 ICP in the Govt. old age home, Vellimadukunnu, 48 ICP in Thevara Govt. old age home and 28 ICP in Govt. old age home Poojappura and implemented it. It was prepared in a digital format the process of converting it into a Software is



on process. This ICP helped the social worker and other staff working in old age home to deeply understand the details of each resident, their mental condition, physical condition, interests, other family details , legal issues and the management.

To achieve the next objective master trainers were identified and **5 day workshop** was conducted at NIMHANS in the month of July 2019. Pre- post assessment was done. Based on the results content analysis of work book was done and modified the work book and manual for the **Zonal level capacity building training programme** for the staffs working in Govt. old age homes of Trivandrum, Calicut and



Ernakulam districts in the month of July 2020. Based on the assessment and detailed training report, the workbook and manual was again modified and arranged **District level training programme** for the care takers of elderly in the old age homes These training programme was



scheduled in two batches. The first batch started on 2/2/2021 and ended on 11/2/2021 and the second batch started on 12/2/2021 and ended on 21/02/2021. The training was conducted in the online platform 'Zoom'. The sessions were divided into three viz, Knowing ageing, Being with elderly and Caring of caregivers. A pre-assessment form was sent to the participants to understand their awareness and perspectives on old age and residents in the old age home. A post assessment was also conducted after the 10 days of training.

Other than these the project team was continuously giving psycho social interventions to the residents in the old age homes. The major interventions were ; conflict resolution, counselling, group therapy, case work, reminiscence techniques, relaxation techniques, activities for physical and social engagements.

## RECOMMENDATIONS

Following are the major recommendations and suggestion to improve the existing facilities of old age home and to solve the psychosocial issues among elderly.

- A formal welcome programme for the residents needs to be initiated as mentioned in the old age home manual.
- The basic history/ information on how the resident came to the home as per the official who is admitting the person can be maintained in the file until detailed history is taken. It will help the staff to be alert in specific cases.
- Towards ensuring safety of the residents and ensuring peaceful environment for the residents it is recommended that the new comers need to be kept in observation and provide individual care and attention to ensure that they can adjust with the residents. Towards this the residents can be kept in the observation room (current facility) in the home for at least 24 hours.
- The interests of residents need to be identified and they need to be encouraged productively in the activity. This need to be include in their daily routine.
- One file can be maintained for each person where all information about the person is maintained. The file that is opened for the person itself can be used for the same.
- Increase the frequency of accessing medical health care professionals and their visits, appoint Clinical psychologist, Psychiatrist, Yoga and meditation instructors, Occupational therapist and Physiotherapist.
- Landscaping and garden need to be made in front of the home as well as vegetable garden can be made. The residents can be employed to take care with minimal remuneration towards motivating them to engage in positive activities. Support from existing programs related field can be used for this.
- In garden as well as around the home an elderly friendly walk way can be made with rails on hold on. This will enhance their physical and mental health.
- There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be emergency light attached to each table and alarm bells at the bedside.
- Hand rails can be fixed on the walls of dining area. Furniture's can be elderly friendly. Guiders on the corridors can be fixed as this will enable the residents to identify the appropriate places.

- Common prayer room to be used by persons from all religious dominations that can be also be used for meditation can be arranged
- Isolation room need to be build or arranged in the existing building and sick room need to be functional.
- Repeated reminders, more interesting activities should be there and involvement of residents should be ensured to make sure the social engagement status of the elderly
- Once in three months camps (Sensory impairment check-up camps and other medical camps) are preferably good for solving the issues of sensory impairment
- A health care training program for caring staffs will be good to decrease the level of physical and mental health problem. Individual engagements (both physical and mental) also will help to solve the problem.
- Improvement in cognitive performance, and retard or prevent progressive deficits. Proper medications, avoidance of toxins, reduction of stress, prevention of somatic diseases, implementation of mental and physical exercises, as well as the use of dietary compounds like antioxidants and supplements can be protective against MCI (mild cognitive impairment).
- Ideally, a team approach integrating the services of physicians, nurses, other healthcare professionals, social workers, and community organizations may improve medical and behavioral outcomes for the patient
- Health care professionals in collaboration with care givers and other related professionals develop a care plan and discuss the diagnosis and treatment plans and address potential issues of their safety, suggest aids for daily functioning, such as to-do lists, a calendar, and other reminders. Technology for medication management, safety (e.g., emergency response and alarms), make them do regular physical activity , provide healthy diet, engage them in social activity, support their hobbies and intellectual stimulation and continues follow ups.
- Provide specific training for care givers about the various mental and physical problems of elderly and tips for the effective management
- Promote social engagement, provide counseling and group therapy, medications, regular check-ups and follow-ups.

- Include yoga, spiritual exercises, PMRT (Progressive Muscle Relaxation Technique), music therapy, restoring their hobbies to decrease the level of depression, anxiety and stress among residents.
- Along with physical and mental exercises, certain lifestyle or habit improvements can help to reduce and manage stress among elderly like, ensuring appropriate sleep, providing nutritious food, effective time management, make time for hobbies, interests and relaxation.
- Elderly need to be engaged in more group activities which can help them to maximize their friendships, health and happiness. Encouraging staffs of the old age home to develop good relationship with the residents and execution of their services need to be ensured.
- Interactions and continuing relationship with friends and relative outside the home is also very essential to ensure sense of wantedness among the residents. Regular visits and communication need to be encouraged for getting them out of loneliness.
- Conducting regular activities and programmes in collaboration with other government institutions such as children home, involving with local community members and ensuring the participation of elderly in society also need to be promoted in old age homes.
- Provide therapies for elderly with Dementia such as Reminiscence therapy to recall their positive past experiences, favourite hobbies and Cognitive stimulation therapy for engaging in activities like talking about current events and entertainment activities.
- Care givers can improve their sense of competence and effectiveness of their work. For this, they need some skills. For strengthening their skills it is very necessary to provide appropriate training and guidelines for the staffs which is prepared by professionals in geriatric care settings.

#### **ROLE OF SOCIAL WORKER IN AN OLD AGE HOME**

- Interview the applicants seeking admission in the old age home and recommend selected cases to the Superintendent.
- Visit the homes of the admitted persons and collect their previous history, family and social background and economic condition, and make a report on them.
- Ensure that the services and actions prescribed in the care plan are made available to the residents.

- Update care plans about the services extended to residents.
- Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change.
- Attend institutional and quarterly meetings.
- Keep care plan in safe custody and give it for inspection when required.
- Collaboration with family members of the residents and other social activities.
- Inform the institution about the welfare programmes relevant to the OAH organized by other agencies.
- Take steps to ensure legal aid to the residents when needed.
- Represent the institution in meetings suggested by the superior officers.
- Participate in all training programmes
- Extend all support for the rehabilitation programmes of the residents in the institution.
- Keep a diary of the daily activities and give it to superiors when required.
- Prepare report on monthly activities and submit it to the superiors.
- Liaisoning with other departments and service providers such as Health, welfare departments, police, Legal aid and others as needed.
- Understand the behavior patterns, attitude, capabilities and limitations of the new admissions and record them in the concerned register. This can be carried out by social workers by taking case histories, background information, assessment of mental illness, functionality and cognitive assessment.
- Prepare an effective and practical care plan for the selected applicant in the light of the information collected through observation, enquiries, data assessed by using scales and tools and the medical report of the resident
- Give individual or group counseling to those who are having tensions, mental strain, psychological problems, and critical situations.
- Provide family counseling as well as other family level intervention including repatriation.
- Developing and setting routine in the homes for the residents in consultation with other staff
- The specific needs that arise in the homes need to be identified, informed to the authorities and ensure that is being addressed.

### **LIMITATIONS**

- Due to Covid-19 pandemic the staff couldn't provide direct service for a period of time.
- Due to Covid-19 pandemic the appointment of social workers in all the districts were not done.
- The project work in the field started only in the month of July 2018 due to the delay in appointment of staff.

### **MAJOR ACHIEVEMENTS OF THE PROJECT**

- Proposed model of Individual Care Plan is finalized , implemented and the process of converting it into software is in progress.
- The project expanded into three districts viz., Kozhikode, Thiruvananthapuram and Ernakulum
- Master trainers were identified and given 5 days workshop for the sustainability of the training programme.
- Conducted training and introduced the proposed psychosocial care model to all the staff working in 16 Government Old Age Homes and the selected staff of Govt. Care Homes under Department of Social Justice, Kerala.
- Training manual, workbook and a comprehensive guideline are completed and it is in publication process.
- The larger outcome of the project is a state wide 'Psycho-Social Care Model' that can be later adapted to other old age homes of the State.

### **Conclusion:**

The larger outcome of this programme is the psychosocial wellbeing of the elderly in the old age home and ensuring better quality of life. Apart from following the primitive ways, the ICP prepared as part of the project can be later converted in to a single computerized program. It will help in preparation of care plans, monitoring or implementation of ICP and supervision of staff. It will also become more functional and much easier which will also help in providing uninterrupted and structured way of care giving.