Psychosocial interventions in dementia

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Aims of presentation

• Overview of current evidence
  – ‘Classic’ and promising studies

• Gaps
  – Proof of concept
  – What outcomes are measurable & appropriate
  – Implementation and fidelity

• Discussion
  – What factors assist & inhibit in maintaining psychosocial interventions?
  – Winning Hearts AND minds

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Defining and illustrating

• Easy to say what psychosocial interventions are NOT (drugs, medication)
• Psychosocial interventions = A broad term used to describe different ways to support people with dementia and family carers to overcome challenges and maintain good mental health.
‘Classic’ examples

• Art, drama, collage, puppets, clowns, singing (creative therapies)
• Dementia cafes, reminiscence, memory groups,
• Family therapy, counselling, ...
• Individual or group cognitive stimulation therapy – in day centres, at home, in care homes.... (CST)
Cognitive Stimulation Therapy (CST)

5-8 people with mild to moderate dementia

Structured activity group stimulating cognitive skills including memory, communication, executive functioning, etc

Guided by therapeutic key principles

Demonstrated improvements in cognition and quality of life


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Current evidence

- Psychosocial interventions are most effective when tailored to the individual needs of the person and family/carer. Outcomes are seen in:
  - Behavioural symptoms
  - Family carer mood
  - Quality of life
  - Delayed moves to care homes (saving costs)
  - BUT some studies show no effect and there may be some disadvantages
Discussion

• Is the intervention cost-effective compared to treatment/neglect as usual?
  – Ideally less costly and more effective
  – What if more costly and more effective, is society willing to pay the additional cost in order to achieve the gain?
Barriers to change (not just in this area)

- Negative attitudes
- Entrenched ways of working
- Pessimism
- Lack of resources
- Other priorities, eg in England decline of day centres, more directly employed workers.
Facilitators of change

- Champions = groups of people with dementia and family carers, many professionals and health & care provider bodies
- Persuasive voice of cost-effectiveness and evidence based practice
- Experience + confidence – power of stories
- Risk taking – plan, do, study + act
Hearts and Minds

- Building the evidence base (from bottom up by choosing outcomes and by covering broad costs)
- Encouraging campaigns for BETTER care (not just cure)
- Winning over the workforce and funders
- Building up and using case studies and examples
Thank you for listening

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