| Blueprint objective	**3. A health workforce that exists to serve and meet population health needs.**
Case example	**Positive mental health and behaviour support for residents in aged care**
What is the community need or problem being addressed?	This student placement addresses two key areas of health concerns for residents in aged care facilities. First, residents have higher rates of depression than equal aged peers in the community and higher rates of suicidal ideation and suicide[1]. Second, the quality of life of people with dementia is diminished due to their difficulty in engaging in meaningful activities and their behaviour can be disruptive to other residents. Both issues result in the need to provide higher levels of care and increased use of medications to manage behaviour which have associated ethical issues and health risks[1,2].

Activities on this placement focus on:

- Residents whose communication difficulties, cognitive impairments, physical impairments or mental health inhibit their ability to participate in leisure activities in the home.
- Residents whose dementia leads them to wander without purpose or engage in repetitious behaviour, and/or to become agitated and disruptive.
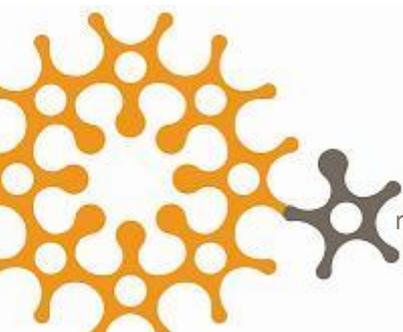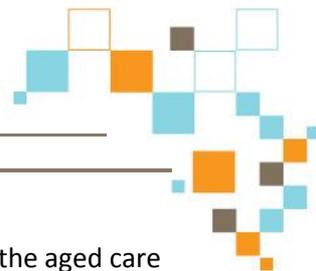
What is the approach being implemented?	University-aged care collaboration.

Occupational therapy and physiotherapy students are placed in the aged care facility to assess needs, design individual and group programs and resource staff to meet the residents' needs. These allied health students offer disciplinary resources and expertise that are not funded under the Aged Care Funding Instrument (ACFI) and therefore would not otherwise be available to the residents and staff.

The students undertake the following activities:

- Individualised assessment of individual resident's strengths and limitations, health concerns, behaviour patterns and concerns, likes and interests;
- Designing and implementing individual group activity programs throughout the day that address resident health through:
  - engaging them through catering for a wide range of abilities and interests;
  - enabling retention or regaining independent skills and preventing deterioration and complications causing dependence and pain; and
 - creating a positive home environment.

Examples of strategies include:

- Focussing on afternoons as a constructive way to engage with residents at a time of day when their disruptive behaviours increase.
- Facilitating effective communication by caregivers with residents e.g. developing visual aids with multi-lingual translations to support interaction.
- Providing stretching/splinting, and training in using adaptive cutlery for self-feeding, for residents who have had a stroke affecting one arm.
- Enabling access to activities that are meaningful to individual residents e.g. planting herbs for a resident who used to garden and cook, organising access to magazines relevant to a resident's personal interests or culture.

What have been the key enablers to the success of this approach?	Key enablers include:

- Staff willingness to host the students
- Residents' enthusiasm and engagement with the activities
- Students' contributing time, enthusiasm, creativity, knowledge and ability to translate research into practice
- Inter-professional collaboration between students and staff
- Creative university academics with expertise in work integrated learning.
- The knowledge that, without their contribution, the staff and residents would not be able to access this kind of expertise is highly motivating to the students and creates high levels of engagement and learning. Staff and residents also value the students' involvement and expertise.
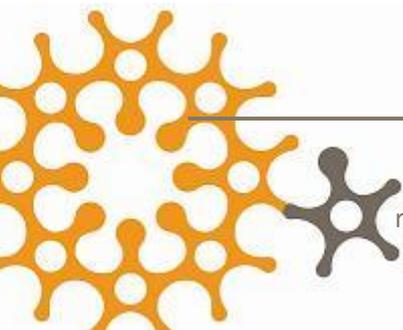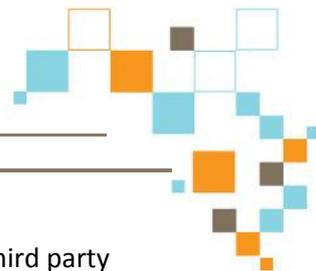
What have been some of the challenges to the success of this approach?	Primary challenges are:
	
	■ The ACFI model and the resulting models of contracting in third party allied health providers does not enable:
	
	   ■ Sourcing sufficient allied health supervision for the students to promote quality and meet accreditation requirements for placements; and
	
	   ■ Expanding beyond physiotherapy and occupational therapy students to include other allied health students that could have significant roles in address residents' critical health needs.
	
	■ Aged care staff taking on responsibility for facilitating the programs that have been developed and resourced.

What is needed to scale-up the successes?	Resourcing to enable: ■ Collaborative project planning and implementation between the aged care facility and the university to create effective partnerships where roles and responsibilities are clear and continuity planned for once the students' placement is completed. ■ Sufficient disciplinary supervision. The placements are currently suspended while work is continued with an aged care provider and an allied health contracting agency to see if the resourcing issue can be solved with a view to developing a model that can be effectively 'rolled out'.
More information	Prof Sue McAllister, Dr Jennie Brentnall and Ms Michele Fairbrother Work Integrated Learning Portfolio, Faculty Health Sciences, The University of Sydney
References	[1] Bhar S, 2015, *Reducing depression in nursing homes requires more than just antidepressants*, viewed 1 May 2018, https://theconversation.com/reducing-depression-in-nursing-homes-requires-more-than-just-antidepressants-38970. [2] Westbury J, 2012, *Chemical restraint in aged-care homes linked to early death*, viewed 1 May 2018, https://theconversation.com/chemical-restraint-in-aged-care-homes-linked-to-early-death-7593.