'Mrs Brown, how are you today?'

Embedding New Skills in the Workplace

Training that's insightful, reflective and fun leaves you energised, motivated and excited to try out your new skills. But once you've completed the training, and are left to put it into practice, it can be far harder to implement than you think. Back at work the next day, you may be left wondering how you can possibly embed these new skills into your role. It looked relatively easy during the training session, so why is it so hard to transfer that knowledge and insight into your workplace now?

Sometimes questions pop up that undermine your confidence:

Did I get it right during training?

Will I look silly trying something new?

Will management support and understand why I am changing my approach?

It is also common to feel that we may be intruding on clients by asking lots of questions and engaging beyond the usual exchanging of greetings and completion of the daily set tasks. But for meaningful change to occur, we have to be brave enough to take that first step.

When I started my career as a psychologist in aged care, I was under the impression that I would be implementing the same skills and strategies I used when working with younger clients. I was of course very wrong. I quickly learned that to get the best outcomes for my elderly clients, I needed to amend my approach. This included engaging families and service providers, and collaborating more openly with other professionals, whilst maintaining client confidentiality. It took a lot of training, travel, supervision and experience to understand what was required and why changing the approach was necessary.

The prevalence of depression in residential settings is staggering. AIHW (2019) reports that up to one in two residents experience depression. On top of this, the rates for anxiety are about the same – if not higher. Suicide rates are highest in men aged 85+ (ABS, 2019) and declining physical health is a significant predictor of change in emotional wellbeing (NARI, 2009). Yet older people are the least likely population to engage in mental health services (Davison, McCabe, Knight & Mellor, 2012). These statistics are a call to action for all of us in the aged care workforce. And they highlight the unique opportunity we have to play a key role in identifying and supporting elders who may be experiencing mental health concerns.

Supporting the mental health of our most vulnerable during their twilight years is not something many of us were trained to do – but it is an area where we can upskill and improve our knowledge. We don't need to be qualified as mental health professionals to have an impact. But if we can spot the symptoms and warning signs that would otherwise go unnoticed, we can and will make a massive difference in the lives of our clients.

A big part of this lies in effective collaboration – with each other and with relevant specialised health professionals who operate externally. When we work together, we work better – from our first engagement with the client until their last breath.

When we are alert to the symptoms of depression and anxiety, we can offer help where it's needed. We can escalate concerns we may have about clients to team leaders and managers, and discuss their situation with specialised health professionals to gain insight and knowledge on the best approach to take.

There is also much we can do to help our clients build resilience. By reminding them of their strengths and reminiscing through their life achievements, we focus on what they know and have done well. The skills and strengths gained through previous experience can now be used in different ways, to help them through difficulties they may be experiencing..

C.S Lewis said, 'You are never too old to set another goal or to dream a new dream'.

By actively listening and encouraging our clients to achieve new goals, we encourage them to live a life of purpose and see the beauty in every day.

Julie

Dr Julie Bajic Smith (PhD) is an aged care psychology consultant. She is the author of Beyond the Reluctant Move – A Practical Approach to Emotional Wellbeing in Residential Aged Care Facilities and has developed two training programs for the aged care workforce 'Grief and Loss in Late Life' and 'Enhancing Emotional Wellbeing in Late Life'. Both are offered in person and online and have already been completed by hundreds of workers. Julie also offers training and support for the aged care workforce via the 'Aged Care Lounge' where monthly guest speakers teach participants a range of skills they can embed into their work practice, and through her licensed Wellness Groups program, designed for aged care providers to minimise the risk of new residents developing mental health conditions. Julie strongly believes that by not tapping into their emotional wellbeing, our elders become disengaged and that as aged care workers, we must be kind, collaborate and attend ongoing education to best support the clients in our care.

Reference List

Australian Bureau of Statistics. (2019). Australia's leading causes of death, 2018.

Australian Bureau of Statistics. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/productsbytopic/47E19CA15036B04BCA257757 0014668B?OpenDocument

Australian Institute of Health and Welfare [AIHW]. (2019). Admissions into aged care. *Canberra Australian Institute of Health and Welfare*. Retrieved from https://www.gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care

Davison, T., McCabe, M., Knight, T., & Mellor, D. (2012). Biopsychosocial Factors Related to Depression in Aged Care Residents. *Journal of Affective Disorders,* 142(1–3), 290-296. doi: http://dx.doi.org/10.1016/j.jad.2012.05.019

National Ageing Research Institute. (2009). *Depression in older age: a scoping study. Final Report*. Melbourne: National Ageing Research Institute