



Volunteers enriching older people's wellbeing

A *beyondblue* program

Facilitator guide

Thanks to the following individuals for their contribution to this project

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Welcome



Volunteers enriching older people's wellbeing: A beyondblue program was developed by beyondblue for volunteers who support older people in residential or community settings.

Volunteers can play a significant role in supporting older people. The relationship with the volunteer may be the most important connection in an older person's life. Often volunteers will have the time that staff may not have, however they may not have the knowledge to boost the wellbeing of the older people they support. This program has been developed to provide volunteers with an understanding of anxiety and depression in older people and to explore their role in older people's wellbeing.

This guide was developed to enable volunteer managers and coordinators to deliver this program to their volunteers as part of orientation and/or ongoing training.

The resources include:

- volunteer workbook (a copy will need to be printed for each volunteer)
- facilitator guide (this guide) – to assist you to deliver the program
- two videos www.beyondblue.org.au/volunteers-in-aged-care
- short podcast – provides an orientation to the program and supporting resources.

Learning outcomes

At the end of this session, volunteers will have an increased:

- understanding of anxiety and depression in the general population
- understanding of anxiety and depression in older people
- understanding of the impact of these conditions in older people
- awareness of strategies that can boost the mental health of the older people in Australia they support.

Our aim is also to reduce the stigma that surrounds anxiety and depression and contribute to better understanding of these conditions.

How this program was designed

This program is based on adult education principles and is designed to be interactive and to build on the volunteer's experience of supporting older people.

It is not an expectation that volunteer coordinators or managers become experts on anxiety and depression in older people, however they will need to familiarise themselves with this material before they deliver the session.

Volunteer workbook and facilitator guide

Prior to delivering the session you will need to review the volunteer workbook and the facilitator guide to ensure you understand their purpose and to also understand the flow, activities and timing of the materials.

Within the facilitator guide you will find a **Session outline** and an **Activities schedule**. The Session outline provides a snapshot of the activities included in the session as well as information on timing.

The Activities schedule follows on from the Session outline and provides more detailed information, including:

- information on how to deliver the program's activities
- the objectives of activities

- the delivery mode
- suggested answers.

In the volunteer workbook, there is supporting text, key messages and further reading. Facilitators will need to decide how to work with this information during the session. For example, you may choose to read aloud the key messages and check whether volunteers have understood them. You may choose to order the *beyondblue* resources that have been provided as further reading and make them available during the session.

To order these resources go to **www.beyondblue.org.au/order**

Please ensure you allow at least one week for delivery. Rather than ordering hard copies, you may decide to download and print these resources directly from the website at **www.beyondblue.org.au/resources**.

Supporting the volunteers

It is important to reinforce throughout this program that volunteers will be supported in their role. This support may be provided from the volunteer coordinator/manager, lifestyle coordinators, staff or their allocated contact person at the aged care organisation. It is important that the volunteer knows who to speak to if they identify any issues with the older person they support. The volunteer's input is important in the care of this person and needs to be acknowledged.

A word about terminology

beyondblue uses particular language throughout this resource and we encourage you to use the same language for consistency.

In these resources, when we talk about anxiety, we are generally referring to an anxiety condition. If we are talking about anxiety that we all experience we will use the term the 'feelings of anxiety'.

We want your feedback!

To ensure these resources are appropriate, it is important that we get feedback from both volunteers, their managers and coordinators. Information about how volunteers can provide feedback is included in the volunteer workbook. We ask that you encourage volunteers at the end of the session to provide this feedback directly to *beyondblue*.

We would also appreciate your feedback. It is an important validation of these resources if we know how the resources are being used and their impact.

We would appreciate after you use the resources, you complete a two minute survey which can be accessed through the *beyondblue* website at www.beyondblue.org.au/volunteers-in-aged-care

Icon key

Icon	
	Activity

Session outline

Below is a list of the activities and their timings included in this session.

Topic/activity	Time	Total
What are anxiety and depression?		7 minutes
Activity 1.1 – Reflecting on the experience of an anxiety-provoking event	5 minutes	
Activity 1.2 – Quiz	2 minutes	
Anxiety and depression in older people		27 minutes
Activity 1.3 – Reflecting on the experience of an older person with anxiety	5 minutes	
Activity 1.4 – Reflecting on the experience of an older person with depression	5 minutes	
Activity 1.5 – Ruth and Sybil – The experience of depression and dementia	15 minutes	
Part A video – Introducing Ruth and Sybil (4 minutes)		
<i>Dementia, anxiety and depression</i>		
Activity 1.6 – Quiz	2 minutes	
Supportive strategies volunteers can implement to promote older people’s wellbeing		24 minutes
Activity 1.7 – Experiencing reminiscence	7 minutes	
Activity 1.8 – Promoting older people’s wellbeing	7 minutes	
Part B video – Interventions that worked for Sybil (3 minutes)		
Activity 1.9 – Volunteers using reminiscence with older people	10 minutes	
Treatments for anxiety and depression in older people		
No activities are included in this section		

Activities schedule



Activity 1.1 – Reflecting on the experience of an anxiety-provoking event

Objective

To reflect on the experience of the feelings of anxiety.

Mode of delivery

Individual or small group, facilitator-led activity.

Time

Five minutes

Method

We can all relate to the ‘feelings of anxiety’ but these are very different to an anxiety condition.

The example of public speaking has been used in this activity as most people can relate to this as an anxiety-provoking event. Volunteers are to imagine they have to address a large group and to consider how they might feel as they wait for their turn to speak. They then record these feelings in their workbook. Answers might include: sweaty palms, inability to concentrate, feeling nauseous and palpitations.

Facilitators can reinforce that when the anxiety-provoking event is over, after you have finished speaking and sit down – those feelings of anxiety normally subside. That is very different to an anxiety condition, as these feelings don’t go away once a particular event is over. Volunteers can consider what it might be like living with these feelings they described all the time and how it would impact their life.



Activity 1.2 – Quiz

Objective

To identify the prevalence of anxiety and depression in the general population.

Mode of delivery

Individual or large group, facilitator-led activity.

Time

Two minutes

Method

Volunteers can answer this quiz individually and then the facilitator can provide the answers to the entire group. Alternatively, this quiz can be done as a whole group activity with volunteers responding via a show of hands as to whether the statements are true or false.

You can refer volunteers to the further reading for additional information about the prevalence of anxiety and depression in the general population.

Answers

The answers are all true. You can explore with volunteers if they were surprised by those answers. Did they realise that anxiety was more common than depression, and so on.



Activity 1.3 – Reflecting on the experience of an older person with anxiety

Objective

To identify how anxiety presents in an older person.

Mode of delivery

Individual work, facilitator-led activity.

Time

Five minutes

Method

Read the quote to the group and then ask volunteers to answer the questions that follow the quote in their workbook. Volunteers might be surprised by the strength of the feelings described in Penelope's quote. This is why anxiety can have such a significant impact on a person's ability to function.

Suggested answers

1. Feelings of anxiety include: rapid heartbeat, sweating, nausea and feeling paralysed.
2. Penelope feels a great sense of doom and gloom, she sleeps a lot, cries and has suicidal thoughts.
3. She withdraws from family and friends, doesn't answer the phone or leave the house. Often people with anxiety don't wish to place themselves in situations where they encounter further anxiety so social withdrawal can be quite common in people with anxiety.
4. Volunteer's answers may vary but generally what Penelope described could be the same as a younger person's experience of anxiety.



Activity 1.4 – Reflecting on the experience of an older person with depression

Objective

To compare the presentation in an older person with depression to that of anxiety and to identify symptoms from various categories.

Mode of delivery

Individual or group, facilitator-led activity.

Time

Five minutes

Method

Read the quote to the group and then ask volunteers to answer the questions that follow the quote in their workbook.

1. While there are some similarities in the presentation, there are also some differences. From Jill's quote, we can identify the loss of joy, interest and motivation in things she previously enjoyed or found fulfilling. This loss of interest and joy is very typical of depression. Jill also mentions the hopelessness (also typical of depression) and deep grief. Penelope had an overwhelming sense of doom and gloom and she withdrew from her social network. Both experienced difficulties sleeping and both stopped eating.
- 2.

Categories	Symptom
Physical symptom	Stopped eating, tired all the time, unable to sleep
Behavioural	Lost motivation and interest in things previously fulfilling (probably resulted in her no longer doing these activities). Hard to get up in the morning
Thinking	Hopelessness
Feelings	Sadness, deep grief

3. Many of the symptoms Jill experienced would have impacted upon her ability to function.



Activity 1.5 – Ruth and Sybil: The experience of depression and dementia

Objective

To consider the implications of dementia and depression in an older person.

Mode of delivery

Individual or group, facilitator-led activity.

Resources

Video 'Introducing Ruth and Sybil'. You will need internet access to play this video during the session.

Dementia, anxiety and depression fact sheet

Time

15 minutes

Method

Explain to the group that they are about to watch a video and will meet Sybil an older woman with depression and dementia and her daughter, Ruth.

As they watch the video, they should observe/ listen to how Sybil's depression presented and think about which changes were due to depression and which were associated with dementia.

To help volunteers respond to the questions, please provide copies of *Dementia, anxiety and depression* fact sheet available at www.beyondblue.org.au/resources

Play video

Answers

1. Ruth noticed her mother Sybil wasn't sleeping well despite taking sleeping tablets. Sybil talks about her sadness, crying, being confused. She complains of pain. Sybil isn't joining in activities and overall she's not integrating into the facility.

- i. Confusion – can be a symptom of depression in an older person as well as dementia.
- ii. Not joining in activities – withdrawal can be a symptom of both depression and dementia.
- iii. Not sleeping well – early waking is a symptom of depression but sleep disturbance is not uncommon in dementia either.



Activity 1.6 – Quiz

Objective

To review facts about dementia and depression.

Mode of delivery

Individual or group, facilitator-led activity.

Time

Two minutes

Method

You can either ask volunteers to do this activity individually or as a group with volunteers responding via a show of hands as to whether the statements are true or false.

The answers are all true. You can explore with the volunteers if they were surprised by the answers. You can refer volunteers to the further reading for additional information on depression and dementia.



Activity 1.7 – Experiencing reminiscence

Objective

To understand reminiscence and to explore its benefits.

Mode of delivery

Working in pairs, facilitator-led activity.

Time

Seven minutes

Method

Ask volunteers to pair up and to recall a precious toy from their childhood. If they did not have a precious toy they may recall a much loved pet, blanket and so on.

They are to recall the item as vividly as possible (refer to questions in the workbook) and then to turn to the person beside them to describe this toy and explain why it was precious to them. Each person in the pair is to have time to share their precious item.

After each person has shared their memory of this precious item, the facilitator can comment on:

- the noise in the room
- if people became animated when sharing their precious item.

The facilitator can ask if the volunteers noticed that once they started talking about this precious toy, that it led to other memories. Do they now feel as though their mood has lifted or feel more enthused? Volunteers should be feeling positive post this experience and facilitators can reinforce that this will be the benefit for older people as well.



Activity 1.8 – Promoting older people's wellbeing

Objective

To explore reminiscence as a strategy to boost older people's wellbeing.

Mode of delivery

Individual or group, facilitator-led activity.

Resources

Video, 'Interventions that work for Sybil' – three minutes duration. You will need internet access to play this video during the session.

Time

Seven minutes

Method

Explain to the group that they are going to watch a continuation of the earlier video of Sybil and Ruth.

As they watch the video, they should observe the various ways reminiscence is used with Sybil.

Play video.

After the video, volunteers should respond to the questions in their workbook. Once complete, facilitators can discuss the volunteers' answers with the group.

Suggested answers

1. Ruth reading aloud her father's letters during the war.
 - i. Film from family holidays.
 - ii. Storyboard on the wall of Sybil's husband and pictures of family holidays.
 - iii. Looking at/washing the spoons collected overseas.
 - iv. Music.
2. There were photos around the room including pictures of their holiday overseas and a storyboard of Sybil's husband, George. There were some other general items in the room/display cabinet including cups and saucers, clock and so on.
3. Answers have not been provided as individual responses will vary.



Activity 1.9 – Volunteers using reminiscence with older people

Objective

To be able to use reminiscence in their role as volunteers supporting older people.

Mode of delivery

Individual or small group, facilitator-led activity.

Time

10 minutes

Method

This activity involves applying the learning about reminiscence to their role as volunteers supporting older people.

Ask volunteers to reflect on what they have just learned and then answer the questions in their workbook.

As a larger group you can then discuss their responses. It can be useful during this discussion to encourage the more experienced volunteers to share their experiences with reminiscence.

Please note, it will be important within the larger group discussion to particularly focus on what to do if the older person becomes upset during a reminiscence activity. Volunteers might not use reminiscence if they are concerned that it might upset the older person as they recall past negative events. The facilitator should reassure volunteers that this is not a common occurrence and that if it does happen, showing emotion is a normal part of life.

Volunteers will need to use common sense, in relation to reminiscence, for example if they know the older person has had an unhappy marriage, they should not start reminiscing about the marriage. The older person's response to some initial questions should be a guide to the volunteers about the type of appropriate topics. However it can happen that the older person becomes upset. If that does happen, the volunteer needs to acknowledge their response.

Normally the older person will appreciate the volunteer's genuine interest and support. The more experienced volunteers may also be able to offer their insights into this particular situation.

Suggested answers

1. Volunteer's answers will vary but reminiscence is a relatively simple strategy that has proven effective in boosting older people's wellbeing. It is also an effective way to support an older person who is depressed in residential care.
2. You can trigger reminiscence in a variety of ways through sight, touch, smell and hearing. For example, looking at old photographs (sight), feeling cloth/material (touch) smelling lavender (smell), and also talking about where they grew up (hearing). Often if the person has dementia, you will need some resources to assist reminiscence, you can't just ask the older person, "Where did you grow up?" A photograph that includes text which you can read aloud may assist the person to recall the area where they grew up and memories from their younger years.
3. Volunteers can observe what is in the room, pictures, objects and so on as these should be meaningful for the older person. They can also ask staff and family about this person's history which should be able to assist them to think about how they could reminisce with this person.
4. More experienced volunteers should be able to offer insights around what they could provide which might trigger reminiscence. Items could include:
 - old magazine or newspaper (look at the fashion, people's names and how they have changed and so on)
 - pieces of fabric
 - wooden items to feel and smell
 - lavender hand cream.
5. It may be that during a reminiscence activity, the older person becomes upset. They may remember their husband/ wife/partner, death of a child and so on. An emotional response can happen to anyone and it doesn't mean that you have done something wrong. You should acknowledge their feelings with comments such as, 'I can imagine that would have been hard to cope with'. They will no doubt appreciate your interest and concern for them. Depending on how emotional the person becomes, you may choose to avoid certain topics.

Developing a kit that includes some of these items provides the volunteer with options when reminiscing with the older person. From these reminiscence activities, the volunteer may be able to identify what the person was interested in, which will inform future reminiscence activities.



Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

 1300 22 4636

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