A volunteer project for elderly people with mental health problems

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A volunteer project for elderly people with severe mental health problems and social isolation was developed with close links with a community mental health team. The functioning of this service is described from 1988–1995. The volunteers benefited from training and supervision from the professional community team, while the volunteers took over the role of monitoring, allowing the earlier discharge of these patients by the community team.

Statutory agencies providing community care for elderly people with mental health problems in the UK include the specialist psychogeriatric team, the primary healthcare team and social services residential and domiciliary care. However, with the shift from residential care to community care, most elderly people with mental health problems are cared for 'informally' by their family, friends or neighbours.

In the UK, recent government legislation has encouraged the development of the voluntary sector (Walker-Smith & Williams, 1993). The White Paper *Caring for People* urged social services departments to make maximum use of voluntary providers with the aim of increasing options and widening client choice (Department of Health, 1989).

The voluntary sector consists of four main systems (Barclay Report, 1982): informal carers, self-help groups, individual volunteers, and formal voluntary agencies who employ paid professional staff. It is difficult to define voluntary work (Fischer *et al*, 1991). The term voluntary work can be limited to those who work for voluntary organisations (formal) or broadened to include all unpaid work for neighbours and friends (informal).

Studies suggest that there has been an increase in the number of people volunteering over the past 20 years (Romero, 1986), although often a large proportion of the volunteer work is carried out by a small number of volunteers. However, there are factors that prevent older people from doing voluntary work, including poor health, disability and low income (Victor, 1991).

Several methods of providing voluntary care to elderly people with mental health problems have been reported. In the UK the Potteries Elderly Support Group provided low-cost day-care respite for families who cared for an elderly mentally infirm relative (Bernard, 1984). A volunteer scheme provided domiciliary day and night respite (Netting & Kennedy, 1985). A friendly visitor scheme aimed to reduce social isolation, increase morale and delay the onset of institutionalisation by improving the network of elderly people with mental health problems (Korte & Gupta, 1991). In another study, elderly and adolescent volunteers helped to improve moderately depressed nursing home residents (Nagel *et al*, 1988). We report on a volunteer project which was developed to give support to socially isolated elderly people with severe mental health problems.

Programme implementation

The Community Team for Mental Health in the Elderly provides assessment, treatment and support to elderly people with mental health problems in North Southwark, London. The Community Team and its method of function have been described in more detail elsewhere (Coles *et al*, 1991; Herzberg, 1995). The area is economically deprived and has a population of 14 000 people over the age of 65 years, 14% of the total population; 6.3% are aged over 75 years.

A newly appointed consultant psychiatrist (JH) had previously worked in South Southwark where there was a 'Hospital Bridge Project' run jointly by the Bethlem Royal and Maudsley Hospitals and a voluntary agency. It was clearly apparent that this health service/voluntary service project facilitated the discharge and aftercare of elderly people with mental health problems. Therefore the voluntary agency was contacted to set up similar links with the newly commissioned Community Team in North Southwark. A volunteer coordinator was appointed in

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1988 and ran the scheme in the form described until 1995. Initially the scheme was funded by joint Health and Social Services pump-priming money but the funding became increasingly uncertain, until in 1994 the Lewisham and Guy's Mental Health NHS trust agreed to fund the project in its entirety.

The volunteer coordinator

The volunteer coordinator has a central role linking the volunteers to the Community Team. The coordinator remains in regular contact with the clients and their families. A vital part of the coordinator's work is liaising with other agencies. She has developed a network of services which includes social workers, home carers and home care organisers, the home bathing service, a chiropodist, an optician, the mobile library, gardeners and decorators. The coordinator frequently assists clients with their financial affairs including state benefits.

Apart from individual support work, she has also set up several groups. A weekly Carers' Support Group is attended by about 20 current and former carers and offers a diverse programme of lectures with topics relevant for carers, and social activities which include visits to museums, the theatre and the country.

The volunteers

Considerable care is taken over the selection of the volunteers. Volunteers must be dependable as they will visit vulnerable clients. Most volunteers recruited to the project were introduced by another volunteer or by the volunteer coordinator, although agencies like the Volunteer Bureau and Positive Outcome (an agency for the unemployed) have also been used. All applicants are interviewed and selected by the coordinator. After selection they receive an induction pack, which provides some basic information about mental health problems, the Community Team and the volunteer project. Each new volunteer visits clients with the volunteer coordinator for a month before carrying out visits unaccompanied.

There are currently eight volunteers at the time of writing, although the volunteer coordinator could supervise up to ten volunteers. The volunteers are aged from 40 years to 83 years. Five of the volunteers have cared for a partner with dementia and two are currently unemployed. They all live locally and only one drives a car. Their reasons given for volunteering were job satisfaction, improved social life and a purpose in life. Each volunteer has from three to six clients. The volunteer's aim is to befriend the clients they visit and to develop their social networks. Visits vary from half an hour to four hours and may take place in the evenings or at weekends. During the visits, social contact and often practical help is offered, for example accompanying a client to a doctor's appointment or helping them with writing letters. Volunteers may encourage clients to take up hobbies or to reminisce using material provided by the coordinator. Volunteers also provide support and respite to carers of people suffering from dementia, by listening and giving them the opportunity to spend some time on their own. If a client has continuing Community Team involvement, then the volunteer is advised to contact the keyworker if they have any concerns about the client.

The clients

All referrals to the volunteer project are from the Community Team. The referrals are assessed for their suitability for the volunteers by the volunteer coordinator, who then introduces a volunteer to the client on a later visit. Sixty-three clients were in contact with the volunteer project, with about half having a volunteer visitor and the rest visits from the project coordinator. Most clients had significant mental health problems: dementia (51%), depressive disorder (27%), schizophrenia (11%), delusional disorder (6%) and other diagnoses (5%). The clients were assessed for dependency using the Katz Activities of Daily Living index (ADL; Katz *et al*, 1963). Twenty-one per cent were fully dependent in all aspects of the ADL, 33% needed assistance in one or more aspects of ADL, and only 46% were independent, although many of these clients needed assistance with domestic tasks like cooking, housework or shopping. The majority of clients lived alone (69%), but most had some support from their families (75%). Less than half (46%) were receiving input from social services such as meals on wheels, day centres or home helps. All were registered with a general practitioner, some still had contact with the community mental health team (16%), and a few had assistance from a district nurse (5%).

Training and supervision

The coordinator remains in regular contact with the clients and their families, therefore she is able to monitor the volunteer's work closely. In addition she meets the volunteers each month for support and to discuss any problems. Two members of the Community Team provide a monthly two-hour training and support session for the volunteers. During this meeting all cases are discussed and when necessary clients are referred back to the Community Team. The

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topics chosen for training are usually selected by the volunteers or the coordinator.

Discussion

The volunteer project is similar to other programmes of friendly visitors (Korte & Gupta, 1991) which are aimed at socially isolated elderly people and involve volunteers acting as a social contact for clients. The main aims of these programmes are to reduce social isolation, improve morale and delay the onset of institutionalisation. However, there is little evidence that these aims are met (Korte & Gupta, 1991). Research has been impeded by small sample sizes, rating scales that have not been validated with an older population (Russell *et al*, 1984), and the ethical dilemma of random allocation of socially isolated elderly people to receive volunteers or not.

In North Southwark it appears difficult to recruit suitable volunteers because it is a socially deprived inner city area with high unemployment. People who volunteer are more likely to be employed, to have a higher income and to drive a car (Fischer *et al*, 1991). Although those aged over 75 years are less likely to be volunteers, 23% of those aged over 85 years continue to work for voluntary organisations (Fischer *et al*, 1991). The volunteers in North Southwark believed that the benefits of volunteering were job satisfaction, social contact and a role in life, which is in keeping with the finding that those who are employed or volunteers are more satisfied than retired or unemployed people (Duncan & Whitney, 1990). However, the volunteers felt that their value was not always acknowledged or appreciated. Recruitment could be improved by raising the profile of the volunteer project and emphasising the benefits of participation.

Training is about developing skills and knowledge not only for individuals, but also for organisations and for those who use the services provided (Walker-Smith & Williams, 1993). There are fears that smaller voluntary organisations may not be able to identify their training needs or to have adequate resources for training. The training given to the volunteers in this scheme is generally task-specific and relevant to the challenges faced by the volunteers. The main resource implication for training is that it takes up around 72 hours of community key-worker time per year. Some have argued that training should have other functions which include quality assurance, service development and staff development (Social Services Inspectorate, 1990), but given the small scale of the volunteer scheme reported in this paper, this seems impractical. Additional funding for training may be available from the Home Office, the Department of the Environment, the Department of Trade and Industry and the Department of Employment, and a national support network has been suggested modelled on community-based organisations in the US (Fordham Associates, 1992). An alternative is to administer training funds through local social services departments (Walker-Smith & Williams, 1993).

The volunteer scheme has close links with a community mental health team, a dedicated coordinator, and regular training and supervision for its volunteers. This is a model that could be developed with other local services for elderly people with mental health problems. It is possible that with the move toward skills-mix, the volunteers could take over some of the functions presently carried out by professional mental health workers. However, there is a need for further research into the effectiveness and acceptability of this type of volunteer project.

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