

# Safe Senior Life

## The Neighborly Way to Co-Create Better Mental Health for Seniors

*The aim of Safe Senior Life has been to improve elderly people's mental health and quality of life by finding new ways to detect and prevent depression in old age. This has been carried out in a collaboration between public employees and volunteers from the local community.*



*Inger Thode was in risk of depression, after she lost her husband. Ernst Jørgensen is one of the local volunteers, and he invited her to join in the monthly shared dining events. Now she feels better, and she's become one of the regular attendees.*

Fewer elderly people should live with depression. This has been the aim of the two-year project, Safe Senior Life, which has been a collaboration between The Danish Society for Patient Safety and three municipalities: Faaborg-Midtfyn, Horsens, and Thisted.

Depression is believed to affect around 10 percent of all elderly people who are over 65 years old. This corresponds today to circa 115,000 people in Denmark, but this is a growing section of the population. Depression in elderly people is often under-diagnosed and improperly treated; it is estimated that over half of the elderly people who are hit by depression are not diagnosed. Amongst those who are diagnosed, only 10 to 20 percent receive relevant treatment. This stands in sharp contrast to the knowledge that is

available on how we can prevent, detect and treat depression in elderly people. In addition, the WHO, OECD, and The Danish Burden of Illness Report have all identified depression as one of the most expensive illnesses on a societal level.

### COMPLEX COMMUNITY PROBLEMS SHOULD BE SOLVED JOINTLY

Local councils and community organizations already have projects and approaches which, from various angles, address depression in elderly people, their mental health and quality of life. However, they have not succeeded in reducing the extent of depression among elderly people because, amongst other things, citizens in the group at risk do not take up these offers, and in that way 'fly under the radar'. It has been pointed out, by the WHO amongst others, that solutions for complex problems that are challenging on both the individual and societal levels – such as depression among elderly people – should be co-created and developed in close collaboration with the citizens it is concerned with.

Therefore, one of the key elements of Safe Senior Life has been to bring volunteers and professionals together in an equal collaboration, with joint ownership which, among other things, can be seen in that both local heads of old age welfare and volunteers from the three municipalities have been included in the steering group for the project. Moreover, in each municipality an improvement team with both preventive healthcare workers and community volunteers has been set up.

The majority of the volunteers are engaged in different community organizations, which, in various ways work towards creating communities for senior citizens and counteracting loneliness. It is important to point out that

# HEALTHCARE FOR ELDERLY IN DENMARK

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Denmark has 5.8 million inhabitants, of whom 20% are over 65.

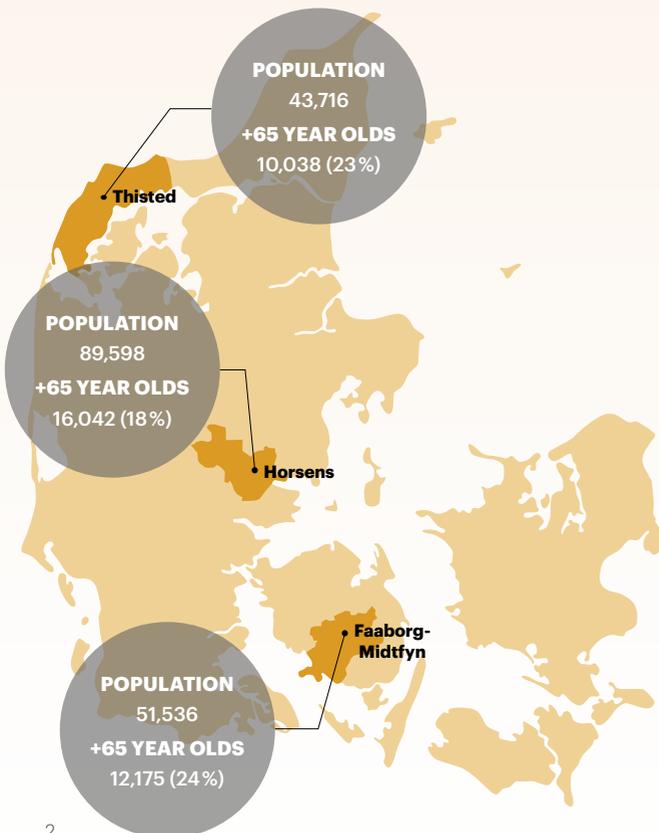
Denmark has socialized medicine; health and social care are public services.

The country is divided into 98 municipalities in which the local councils are, among other things, responsible for the care of the elderly (whereas the country's five Regions are responsible for Hospitals).

Local councils are, by law, required to offer a preventive home visit to every citizen in their area when they have turned 75 and then 80 years old, and annually from when they have turned 82 years old.

In addition, local councils are obliged to offer preventive home visits, as required, to citizens over 65 years old that are at special risk of having reduced social, psychological or physical functional abilities; likewise, citizens who live alone must be offered a home visit when they have reached their 70th year.

Local councils employ preventive workers who go on home visits: these are typically nurses or other healthcare professionals.



*Municipalities (local councils) involved in the project have differing resources, issues and demographics, and thereby it has been possible to collect many different forms of experience in the two years that the project has been ongoing.*

*Population statistics from 2018*



Community volunteers and professionals from local councils working together at two-day learning sessions.

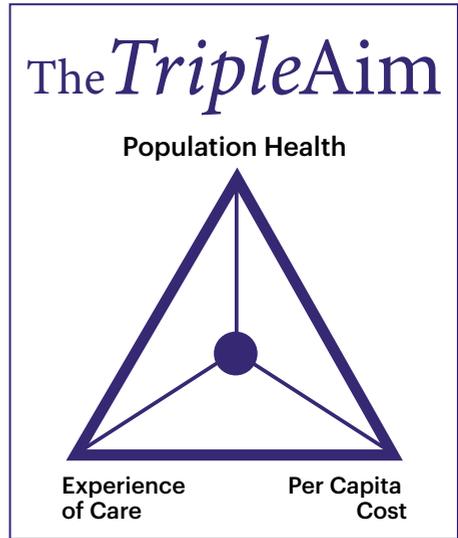
the volunteers are not necessarily involved because they themselves have experience with depression; they are involved because they have the will and dedication to become engaged. That many of the volunteers have been closer to (or over) 80 than 65 years old has contributed towards emphasizing that over 65-year-olds can be a great resource.

### IN PURSUIT OF THE TRIPLE AIM

Safe Senior Life is based on Triple Aim, which is a framework for organizing social and health services so that they match the population and society's needs. In Triple Aim, there is one goal, but three dimensions in consideration: Population Health, Experience of Care, and Per Capita Cost. By considering all three dimensions together, it is possible to achieve good and sustainable results. The fact that new approaches and activities in the project have not led to increasing costs are subsequently stated as one of the main reasons that activities can continue, even though the project has been completed. In the course of the project, further approaches have been developed, where it has been possible to free up resources so that the preventive healthcare workers can, to a greater degree, use more of their time on the citizens who have the most need for it.

There is not one single solution for detecting and preventing depression in elderly people but, conversely, many different approaches,

which together can contribute towards managing this complex problem. In this project, we have applied The Logical Model to illustrate the connection between resources, activities, output, and effect. It has been a premise of the project that there is no available data that illustrates the effect of our activities on the long-term goals; moreover, though we can see from the data that we reach more elderly people, and more of them have participated in activities, we cannot see those whom we do not reach. Via the Logical Model we can, however, show how improvements in the short and medium term can be expected to lead to an improvement in relation to the long-term Triple Aim dimensions and goal.



The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement (IHI).

Additionally, we have, in connection with the dissemination of the project's experience and results, made use of personal narratives, which have shown its importance to senior citizens who have been at risk of developing depression, but who now have received help and have become a part of a community. There are many of these narratives from the project.

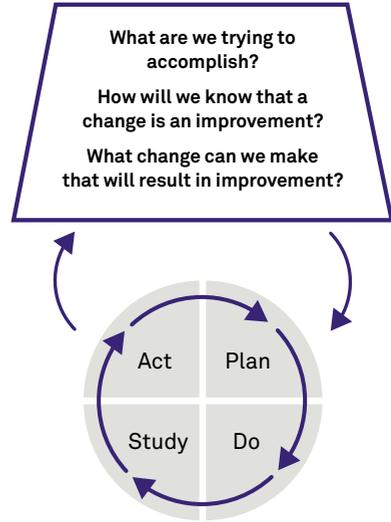
## EXPERIENCE FROM TESTING AND DEVELOPMENT OF VARIOUS APPROACHES

From the initiation of the project, intermediate goals have been set as to how every local council should:

- Develop and improve three existing initiatives
- Develop and test three new initiatives
- Develop and establish three new partnerships which go across the community, citizens, local councils and private actors.

The Model for Improvement has been used as the method of progress, and both professionals and volunteers have received training in The Model for Improvement and real-time data at two-day learning sessions for the project's participants. They have also developed driver diagrams and planned PDSAs (Plan-Do-Study-Act) together.

## Model for Improvement



*The Model for Improvement is developed by Associates in Process Improvement.*

## Experience gained from Safe Senior Life

In the following paragraphs, we will share some of the experience gained from the project, which has been collected into themes which go across all three municipalities.

### DE-TABOOING

Over 65-year-olds are an over-represented group in suicide statistics. Approximately every fourth suicide in Denmark is committed by a person who is over 65 years old - most commonly, a man. Therefore, each improvement team has introduced initiatives which have the purpose of informing and de-tabooing depression in elderly people.

Publications have been developed that inform of symptoms and signals which can be the first signs of depression. Information meetings have also been held, attempting to disseminate awareness of depression, and likewise there has been a focus on good neighborliness and the potential importance of inviting, on a formal basis, a neighbor who does not leave the house very often.

### VISIBILITY

Efforts have been made to expand the knowledge of existing offers, so that more elderly people participate or join up to them.

One of the local councils has established 'One Entrance', which is a telephone number one can call if life has taken an unexpected turn, or one is worried about a fellow citizen. In 2018, Horsens Local Council received 80 inquiries via this service, which led to 170 home visits. In Thisted Local Council, a co-operation with an undertaker led to the undertaker informing senior citizens who had lost a spouse or partner of the council's offer of a preventive home visit, thereby helping vulnerable citizens to receive support at a difficult time.

### **PERSONAL CONTACT**

When one turns up in person and meets with people face to face, one gains contact with citizens who might otherwise not participate in the activities on offer. It is, for example, not enough to place postcards and leaflets in businesses; experience gained from the project shows they should be handed out personally. In one of the municipalities, an employee and a volunteer have gone out to supermarkets together to tell about the various activities on offer for elderly people. It has created contact with citizens they would not otherwise have reached, and participation in existing activities has increased, and it has formed the basis for establishing new ones – for example, a group only for men.

### **HOSTING**

Every municipality has had a focus on a good reception and parting culture. It should be easy for new members to join in with an activity alone on receiving a friendly welcome and being helped to find someone to talk with. It should also be followed up afterwards, and an invitation to the next session should be ensured. In a village of around 2,000 inhabitants within the Municipality of Faaborg-Midtfyn, volunteers have started up a monthly communal shared dining event, where around 50 citizens participate each time, with more on a waiting list. They have, amongst other things, tested changing the table layout from event to event, to avoid the

creation of cliques where one sits together with the same people every time.

### **FOCUSED EFFORTS**

The preventive healthcare workers in local councils have worked towards focusing home visits towards those who have the most need for them. There has, for example, been a focus on widows and widowers, because we are aware that there is a special risk of developing depression in connection with a significant, life-changing event, such as the loss of a spouse or partner. In the Municipality of Thisted, an offer of a preventive home visit is now being followed up with a telephone call if the citizen does not respond. This has led to more senior citizens accepting the offer of a home visit.

Horsens Local Council has changed the way it offers a preventative home visit to 75-year-olds. Everyone who will turn 75 within a period of six months is invited to a birthday celebration at the city hall. They are celebrated with cake and coffee while they receive information on the various activities on offer, assistive devices, and support possibilities. More than 100 participants attend every time, which corresponds to around a third of those who are invited. Three to four percent choose, instead, to receive a preventive home visit. The remainder have received information regarding the council's offers in connection with the invitation, but are first contacted again when they turn 80 years old. The communal birthday party initiative has led to the preventive healthcare workers, rather than using scarce resources in home visits to citizens who do not require them, can focus on the most vulnerable citizens.

### **SCREENING FOR DEPRESSION**

All of the participants in the project have received training in the GDS (Geriatric Depression Scale), which is a tool used to detect depression. The preventive healthcare workers have, furthermore, tested the use of GDS and from that background have developed guide-

lines for when and how it can best be applied and how it can be followed up. The general experience gained is that the tool can be a good supplement if there is a suspicion of depression, but that it cannot replace a personal conversation.

## **SYNERGY**

Bringing participants from various sectors together in this project has created a synergy effect, where ideas and solutions have been developed which none of the participants could have developed individually. The volunteers now have professionals to refer to if they meet fellow citizens who have need of extra support. At the same time, the local councils' preventive healthcare workers are aware of local activities that they can inform the citizens of. They can also ring a volunteer and ask them to contact a citizen who would like to be invited to an activity. The collaboration has thereby created an overlap between efforts, which is to the eventual benefit of citizens. In the Municipality of Horsens, for example, volunteers had organized a networking program for single seniors. The program was popular, but the volunteers questioned whether it

helped those who would benefit the most. During Safe Senior Life, a new cooperation was established, and now local healthcare workers refer people to the activity.

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## **BEST PRACTICE EXPERIENCE IS SHARED AS AN INSPIRATION TO OTHERS**

In connection with the project, the participants have developed 'recipes' or guidelines for their many approaches and experiences, which have been shared on the website of The Danish Society for Patient Safety, in the hope that it can contribute towards learning for other local councils and community organizations – not only in relation to efforts which can contribute towards detecting and preventing depression in old age, but also in relation to using co-creation as a method to solve complex societal problems. An example of this is guidelines for 'Good ways to welcome a new member' from the Municipality of Thisted.



*The participants from the three municipalities participating in Safe Senior Life at the final learning session.*

# GOOD WAYS TO WELCOME A NEW MEMBER

There can be several barriers to beginning a new activity for residents of the Municipality of Thisted (Council) who are over 65 years old; for example, poor health, lack of transport possibilities, plus the fear of not becoming a part of the group. Volunteers from organizations in the Municipality of Thisted are aware of this and, based on their experience, we have devised a few points which are worth bearing in mind.



If you know of anyone who you think might benefit from joining your activity, contact the person directly. It can often be difficult to take the first step alone, so it is important to be invited. It is also important to be persistent sometimes and continue to make invitations, as it can be difficult for someone to accept them the first couple of times.



Emphasize the importance of the initial contact with the new member – perhaps, pay them a visit and bring a welcome folder and a program (or alternatively, post them).



Explain practical things: equipment, changing rooms, coffee breaks, payment, transport possibilities, and so on.



Pick up the new member for their first visit, so that he or she does not have to come alone – perhaps they could share a ride with another member?



Welcome the new member at the entrance, show them around and tell about the surroundings and the members.



Make sure that there is a vacant chair and, perhaps, a cup of coffee ready for them on their first visit – it should be made obvious that there is room for the new member.



Have one or more people volunteer to sit next to the new member and drink coffee with them on their first couple of visits.



Specifically related to sports activities: slow down the tempo if necessary, offer coaching from the best players, and attach a helper the first time that they attend.



Draw lots to choose teams and avoid fixed seating arrangements – make sure to shuffle the members when possible. You can perhaps swap tables around.



Follow up on the welcome with the new member – has it gone well, and does the new member talk with the others? You could perhaps give them the possibility of signing themselves up for the next activity before they go home.

# 8 tips for co-creating with volunteers

Based on experience from Safe Senior Life with inspiration from VIVE, the Danish Center for Social Science Research

## **FOCUS ON COMMON VALUES AND INTERESTS**

Allow the interests and values that you have in common to form the basis for your collaboration. It should be acceptable to plan your activities to meet your own challenges and achieve your various goals within the framework, while at the same time working towards common goals.

## **ENTER INTO THE COLLABORATION WITH CURIOSITY**

Be open in relation to how the collaboration can function. It is important that the framework is democratic and flexible, so that all participants can develop and influence the collaboration together. Thereby, a broad ownership can be created, based upon the participants' needs and wishes.

## **BASE THE COLLABORATION ON EQUALITY BETWEEN THE PARTICIPANTS**

The volunteers are not guests, but members of the team on equal footing with the professionals. It can be a good rule of thumb that the participants do not assign each other tasks - but on the other hand, everyone should be ready to undertake tasks.

## **BE HUMBLE TO THE EXPERIENCE OF OTHERS**

Professionals typically have great experience with working with various target groups, such as the elderly. Volunteers have other forms of experience: for example, what it means to be old. Therefore, be humble regarding the experience that the volunteers have, and listen to them. Perhaps you will be surprised.

## **PRIORITIZE THE PROJECT AND GOOD PROJECT MANAGEMENT**

It is important that the project is anchored and prioritized managerially; that there is a leader at the head of the table, who is able to make decisions and offer support. In addition, it is important to have good project managers who know when they should offer support and when they should back off. It can be an advantage to offer a training course in methods of improvement.

## **ADJUST THE PROGRAM TO SUIT THE PARTICIPANTS**

Be ready to make adjustments to ensure that everyone is onboard. It can, for example be necessary to hold longer breaks at teaching seminars if there are elderly participants who need to take lunchtime naps. As volunteers use a lot of their time without being paid for it, it can also be a good idea to include an element of indulgence and entertainment in the program.

## **USE PERSONAL STORIES TO CREATE MOTIVATION**

Stories about the people that the project makes a difference to can contribute towards creating motivation and pride amongst the participants. At the same time, it contributes towards creating attention and disseminates knowledge to the project. The experience of the participants in the project can contribute towards illustrating how approaches have an effect in relationship to the goals.

## **IMPLEMENT STRATEGIES TO REACH MORE THAN JUST THE FIREBALLS**

Work continually towards more people becoming involved in the work than just the current participants in the project. It is important that initiatives are not personally carried and dependent on a single fireball. Strategies should be created on a local level for involving several people in the work, so that it becomes sustainable and strongly anchored.