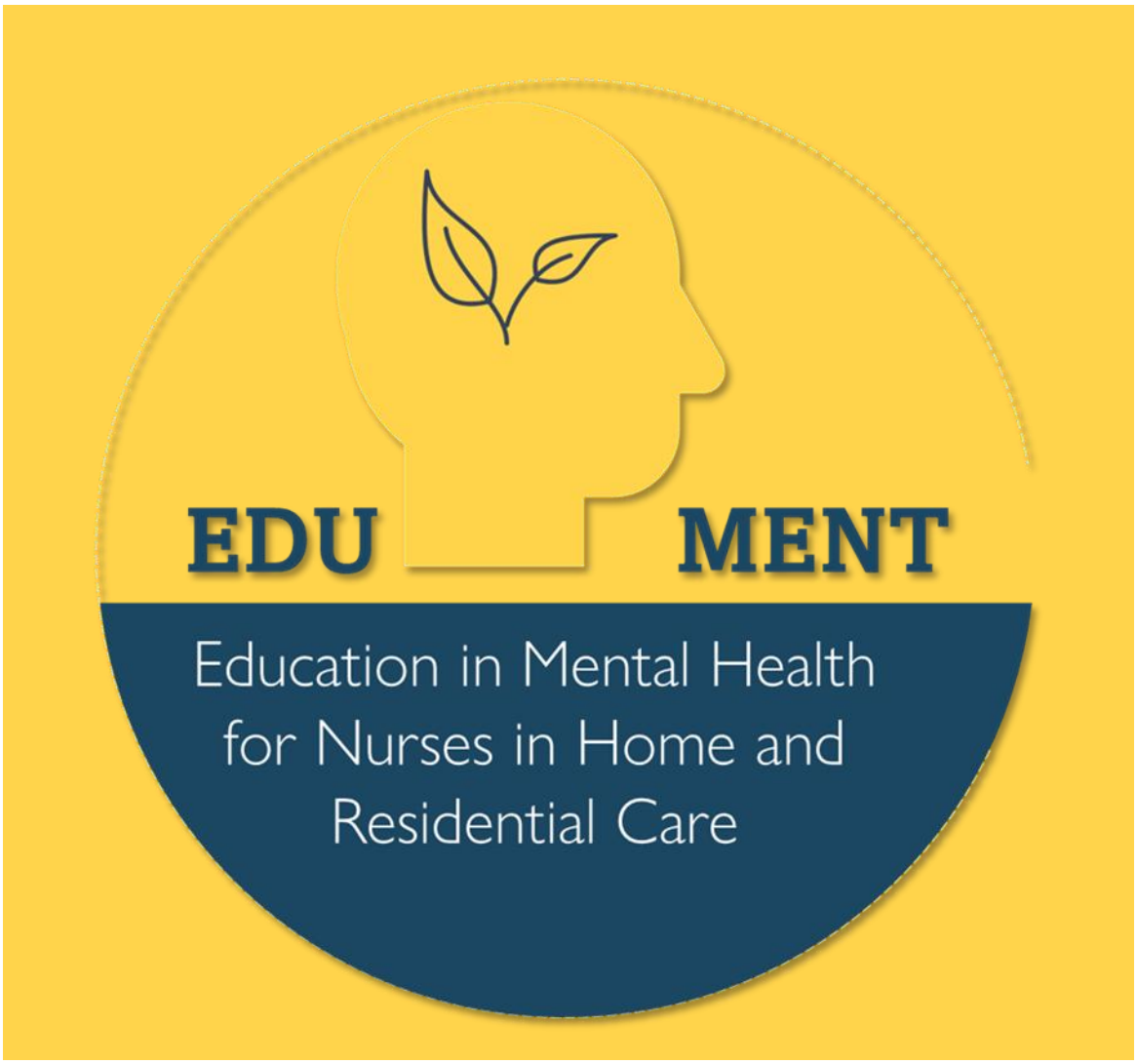


WP5 – Best Practice Cases
Austria · Cyprus · Slovenia

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Introduction

EDU-MENT helps nurses address mental well-being in everyday care. The cases in this brochure describe how structured screening conversations brought loneliness, bereavement, sleep disturbance and related health concerns into focus. Practitioners used the findings to organise support, clarify care priorities or prepare further assessment.

This collection presents twelve practice cases from the completed EDU-MENT project, with four contributions each from Austria, Cyprus and Slovenia. They cover home, community and residential care and show different uses of screening, from opening a conversation to identifying concerns that need further assessment and planning an appropriate response.

The collection contributes to the WP5 commitment to provide client case studies and a short good-practice report for dissemination. It complements the Piloting Report on national implementation and the Transfer Handbook on introducing and sustaining use of the completed tools.

For nurses, educators and care managers, the central lesson is practical: screening becomes useful when findings are interpreted in the person's circumstances and linked to an appropriate response. Professional judgement, respectful conversation and accessible follow-up remain essential. These cases illustrate care processes; they do not demonstrate clinical effectiveness.

How the collection is organised

Emotional well-being and daily routines – CY01, SI01, AT02.

Social participation in residential care – CY02, SI02.

Connected health and mobility concerns – CY03, SI03, AT01.

Community support and preventive home visits – CY04, SI04.

Interpreting profiles in residential care – AT03, AT04.

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Methods

Twelve cases were selected from final partner documentation. Four Austrian residential-care profiles are supported by individual screening reports and practice summaries. Four Cypriot cases come from the partner's case workbook. Four Slovenian records come from the practice annex of the University of Maribor, Faculty of Health Sciences (UM FHS), including one national trainer's example.

The selected cases cover different care settings, concerns and uses of screening information. The thematic groups help readers compare practice; they are not diagnostic categories. The collection uses existing project-period applications and does not represent an additional pilot. The title 'Best Practice Cases' reflects the WP5 dissemination commitment and does not imply comparative evidence of effectiveness.

Each case distinguishes documented findings, their interpretation and implications for care. The Austrian examples focus on result profiles; the other cases also describe practitioner-reported actions or plans. Requested reviews, planned referrals and completed care-plan additions are identified separately. Transfer lessons suggest how an approach could be used elsewhere without attributing additional interventions to the original practitioner.

The records describe practice experience rather than independently measured clinical outcomes. Scores are screening indicators, not diagnoses or probabilities of illness. The screening reports define low (0–33%), moderate (34–66%) and high (67–100%) categories of support need. Categories and percentages are reproduced as displayed in the reports. Answers marked 'not assessable' are excluded from the score calculation, so item coverage must also be considered. Names are excluded and non-essential personal details generalised.

Reading the examples

The case finder gives the setting, focus and page number for each example. Country codes identify the origin of each case. The Austrian profiles complement the accounts of conversations and care planning from Cyprus and Slovenia. Case-to-source mappings are listed at the end of the collection.

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Case finder

Four cases from each country illustrate complementary uses of EDU-MENT. Each case page can be read independently and used alongside the project learning resources.

Case	Country and setting	Main focus	Page
CY01	Cyprus · Home/community	Bereavement and daily routines	6
SI01	Slovenia · Home/community	Grief and overlooked care needs	7
AT02	Austria · Residential	Sleep and social needs in one profile	8
CY02	Cyprus · Residential	Low mood and reduced participation	9
SI02	Slovenia · Residential	Loneliness after a major physical change	10
CY03	Cyprus · Residential	Falls and loss of confidence	11
SI03	Slovenia · Residential	Pain and sleep in a wheelchair user	12
AT01	Austria · Residential	Prioritising a health-related review	13
CY04	Cyprus · Home/community	Loneliness and access to community support	14
SI04	Slovenia · Home/community	Loneliness within a family household	15
AT03	Austria · Residential	Interpreting predominantly low scores	16
AT04	Austria · Residential	Cognitive and emotional indicators in context	17

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CY01 Bereavement and daily routines

Cyprus · Home care in a semi-rural area

Theme: Emotional well-being and daily routines

Situation

An older woman living alone was screened following bereavement. She was sleeping poorly and had less contact with friends. These changes prompted the practitioner to explore her emotional well-being and social circumstances.

Screening and interpretation

The partner record describes a moderate-risk screening result. It identifies a clear follow-up plan as the principal benefit, with the initial concerns linked to a manageable care response.

Documented response

Emotional support, sleep advice and regular telephone contact were added to the care plan. The measures addressed loss, disrupted sleep and reduced contact. Subsequent changes in symptoms were not measured in the source.

Lesson for future use

Care after bereavement can combine emotional support with attention to daily routines and ongoing contact. The partner reported that EDU-MENT helped organise a clear follow-up plan without making the assessment too long. Follow-up can revisit whether the support still matches the person's circumstances.

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SI01 Grief and overlooked care needs

Slovenia · Home and community nursing

Theme: Emotional well-being and daily routines

Situation

A widowed older woman rarely left her flat. Fatigue and low motivation occurred alongside grief, reduced food intake and forgotten medication. These concerns gave the nurse a reason to explore how emotional distress and daily self-care were connected.

Screening and interpretation

The screening took about fifteen minutes. The national annex describes a cluster of psychosocial and practical needs and notes some reluctance to discuss bereavement and mental distress.

Documented response

The practitioner used PHQ-9, GAD-7, the short IQCODE and the UCLA loneliness scale alongside EDU-MENT to assess concerns raised in the conversation more closely. The annex does not document subsequent treatment or clinical outcomes for this individual. The instrument abbreviations are explained in the resources section.

Lesson for future use

A broad screen can help a nurse decide where more specific assessment is useful. Alongside grief, nutrition and medication also required attention. A calm, sensitive conversation provides the setting for exploring these concerns, while further assessment remains within professional competence and local care pathways.

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AT02 Sleep and social needs in one profile

Austria · Residential long-term care

Theme: Emotional well-being and daily routines

Situation and assessment focus

The case concerns a person receiving residential long-term care at the Austrian pilot facility. The screening profile identifies sleep as a concern alongside moderate health and social-domain indicators. Their relevance to daily life requires discussion with the resident.

Screening and interpretation

The displayed values were 36% for demographic characteristics, 41% for health and comorbidities, 43% for sleep and nutrition, and 44% for community and lifestyle. The cognitive and emotional functioning and personal environment domains were in the low category. The report records a 'yes' response to the insomnia question and a 'no' response to the question about sleeping fewer than five hours. Three questions were not assessable.

Using the findings in care planning

The practice summary proposes discussing the person's experience of sleep, possible burdens and available support, together with desired contacts and participation. These are suggestions for care planning; completed actions are not documented for this case. A moderate community score alone does not establish loneliness.

Lesson for future use

Several moderate findings can be explored in one focused conversation. Nurses can ask how these aspects affect daily life and what the person would like support with. Understanding the resident's priorities helps the team select further assessments and agree any changes to the care plan.

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CY02 Low mood and reduced participation

Cyprus · Residential care

Theme: Social participation in residential care

Situation

Staff noticed that an older male resident appeared low in mood, participated less and gave short answers during daily care. Their observations concerned several aspects of his situation.

Screening and interpretation

The record describes moderate to high risk. Practitioners reported that EDU-MENT confirmed existing concerns and linked physical illness, mobility and social withdrawal within one assessment.

Documented response

Staff increased emotional monitoring, encouraged group participation and requested a physiotherapy review. This combined observation of emotional well-being with social support and a request to review physical functioning. Completion of the physiotherapy review is not documented.

Lesson for future use

Reduced participation can have physical, emotional and social causes. The structured assessment brought staff observations together and helped the team consider these connected needs. A care response can then extend beyond inviting the resident to join activities.

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SI02 Loneliness after a major physical change

Slovenia · Institutional care · Individual use in the practitioner's workplace

Theme: Social participation in residential care

Situation

A resident living with the consequences of an amputation experienced loneliness, self-neglect, infrequent visits and a loss of meaning. The example shows why mental well-being remained relevant alongside a substantial physical care need.

Screening and interpretation

The screening took about fifteen minutes and highlighted loneliness and mild depressive symptoms. It gave the practitioner a structured account of concerns extending beyond the resident's physical condition.

Documented response

The contribution documents findings relevant to nursing judgement, but no specific subsequent referral or completed intervention. The practitioner identified internet access as a condition for use. Implementation therefore requires a suitable device, internet access and an appropriate setting.

Lesson for future use

When a resident's life has changed substantially, discussion of social contact and personal meaning can add information to routine physical care. Here, screening supported recognition and interpretation of concerns. Care teams can use the case to discuss a suitable personalised response, while keeping that discussion distinct from actions documented in the original record.

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CY03 Falls and loss of confidence

Cyprus · Residential care

Theme: Connected health and mobility concerns

Situation

An older male resident had experienced two recent falls and reduced confidence. Screening brought together concerns that could require review by different members of the care team.

Screening and interpretation

The partner record describes high health risk. Practitioners reported that the tool helped them prioritise several falls-related risks. Its value in this case lay in organising information for a multidisciplinary discussion.

Documented response

A falls review, a medication review and environmental changes were requested. The record documents these requests; subsequent implementation and outcomes are not reported.

Lesson for future use

Reduced confidence after falls can be considered alongside health and environmental concerns. Structured findings helped practitioners request a coordinated review. Clear communication of the concerns helps each professional understand why their input is sought and supports the care team's assessment and decisions.

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SI03 Pain and sleep in a wheelchair user

Slovenia · Institutional care · Individual use in the practitioner's workplace

Theme: Connected health and mobility concerns

Situation

An older male resident using a wheelchair lived with several chronic conditions. Loneliness, insomnia, pain, restricted mobility and forgetfulness were described together. This combination provided a reason to explore several concerns in the same conversation.

Screening and interpretation

The screening took about twenty minutes. The national annex describes how health and psychosocial concerns occurred together. The resident had difficulty with some questions and with discussing sensitive aspects of his situation.

Documented response

The practitioner repeated or rephrased questions because of impaired hearing and difficulty understanding some wording. This communication adaptation is documented; a separate individual treatment plan or subsequent clinical outcome is not.

Lesson for future use

Accessible communication is part of a meaningful screening encounter. Repeating or explaining a question can clarify what is being asked, provided its intended meaning is preserved. In training, this case can help nurses consider pain, sleep and social experience together and allow enough time for a response.

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AT01 Prioritising a health-related review

Austria · Residential long-term care

Theme: Connected health and mobility concerns

Situation and assessment focus

EDU-MENT was used during the Austrian facility's project implementation to review support needs alongside ongoing nursing care. The profile highlights health-related indicators, with lower values in most other domains. It offers a focus for discussing how the resident's health situation relates to mental well-being and the existing nursing assessment.

Screening and interpretation

Health and comorbidities had the highest displayed value at 67%, based on a raw score of 10 out of 15 and shown in the high category. Demographic characteristics were moderate at 36%. The other domains were in the low category. Four of the 44 questions were recorded as not assessable, including two in the health domain.

Using the findings in care planning

The practice summary proposes comparing the health-domain findings with existing care information and nursing observations, clarifying the unanswered items, and then deciding whether more focused assessment or interprofessional discussion is appropriate. These are care-planning considerations; completed referrals are not documented.

Lesson for future use

A prominent domain can guide attention to concerns requiring clarification. The team still needs to review the underlying information before making care decisions. Lower scores elsewhere remain part of the overall picture, alongside the person's own priorities.

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CY04 Loneliness and access to community support

Cyprus · Home care in a rural area

Theme: Community support and preventive home visits

Situation

An older woman lived alone in a rural area, had little social contact and reported feeling lonely. The example concerns access to support in everyday life as well as the person's health situation.

Screening and interpretation

The partner record describes high demographic risk and moderate health risk. Practitioners reported that the combined social and health risks became clearer and helped them justify practical community support.

Documented response

Community contact, transport support and regular follow-up were arranged. Social support was accompanied by practical help to access it and continued contact with the care service. Later changes in loneliness or participation were not quantified.

Lesson for future use

Advice about social activity is more useful when the person can access the proposed support. Here, transport and ongoing follow-up formed part of the response. Linking screening findings to local resources is particularly relevant where living alone and distance make opportunities for contact harder to use.

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SI04 Loneliness within a family household

Slovenia · Preventive community nursing visit by the national trainer

Theme: Community support and preventive home visits

Situation

An older woman lived with her family in a rural area and was seen during a routine preventive visit. The source describes loneliness despite living with others, sleep disturbance and depressive symptoms. This was an experienced national trainer's practice example, rather than a course participant's case.

Screening and interpretation

The screening took fifteen minutes within a forty-five-minute visit that included counselling. The overall result indicated moderate risk. Living with family and a healthy lifestyle were considered protective factors, while the woman's account still indicated a need for support.

Documented response

The plan included a general practitioner (GP) review of depressive symptoms and an overactive bladder, advice on healthy sleep, gradual social reintegration with transport support, continued community nursing follow-up and rescreening after six months. These were planned responses; later rescreening is not confirmed in the annex.

Lesson for future use

Living with others does not necessarily mean feeling socially connected. The preventive conversation led to a personalised plan using local care and community options. The trainer also identified suitable devices, connectivity and accessible follow-up services as conditions for implementation, requiring organisational preparation and knowledge of local services.

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AT03 Interpreting predominantly low scores

Austria · Residential long-term care

Theme: Interpreting profiles in residential care

Situation and assessment focus

The resident's EDU-MENT profile shows predominantly low screening indicators. It can prompt a review of current well-being and whether existing support remains appropriate. Nurses should interpret the findings alongside their observations and the resident's account, without assuming that screening must identify a new problem.

Screening and interpretation

Demographic characteristics were moderate at 36%. The other domain scores were low: health and comorbidities 29%, cognitive and emotional functioning 0%, sleep and nutrition 21%, community and lifestyle 25%, and personal environment 0%. The report records 'no' responses to the questions about insomnia and sleeping fewer than five hours. Three questions were not assessable.

Using the findings in care planning

The practice summary proposes comparing the profile with current well-being, existing support and the unanswered items. Continuing the current care plan may be appropriate if that review supports it. This is a planning consideration; no specific subsequent action is documented. The low values do not themselves identify protective factors or establish that every possible need is absent.

Lesson for future use

Screening does not have to generate a new intervention in every case. Reviewing the person's account and item coverage alongside the profile can help the team judge whether current support remains appropriate and avoid unnecessary additions to care.

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AT04 Cognitive and emotional indicators in context

Austria · Residential long-term care

Theme: Interpreting profiles in residential care

Situation and assessment focus

The resident's completed profile highlights cognitive and emotional functioning. Other moderate indicators and several items marked 'not assessable' require careful interpretation. The care discussion needs to clarify which cognitive or emotional concerns merit further assessment, taking account of nursing observations and the resident's perspective.

Screening and interpretation

The cognitive and emotional functioning domain score was 62%, in the moderate category. Demographic characteristics were 36%, health and comorbidities 35%, and sleep and nutrition 36%, also moderate. The community and lifestyle domain score was low at 21%. Six questions were not assessable. The environment score of 0% was based on two assessable questions out of four, so coverage of that domain was incomplete.

Using the findings in care planning

The practice summary proposes checking what information is missing and whether answers came from the resident or professional observation. This can guide more focused assessment of cognitive or emotional concerns. No completed follow-up intervention is documented, and the combined domain score does not establish a specific diagnosis.

Lesson for future use

A low score needs to be considered alongside any gaps in information. Checking item coverage and the source of answers reduces the risk of false reassurance. It helps the team clarify concerns without interpreting an unanswered question as a symptom or evidence that no need exists.

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Lessons for continued use

A shared view of connected needs

Physical concerns and mental well-being often appeared together in the selected cases. Reduced mobility, pain or disrupted sleep accompanied withdrawal or loneliness. Practitioners reported that EDU-MENT helped organise these observations and broaden the care discussion.

A response suited to the individual

The Cypriot records describe different responses to different circumstances: additions to a care plan after bereavement, requests for multidisciplinary review after falls, and community contact with transport support in a rural area. The Slovenian trainer's preventive visit led to a local follow-up plan. Educators can use these examples to discuss how screening findings inform a response.

Communication and professional judgement

The Slovenian examples describe focused assessment, sensitive discussion and adaptation for impaired hearing. In supervised learning and team reflection, nurses can consider how to interpret screening findings alongside the person's account and their own observations.

Proportionate interpretation of result profiles

The Austrian profiles show how nurses can identify a prominent health domain, explore several moderate findings, review predominantly low values and check the coverage behind a score. In each case, the underlying information needs review before a response is agreed. Automatically generated recommendations may suggest options, but do not document an intervention.

Continued use of the collection

Hafelekar will use the project results in Train-the-Trainer courses and online training. The case collection can be used alongside the completed learning resources, the Piloting Report and the Transfer Handbook. Educators can discuss the documented decisions and invite reflection on a comparable local situation without exposing identifiable client information.

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Resources and source documentation

The case collection accompanies the EDU-MENT digital screening tool and its training resources. The curriculum and blended learning materials support preparation and supervised application; the organisational audit tools help organisations assess readiness.

The Piloting Report describes national implementation. The Transfer Handbook explains organisational introduction, quality assurance and continued use. These resources place the individual cases in their wider care and organisational context.

Abbreviations

PHQ-9: Patient Health Questionnaire-9;

GAD-7: Generalized Anxiety Disorder-7;

IQCODE: Informant Questionnaire on Cognitive Decline in the Elderly (short version in SI01);

UCLA: University of California, Los Angeles (loneliness scale).

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