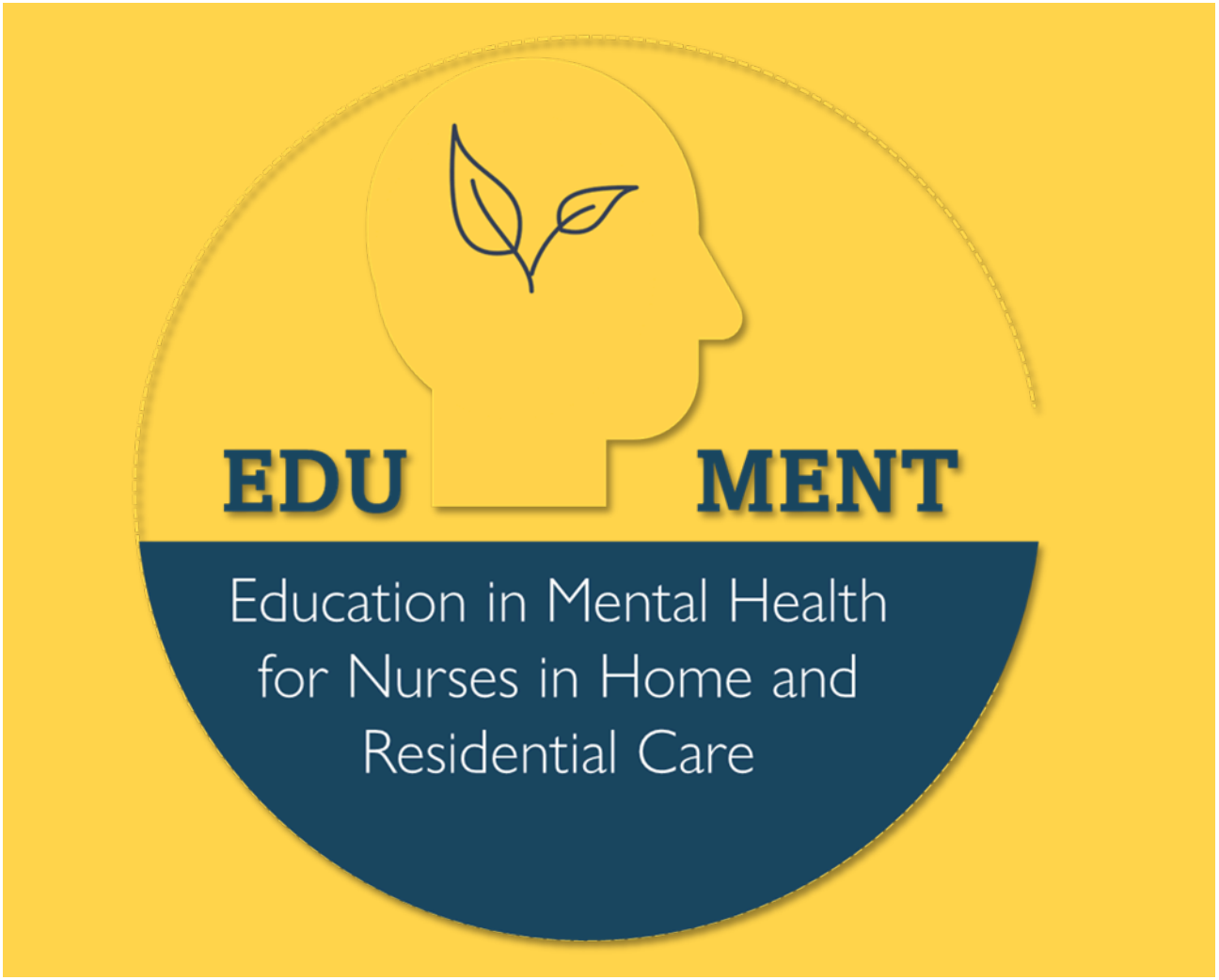


WP 2

Desk- & Field Research Report

Long Version of the Transnational Executive Summary

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Activity of the WP 2 - Analysis of caregiver requirements and needs for early identification, monitoring and management of clients with mental health problems	
Title:	Compilate the national reports into one transnational report
Description:	Summarize the national desk- and field research reports of all partner nations into a long version of an Executive Summary
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Contents

1. INTRODUCTION 7

1.1 Aim of the EDU-MENT Project 7

1.2 Objective of the Desk and Field Research Reports 8

1.3 Method of Desk and Field Research 8

2. MENTAL HEALTH IN THE THIRD AND FOURTH AGES: A THREE-COUNTRY COMPARISON 10

2.1 Demographic Change 10

2.2 Mental Health in Old Age 10

2.2.1 Mental Health..... 10

2.2.2 Mental Disorders..... 10

2.2.3 Psychosocial Crises..... 10

1.3 Social Perception 11

1.3.1 Commonalities and Differences..... 11

1.3.2 The Paradox of Well-Being..... 11

1.4 Causes, Risk Factors, and Protective Factors for Mental Health in Old Age: A Three-Country Comparison 11

1.4.1 Commonalities..... 12

1.4.2 Differences..... 12

1.4.3 Conclusion..... 12

1.4.4 Long-Term Care..... 12

1.4.5 Care Workers and Psychiatrists..... 13

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1.5 Special Challenges in the Care of Older People with Mental Health Issues: A Three-Country Comparison 13

1.5.1 Austria 13

1.5.2 Slovenia 13

1.5.3 Cyprus 13

1.5.4 Common Challenges in Care 14

1.5.5 Differences in Care 14

1.5.6 Summary 14

1.6 Current Measures for Older People with Mental Health Problems in Outpatient and Long-Term Care Facilities: A Three-Country Comparison 14

1.6.1 Austria 15

1.6.2 Slovenia 15

1.6.3 Cyprus 15

1.6.4 Comparison and Conclusions 15

3. NETWORKS, TOOLS, AND MEASURES: A THREE-COUNTRY COMPARISON 16

1.7 Current Networks for Promoting Mental Health in the Elderly: A Three-Country Comparison 16

1.7.1 Commonalities 16

1.7.2 Differences 16

1.7.3 International Best-Practice Examples 16

1.7.4 Potential Partners for the EDU-MENT Project 17

1.8 Identifying Psychosocial Burdens in Older Adults: Tools & Measures in a Three-Country Comparison 17

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1.8.1 Key Needs of Older Adults..... 17

1.9 Overview of Screening Tools 18

1.9.1 Two-Question Test for Assessing a Depressive Episode (PHQ-2)..... 18

1.9.2 Patient Health Questionnaire-9 (PHQ-9)..... 18

1.9.3 Geriatric Depression Scale (GDS)..... 19

1.9.4 Perception of Prevalence of Aggression Scale (POPAS)..... 19

1.9.5 Broset Violence Checklist (BVC-CH)..... 19

1.9.6 Mini-Mental State Examination (MMSE)..... 20

1.9.7 Confusion Assessment Method (CAM)..... 20

1.9.8 Mini-ICF-APP..... 21

1.9.9 Loneliness and Social Isolation..... 21

4. EDUCATION, CONTINUING EDUCATION, AND AWARENESS IN A THREE-COUNTRY COMPARISON 23

1.9.10 Similarities in Continuing Education..... 23

1.9.11 Differences in Continuing Education..... 23

1.10 Measures for Mental Health Monitoring and Management in Long-Term Care Facilities 23

1.10.1 Introduction and Use of Digital Screening Tools:..... 23

1.10.2 Regular Training for Caregivers..... 24

1.10.3 Interdisciplinary Collaboration and Regular Case Discussions..... 24

1.10.4 Personalized Care Plans and Continuous Monitoring..... 24

1.10.5 Awareness and Promotion of Emotional Resilience in Caregivers..... 24

1.10.6 Early Intervention and Prevention Strategies..... 24

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1.11 Competency-Oriented Care 25

1.11.1 Challenges in Digitalization....25

1.11.2 Challenges in Managing Psychosocially Changed Patients....26

1.11.3 Lack of Interdisciplinary Collaboration....26

1.11.4 Need for Education and Training Programs....27

1.12 Social Networking 27

1.13 Psychosocial Competency Profile of Nursing Staff in Long-Term Care Facilities 27

1.13.1 Professional Competencies....27

1.13.2 Use of Digital Tools....27

1.13.3 Interdisciplinary Collaboration....28

1.13.4 Social and Communication Skills....28

1.13.5 Self-Management and Reflective Abilities....28

1.13.6 Emotional Resilience and Stress Management....28

1.13.7 Lifelong Learning and Continuing Education....28

1.13.8 Summary of Findings....28

5. CONCLUSIONS 29

1.14 WP 3: Selection and Digitalization of a Screening Platform 29

1.15 WP 4: Training and Education for Caregivers 29

1.16 WP 5: Implementation and Testing of Solutions 29

1.17 Summary 29

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6. LITERATURVERZEICHNIS 31

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1. Introduction

According to the World Health Organization (WHO), it is projected that the global population of people over the age of 60 will double by 2050 compared to the data from 2015. In 2019, the number of people over 60 worldwide was estimated at one billion, a number that is expected to rise to 1.4 billion by 2030 and 2.1 billion by 2050 (Pandey et al., 2022). The chronicity of diseases and the socio-structural changes have increased the prevalence of psychosocial care needs among older people.

The World Health Organization (WHO, 2001) defines psychosocial health as a state of well-being in which an individual can realize their abilities, cope with normal life stresses, work productively, and contribute to the community. Specifically, the COVID-19 pandemic, with its isolation and quarantine measures, has increasingly revealed complex challenges for the psychosocial health of care-dependent and elderly people in community-based care and support. The full extent of the impact of the COVID-19 pandemic on the mental health of older people is still unknown. However, it is clear that caregivers in residential and mobile long-term care facilities are facing increased care and support demands due to rising psychosocial behavioral changes. These changes are attributed to anxiety, loneliness, isolation, uncertainty, and heightened instability from the loss of loved ones or the increasing awareness of their mortality.

The Erasmus+ project EDU-MENT acknowledges that the existing care network in mobile and residential long-term care is primarily somatically oriented. In recent years, however, there has been a significant increase in mental behavioral changes among elderly and care-dependent people, particularly at home and in residential long-term care facilities. This has led to a decrease in social contacts and a restriction of social abilities, increasingly overwhelming caregivers in managing clients with psychosocial behavioral changes. Reasons for this include under-resourc-ing in psychiatry, a lack of nursing home places, and a shortage of experts in psychiatric care in home nursing (APAMED, 2022).

1.1 Aim of the EDU-MENT Project

The aim of the EDU-MENT project, from 2023 to 2026, is to achieve transformative changes in the care provided by non-specialized psychiatric nursing staff in home and residential care set-tings by addressing mental changes more effectively. To counteract the predominantly somatic-oriented care network and existing challenges in psychiatric care, EDU-MENT aims to enhance the skills of care personnel through a targeted certification course. This didactically designed blended learning course will train caregivers without psychiatric education, imparting digital competencies and skills for the early detection, control, and management of psychosocial behavioral changes. The project will develop a curriculum, an e-learning platform tailored to the course, all necessary learning materials, user manuals, guidelines, and workbooks. These materials will be digitally made available internationally for experts in teaching, research, and practice for further use. With these strategic measures, the project aims to achieve a significant and lasting improvement in the quality of life of the cared-for individuals.

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The project has developed a methodology to address the three main challenges in the early detection, monitoring, and response to mental health issues in mobile and residential long-term care:

- Understanding and standardized care
- Interprofessional and digital qualification of caregivers
- Operational and organizational qualification

1.2 Objective of the Desk and Field Research Reports

Desk-Research Report: This report aimed to provide a detailed overview of the current state of mental health care systems for older people in Austria, Slovenia, and Cyprus. It analyzed the challenges in care, the importance of digitalization, and the gaps in caregiver training.

Field-Research Report: The field research aimed to identify the competencies of caregivers in managing psychosocial behavioral changes in older patients and explore their ability to motivate themselves and adapt to new situations. Additionally, the need to improve psychosocial care and the professional qualifications of caregivers was assessed.

1.3 Method of Desk and Field Research

As part of the desk research, a comprehensive qualitative and comparative analysis of national and international data sources was conducted to evaluate the mental health care systems for older adults in Austria, Slovenia, and Cyprus. The sources utilized included reports from the World Health Organization (WHO), Eurostat, and national health authorities. The focus of this analysis was to identify the current challenges in the psychosocial care of older adults and assess the effectiveness and suitability of existing structures in addressing the challenges posed by demographic changes. The research placed particular emphasis on the need for digitalizing care processes to enable early detection of psychosocial behavioral changes. This comparative analysis highlighted country-specific differences, as well as common challenges, which serve as a foundation for the development of improved care models in these three countries.

In parallel, semi-structured interviews (n=36) were conducted as part of the field research with nurses, nursing managers, and other healthcare professionals in long-term care facilities in Austria, Slovenia, and Cyprus. These interviews provided practical insights into the everyday challenges faced by healthcare workers when dealing with patients experiencing psychosocial changes. The collected interview data were systematically analyzed thematically to identify key patterns and challenges in psychosocial care. Themes such as the need for digital screening tools, gaps in training, and the necessity for interdisciplinary collaboration were particularly evident. The field research not only offered a realistic picture of the current situation in long-term care but also enabled the formulation of concrete recommendations for improving psychosocial care and the professional qualification of nursing staff.

The primary target groups are nursing staff and management in long-term care facilities in Austria, Slovenia, and Cyprus. Secondary target groups include the relatives of care recipients, healthcare

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policymakers, and educational institutions responsible for the training of nursing professionals.

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2. Mental Health in the Third and Fourth Ages: A Three-Country Comparison

The chapter "Mental Health in the Third and Fourth Ages: A Three-Country Comparison" explores the demographic, health, and social challenges associated with the aging populations in Austria, Slovenia, and Cyprus. The focus is on promoting the quality of life for older people and improving access to psychosocial care and digital services.

2.1 Demographic Change

The population over 65 years of age is growing in all three countries, with Austria and Slovenia having higher proportions of older people compared to Cyprus. Life expectancy in Austria is higher, with men living up to 79 years and women 84 years, compared to 78.7 years in Slovenia and 80.1 years in Cyprus.

2.2 Mental Health in Old Age

In Austria, Cyprus, and Slovenia, mental health is seen as a dynamic process determined by the interaction of internal (individual) and external (environmental) factors. These factors can be physical, psychological, social, or material, influencing the balance between resources and stressors. Mental health and illness are not viewed as opposites, meaning that individuals can achieve high well-being despite mental impairments. Genetic predispositions, life experiences, behavioral patterns, and social contexts play a crucial role in maintaining mental health.

2.2.1 Mental Health

The World Health Organization (WHO) defines mental health as an integral part of overall health, including well-being, satisfaction, emotional stability, the ability to form relationships, and coping with challenges. Individuals with stable self-esteem and a strong sense of identity are better equipped to handle life's stressors and contribute productively to society.

2.2.2 Mental Disorders

Mental disorders are widespread globally, especially among older adults, with approximately 20% affected by psychiatric or neurological conditions. The most common disorders include dementia, major depressive disorder (MDD), and anxiety disorders. The diagnosis of mental disorders follows internationally recognized systems like the DSM-5 and ICD-11. Mental disorders in old age can manifest differently than in younger people, such as through appetite loss or cognitive impairments, often leading to over- or under-diagnoses. Geriatric psychiatry differentiates between older patients who developed mental disorders during adulthood and those who first develop such conditions in old age. Common mental health issues include depression, anxiety disorders, neurodegenerative diseases like dementia, delirium, and substance abuse.

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2.2.3 Psychosocial Crises

In all three countries, psychosocial crises are a significant challenge, particularly during critical life events such as the loss of a partner or moving into a care facility. Cyprus is additionally impacted by the historical trauma of the 1974 invasion, which continues to affect the mental health of many older people.

2.3 Social Perception

The societal perception of older people varies between Austria, Cyprus, and Slovenia, influenced by cultural, historical, and social factors:

Austria: While the wisdom of older people is acknowledged, age discrimination is also present. A survey revealed that 46% of Austrians consider age discrimination widespread. Legally, discrimination is prohibited under the Equal Treatment Act, but digital integration poses challenges, especially highlighted during the COVID-19 pandemic.

Cyprus: The perception of older people is heavily shaped by the 1974 Turkish invasion, which left many elderly individuals as refugees. Although they are highly respected, they are often seen as a burden in economically difficult times. There are no specific legal provisions against age discrimination, and older individuals struggle with digital integration.

Slovenia: Older people are valued, yet they face challenges such as social isolation and age discrimination. While anti-discrimination laws exist, they are often inadequately enforced. The digital divide remains an issue, though efforts are being made to improve digital competence.

2.3.1Commonalities and Differences

In all three countries, older people are recognized, but they face similar challenges, including age discrimination, social isolation, and difficulties with digital integration. Austria offers more comprehensive legal protections and programs for older people, while Cyprus and Slovenia have significant gaps.

2.3.2 The Paradox of Well-Being

Despite physical and mental challenges in old age, older people in all three countries often report a high level of life satisfaction and well-being. This phenomenon, known as the "Paradox of Well-Being," is supported by positive thinking and adaptability, which is even correlated with longer life expectancy.

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2.4 Causes, Risk Factors, and Protective Factors for Mental Health in Old Age: A Three-Country Comparison

Mental health in old age in Austria, Cyprus, and Slovenia is influenced by a combination of biological, psychological, and social factors. Key risk factors include chronic illness, social isolation, and polypharmacy, while protective factors include social support and familial bonds.

2.4.1 Commonalities

Multifactorial Causes: All three countries recognize that mental disorders in old age result from a combination of genetic, psychological, and social factors.

Social Support: The importance of family and neighborhood relationships as protective factors is emphasized.

Chronic Illness and Polypharmacy: These are major risk factors for mental disorders in all countries.

2.4.2 Differences

Substance Abuse: Problematic alcohol consumption is widespread in Austria and Slovenia, while dietary habits and tobacco use are more prevalent in Cyprus.

Financial Burdens: Austria offers comparatively strong social safety nets, while Cyprus faces significant financial challenges. Slovenia falls between the two.

Critical Life Events: Cyprus continues to experience the effects of historical trauma from the 1974 Turkish invasion, which significantly impacts mental health, while Austria and Slovenia do not face similar traumas.

Religious Influence: Religion plays a stronger role in the mental health of older people in Cyprus than in Austria or Slovenia.

2.4.3 Conclusion

While all three countries share common causes and protective factors for mental disorders, significant differences exist in the recognition, treatment, and challenges faced by older adults. Cyprus, in particular, suffers from the impact of historical trauma and an insufficient healthcare system, while Austria benefits from a better infrastructure but faces specific issues like high alcohol consumption.

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2.5 Special Challenges in the Care of Older People with Mental Health Issues: A Three-Country Comparison

In Austria, Slovenia, and Cyprus, the care of older people with mental health problems faces significant challenges, both in terms of systemic and organizational aspects.

2.5.1 Long-Term Care

Austria has a well-developed long-term care system, with both institutional and home care heavily supported by state measures. About 80% of home care recipients are cared for by relatives, predominantly women. However, there is an increasing shortage of general practitioners and psychiatrists, though Austria still fares better than Slovenia and Cyprus in terms of healthcare workforce. The demand for long-term care workers is expected to rise with the aging population, and working conditions in the care sector remain poor, with low wages. Austria offers extensive social support structures, including mobile care services, and provides financial assistance through a care allowance system. Mental health services, particularly for older adults, are well established.

Slovenia's healthcare system is three-tiered, and long-term care is provided both at home and in institutions. However, there are deficiencies in the training and number of care workers. Primary care plays a central role, and community care is provided by community nurses. The number of care workers is moderate but below the EU average. Slovenia has specialized care services, but there are gaps in the integration of mental health services, particularly for older adults.

Cyprus lacks a comprehensive long-term care system, and care is predominantly provided by informal caregivers. There is a significant shortage of care workers, and long-term care funding is among the lowest in the EU, leading to high out-of-pocket costs for those in need of care. Social support and professional care structures are less comprehensive, resulting in substantial gaps in the care of older people. Additionally, specialized mental health services for older adults are lacking.

Austria offers the most comprehensive long-term care system of the three countries, followed by Slovenia with moderate care structures. Cyprus faces the greatest challenges in providing long-term care, with significant deficits in the care and support of older adults.

2.5.2 Care Workers and Psychiatrists

Austria has a higher availability of care workers and psychiatrists compared to Slovenia and Cyprus, though all countries are facing a growing shortage of specialists. Austria has approximately 18.8 psychiatrists per 100,000 inhabitants, Slovenia has 14, and Cyprus only 12.

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2.5.3 Systemic and Organizational Challenges

Austria

- Systemic Challenges: There is a high prevalence of mental health disorders and a severe shortage of professionals, especially in psychiatry. There is also a shortage of nursing home spaces, leading to long waiting times.
- Organizational Challenges: Many caregivers lack specialized psychiatric training, and there is a separation between somatic and mental health care, making the identification of mental disorders more difficult.

Slovenia

- Systemic Challenges: Mental health disorders are widespread, but there is a lack of specialized psychiatric care, especially in rural areas.
- Organizational Challenges: Caregivers are inadequately trained to handle the mental health issues of older people, and health services are poorly integrated.

Cyprus

- Systemic Challenges: The healthcare system has significant shortcomings, particularly in caring for older people with mental health issues. Many elderly people are still affected by trauma from the Turkish invasion of 1974.
- Organizational Challenges: There is a shortage of specialized caregivers, and the fragmented healthcare system makes care inefficient.

2.5.4 Common Challenges in Care

Stigma and Social Isolation: In all three countries, the stigma surrounding mental health in older people often leads to social isolation.

Care Burden and Strain on Caregivers: Caring for people with mental health issues is time- and resource-intensive, often leading to emotional strain and financial difficulties for families.

Safety Risks and Accidents: Older people with mental health issues often struggle to care for themselves safely, adding to the burden on caregivers.

2.5.5 Differences in Care

Healthcare Infrastructure: Austria has a comparatively strong social safety net but suffers from a shortage of skilled professionals. Slovenia faces challenges due to inadequate training of caregivers and poor integration of healthcare services. Cyprus has a weak healthcare system, with insufficient specialized care and infrastructure.

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Traumatic Experiences: Many older people in Cyprus have psychological burdens from the 1974 invasion, making their care more difficult.

Age Discrimination: In Slovenia, age discrimination is a significant issue that affects the quality of care.

2.5.6 Summary

Caring for older people with mental health problems in all three countries presents complex challenges. Shared problems include stigma, caregiver burden, and financial difficulties. However, the specific differences in healthcare infrastructure and organization require country-specific solutions to improve care quality. Austria has better social support but faces a shortage of professionals, while Slovenia and Cyprus struggle with weak healthcare systems and a lack of integration in care services.

2.6 Current Measures for Older People with Mental Health Problems in Outpatient and Long-Term Care Facilities: A Three-Country Comparison

The following summarizes the measures taken in Austria, Slovenia, and Cyprus to support older people with mental health issues in outpatient and long-term care facilities.

2.6.1 Austria

National Strategies and Programs: Austria has comprehensive health goals, including a specific target to promote psychosocial health, as well as the suicide prevention program SUPRA, which focuses on older people. During the COVID-19 pandemic, measures to promote social bonds were strengthened.

Specialized Care: Austria offers specialized gerontopsychiatric departments, mobile psychiatric nursing services, and psychosocial services to support older people with mental health problems.

Funding: Despite the documented effectiveness of psychotherapy, more funding is allocated to psychopharmaceuticals in Austria.

2.6.2 Slovenia

National Strategies and Programs: Slovenia has the Mental Health Act and the National Mental Health Program (MIRA), which promote mental health and protect the rights of people with mental illnesses. The "Long-Lived Society Strategy" addresses the demographic challenges of aging.

Specialized Care: Mental Health Centers provide comprehensive support, and Slovenia relies

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heavily on community-based approaches to promote mental health.

Funding: Funding focuses on holistic approaches that integrate both prevention and therapy.

2.6.3 Cyprus

National Strategies and Programs: Cyprus lacks comprehensive national strategies for the mental health of older people and has no specific suicide prevention programs, despite high suicide rates.

Specialized Care: There is a shortage of specialized services for older people with mental health problems, and there is a need for education and training programs for healthcare professionals.

Funding: Funding for mental health services is inadequate.

2.6.3 Comparison and Conclusions

Commonalities: All three countries face a shortage of qualified personnel in the field of mental health care for older people and struggle with stigma and negative attitudes towards mental illness.

Differences: Austria and Slovenia have comprehensive national strategies and specialized services, while Cyprus lags behind in both areas. Austria has specialized mobile care services, while Slovenia is developing a network of Mental Health Centers. Cyprus has few specialized services, and its funding is inadequate.

In conclusion, Austria and Slovenia have developed more advanced measures to support older people with mental health problems, while Cyprus continues to face significant challenges in this area.

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3. Networks, Tools, and Measures: A Three-Country Comparison

3.1 Current Networks for Promoting Mental Health in the Elderly: A Three-Country Comparison

The promotion of mental health among older adults in Austria, Slovenia, and Cyprus relies on a combination of national initiatives, programs, and community-based approaches. While there are similarities across the countries, differences also exist in how mental health services are structured and implemented.

3.1.1 Commonalities

Prevention and Early Detection: All three countries emphasize preventive measures and early detection of mental health issues. Austria and Slovenia have specialized programs such as Austria's "Active Aging" and Slovenia's "Mira Program," both aimed at strengthening mental health through networks and specialized centers.

Community-Based Approaches: There is a strong focus on social integration to prevent isolation among older adults. Austria and Slovenia promote social participation programs, while Cyprus emphasizes volunteer work and community support.

Education and Training: All three countries offer training programs for healthcare professionals and caregivers to enhance awareness and improve skills in early detection and treatment of mental health issues.

3.1.2 Differences

Institutional Structures and Networks: Austria has national certifications and programs to ensure care quality, while Slovenia is expanding a network of Mental Health Centers. Cyprus lacks unified national programs, and its structures are less developed.

Resources and Personnel: Both Austria and Slovenia have programs in place but face resource allocation and staffing shortages, particularly in psychiatry. Cyprus has a greater shortage of trained personnel and struggles with significant stigma surrounding mental health issues.

3.1.3 International Best-Practice Examples

Age-Friendly Manchester (UK) and Dementia-Friendly City Bruges (Belgium): These initiatives highlight how cities can create positive change for older adults through integration and awareness.

3.1.4 Potential Partners for the EDU-MENT Project

Potential partners include educational institutions, care and support organizations, health and social services, NGOs, healthcare professionals, technology providers, policymakers, and

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international organizations. These partners could contribute to improving the mental health of older adults through innovative education and care programs, as well as technological solutions.

3.2 Identifying Psychosocial Burdens in Older Adults: Tools & Measures in a Three-Country Comparison

Many countries have developed various tools to identify and assess psychosocial behavioral changes and mental health disorders in older adults. These assessment tools support professionals in tailoring targeted interventions and support measures. The needs of older people in Austria, Cyprus, and Slovenia encompass physical, emotional, social, and structural aspects that must all be addressed to promote their mental health.

3.2.1 Key Needs of Older Adults

Understanding the aging process and addressing the unique needs of older adults is essential. These needs can be categorized into several areas:

- Physical Needs: Health, nutrition, sleep, and fitness.
- Emotional Needs: Support in coping strategies and emotional assistance.
- Social Needs: Preventing isolation and promoting social interaction.
- Structural Needs: Access to services and meaningful activities.
- Societal Needs: Inclusion and financial security.

Challenges

- Adjustment in Old Age: Loss of resources and autonomy requires support for adjustment.
- Social Isolation and Loneliness: These issues often arise in old age and require community programs.
- Health Problems: Chronic diseases and cognitive impairments affect well-being.

3.2.2 Screening Tools for Early Detection

The focus is on screening tools designed to identify mental health problems early on, warranting further diagnostics or treatment by professionals or caregivers. These tools are not intended to provide a final diagnosis but rather to identify individuals who may need further evaluation or immediate help. They are designed to monitor changes over time and can be administered by trained personnel.

For older adults, screening tools are selected to detect common mental health issues such as depression, anxiety, and cognitive impairments. Risk factors like loneliness, sleep disturbances, grief, and stress are also considered to ensure comprehensive early detection. This methodological approach ensures that screening tools identify not only specific conditions but also the broader psychosocial conditions that affect the mental health of older people.

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This process allows for early detection and helps develop specific interventions for older adults. However, in Austria, Slovenia, and Cyprus, the availability of professionals, resources, and the development of healthcare systems differ, which complicates implementation.

Key Screening Tools

- PHQ-2 and PHQ-9: Used to identify depressive episodes.
- Geriatric Depression Scale (GDS): A tool for detecting depression in older adults.
- Perception of Prevalence of Aggression Scale (POPAS): Measures aggressive behavior in care environments.
- Montreal Cognitive Assessment (MoCA): Assesses cognitive impairments.
- Mini-Mental State Examination (MMSE): A test for identifying severe cognitive disorders.
- Confusion Assessment Method (CAM): Used to identify delirium.
- Mini-ICF-APP: Assesses psychosocial functioning.

These tools ensure accurate and comprehensive detection of mental health issues that may require further diagnosis or intervention.

3.2.3 Overview of Screening Tools

- Two-Question Test for Assessing a Depressive Episode (PHQ-2)

This tool serves as a simple method to check for the presence of a depressive episode. With a sensitivity of 96%, it accurately identifies individuals suffering from a depressive disorder (Whooley et al., 1997; Deutsche Gesellschaft für Psychiatrie et al., 2017 in: Grosse et al., 2023).

Procedure: The person is asked if, over the past month, they often felt down, sad, hopeless, or depressed and whether their interest or pleasure in activities they usually enjoy has noticeably decreased.
Assessment: If both questions are answered with "yes," it is advisable for a doctor or psychologist to examine further symptoms of depression (Levis et al. 2020).

- Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a self-administered diagnostic tool for depression that is widely used in various healthcare settings. It consists of nine questions based on the diagnostic criteria for depression as described in DSM-IV and updated in DSM-5. Each question allows patients to rate the frequency of depressive symptoms they have experienced over the past two weeks, with response options ranging from 0 ("not at all") to 3 ("nearly every day"). The PHQ-9 evaluates each of the nine DSM-IV criteria for depression, such as mood, interest in activities, energy level, appetite, sleep disturbances, self-esteem, concentration, physical movement speed, and suicidal thoughts. The total score ranges from 0 to 27, with higher scores indicating more severe depressive symptoms. This instrument helps clinicians not only diagnose depression but also assess its severity, which is essential for determining appropriate treatment strategies. The PHQ-9 is valued for its simplicity and reliability in both clinical and research contexts (Richardson et al., 2010; Badr et al., 2016).

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- Geriatric Depression Scale (GDS)

A widely used tool for assessing depression in older adults. It targets symptoms such as loss of interest, sleep disturbances, and thoughts of death (Marc, Raue, and Bruce, 2008).

- Perception of Prevalence of Aggression Scale (POPAS)

This tool measures various forms of aggression and provides an overview of aggression types (Oud, 2000). The Perception of Prevalence of Aggression Scale (POPAS) was developed to measure caregivers' perceptions of the frequency and severity of aggression in the workplace. Primarily used in healthcare professions, particularly psychiatric nursing, it helps to gain a better understanding of the work environment and related stresses (Oud, 2000 in Grosse et al., 2023).
POPAS consists of several items grouped into different dimensions, such as:

1. Frequency of Aggression: Items evaluate how often caregivers experience aggressive behavior.

2. Type of Aggression: This dimension distinguishes between different forms of aggression, such as physical, verbal, and psychological.

3. Severity of Aggression: Evaluates how severe the aggression experienced is.

4. Context of Aggression: Items capture the context in which aggression occurs, such as from patients, colleagues, or others. POPAS is used to:

    - Analyze working conditions: The data help understand the extent and impact of aggression in healthcare settings.

    - Plan interventions: By identifying problem areas, targeted measures can be developed to improve the work environment and protect staff.

    - Promote staff well-being: Insights from POPAS surveys can be used to enhance the mental well-being and satisfaction of caregivers. An example item might be: "How often have you experienced verbal aggression from patients in the last six months?" This is rated on a Likert scale from "never" to "daily." POPAS has been validated in several studies and has proven reliable in measuring perceptions of workplace aggression. It provides a quantitative basis for systematically investigating and improving working conditions in healthcare professions (Grosse et al. 2023).

- Broset Violence Checklist (BVC-CH)

The extended Brøset Violence Checklist (BVC-CH) is used to assess the risk of violence in patients. It consists of objectively measurable items, a subjective risk assessment, and a list of preventive interventions (Abderhalden, 2008).

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The BVC-CH is recorded by the caregiving staff through observations, typically during patient admission and for the first three days at fixed times (e.g., between 10 and 11 AM, and between 5 and 6 PM). If signs of a risk of violence are present, the observation may continue beyond the initial three days or be repeated later. The BVC-CH is divided into two parts:

- Observation of objective characteristics: Specific patient behaviors are documented.

- Subjective risk assessment: Assessed using a sliding scale. The risk of violence is categorized into four levels based on the sum of points from both parts:
  4–6 points: Low risk.
  7–9 points: Significant risk; preventive measures should be planned and implemented as soon as possible.
  10–12 points: High risk; immediate preventive measures must be taken.

This structured approach enables reliable violence risk assessment and supports staff in planning and implementing necessary preventive actions.

- Montreal Cognitive Assessment (MoCA)

The Montreal Cognitive Assessment (MoCA) is used to detect mild cognitive impairments that increase the risk of more severe cognitive impairments, such as dementia. The MoCA assesses various cognitive areas, including attention and concentration, memory, language, conceptual thinking, calculation, and orientation. It is important to note that the MoCA does not replace a neuropsychological examination, and the score achieved does not provide a definitive diagnosis (Nasreddine et al., 2015).

Administering the MoCA takes approximately 10 minutes, requiring a printed test form, paper, and pencil. The tasks are described in the questionnaire, and each task has a specific point value. The points scored are added. Factors such as years of schooling and socio-cultural norms may influence the result. Standard values can be calculated using an online tool:
http://www.mocatest.ch/test/

If access to this tool is unavailable, the following assumptions can be made:
- ≥ 26 points: Normal cognitive function, no abnormalities.
- 22–26 points: Mild cognitive impairments; further investigation recommended.
- ≤ 21 points: Cognitive impairments; further investigation is necessary.

- Mini-Mental State Examination (MMSE)

An instrument for detecting severe cognitive impairments, assessing areas such as orientation, memory, attention, and language (Folstein, Folstein & Mchugh, 1975). The MMSE takes about 20 minutes to complete. Tasks must be solved in order, and each correct answer or task completion earns one point.
The points achieved provide insights into the degree of cognitive impairment:
- 30–25 points: No cognitive impairment is assumed.
- 24–18 points: Mild cognitive impairment is assumed.
- 17–0 points: Severe cognitive impairment is present.

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- Confusion Assessment Method (CAM)

An instrument for identifying delirium in older adults (MSD, 2024).
German version:
https://www.uksh.de/uksh_media/Dateien_Pflege/Pflegeforschung/Delir/CAM_Pocketcard-p-126730.pdf

- Mini-ICF-APP

The MINI-ICF-APP, short for "Mini-International Classification of Functioning, Disability and Health Assessment of Psychosocial Problems," is a diagnostic tool for assessing the impact of mental disorders on psychosocial functioning. It focuses on how mental disorders affect daily activities and work capacity. This tool allows professionals to evaluate 13 different areas of life, including self-care, interpersonal relationships, communication, and stress management. The MINI-ICF-APP enables the planning of tailored therapeutic or rehabilitative interventions, setting treatment goals, and tracking progress. It is particularly useful for professionals in psychiatry, psychology, psychotherapy, and vocational rehabilitation (Linden et al., n.d.).

- Loneliness and Social Isolation

Assessing loneliness and social isolation in German-speaking regions: Loneliness can be measured using the German version of the Revised UCLA Loneliness Scale (Döring & Bortz, 1993), consisting of 20 items. The German questionnaire is based on the revised UCLA Loneliness Scale, developed by Russel et al. in 1980. Social isolation can be assessed using the Lubben Social Network Scale with 6 items (Lubben et al., 2006), which was translated into German by Bredehöf (2015).

The following tools are available in all three languages.

Screening Tools	German	Greek	Slovenian
• Geriatric Depression Scale (GDS)	•		
• PHQ - 02	•		
• PHQ-09	•		
• Perception of Prevalence of Aggression Scale	•		
• Broset-Gewalt-Checkliste	•		
• Montreal Cognitive Assessment, (MoCA)	•		
• Mini-mental state	•		
• Confusion Assessment Method (CAM)	•		

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• Geriatric Depression Scale (GDS)	•		
• Mini-ICF-App	•		

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4. Education, Continuing Education, and Awareness in a Three-Country Comparison

The education systems for psychiatric nursing in Austria, Cyprus, and Slovenia show both similarities and differences.

4.1 Similarities in Continuing Education

Legal Regulation: In all three countries, psychiatric nursing education is legally regulated. There is a basic education followed by specialization in psychiatric nursing.

Continuing Education: Continuing education is mandatory in all countries to maintain professional certification. Accredited universities and institutions offer such programs.

4.2 Differences in Continuing Education

Structure of Education: In Austria, specialization is achieved through a one-year, part-time continuing education program consisting of 1,600 hours. In Cyprus, it is completed through postgraduate programs lasting two to three years. In Slovenia, the training is modular and consists of 160 hours.

Specialization in Geriatrics: Austria offers extensive, legally regulated geriatric continuing education, whereas Cyprus offers only a few specialized courses. Slovenia has specific modules on geriatric care, especially for older people with mental health problems.

Funding and Access: Austria faces funding issues for specialized nursing education, while Slovenia has a licensing points system that possibly offers better support. For Cyprus, no specific funding issues are known. This comparison highlights that Slovenia is better structured for continuing education, while Austria and Cyprus face challenges in funding.

4.3 Measures for Mental Health Monitoring and Management in Long-Term Care Facilities

Based on the desk and field research reports from the EDU-MENT project, several measures are recommended for monitoring and managing the mental health of elderly people in long-term care facilities. These measures aim to detect psychosocial and mental health issues early and ensure appropriate interventions. They include using digital tools and improving training and working structures for caregivers.

4.3.1 Introduction and Use of Digital Screening Tools:

A key recommendation from both reports is the need to introduce digital screening tools for the

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early detection of psychosocial and mental health issues. These tools help identify behavioral changes such as withdrawal, confusion, or aggression in elderly patients. Examples of such tools include:

Geriatric Depression Scale (GDS) and Patient Health Questionnaire (PHQ-9) for detecting depression.

Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE) for detecting cognitive impairments. These tools provide a standardized evaluation and documentation system, giving caregivers a structured basis for further steps.

4.3.2 Regular Training for Caregivers

To improve the monitoring and management of mental health, it is recommended to offer regular training for caregivers. These training sessions should focus on using digital tools, recognizing psychosocial behavioral changes, and implementing preventive measures. Caregivers should learn how to use digital screening tools, interpret the results, and take appropriate intervention measures. Additionally, they should be trained in interdisciplinary collaboration and communication with patients who have psychosocial changes.

4.3.3 Interdisciplinary Collaboration and Regular Case Discussions

Another key element in managing mental health is promoting interdisciplinary collaboration. Caregivers, psychologists, social workers, and doctors should work together regularly to discuss cases and develop the best strategies. Regular case discussions and interdisciplinary team meetings are important measures to combine knowledge from various fields and ensure holistic patient care. This fosters early intervention and improves the overall quality of care.

4.3.4 Personalized Care Plans and Continuous Monitoring

It is recommended to develop personalized care plans for each patient based on the results of digital screenings and interdisciplinary discussions. These plans should be reviewed regularly and adapted to the patient's changing needs. Continuous monitoring of mental health, combined with flexible adjustments to care plans, allows timely responses to deteriorations in psychosocial or cognitive health.

4.3.5 Awareness and Promotion of Emotional Resilience in Caregivers

Another important point is the emotional support for caregivers. They need to be able to cope with the psychological stress that comes with caring for patients with psychosocial changes. Managing mental health requires not only caring for patients but also taking measures to promote the mental health of caregivers. This includes training in stress management, self-care, and developing emotional resilience, allowing caregivers to maintain high-quality care over the long term.

4.3.6 Early Intervention and Prevention Strategies

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The reports highlight the importance of early intervention and preventive measures. Caregivers should be trained to recognize the early signs of psychosocial behavioral changes and take proactive action. Prevention strategies could include regular social activities and psychological support for residents to prevent isolation and loneliness, both of which are strongly associated with a deterioration in mental health.

Summary: The measures for monitoring and managing the mental health of elderly people in long-term care facilities include introducing digital screening tools, regular training for caregivers, promoting interdisciplinary collaboration, personalized care plans, raising awareness of the emotional health of caregivers, and early interventions. These measures aim to improve the early detection of psychosocial issues while enhancing the quality of care in long-term facilities.

4.4 Competency-Oriented Care

4.4.1 Challenges in Digitalization

Challenges in Using Digital Tools in Nursing The increasing digitalization of healthcare offers significant opportunities but also poses considerable challenges for long-term care facilities in Austria, Cyprus, and Slovenia. Specifically, issues arise in the early detection of psychosocial behavioral changes and the integration of digital tools into daily nursing practices. These challenges can be divided into three key areas: lack of availability and standardization, insufficient training, and technological barriers.

- Lack of Availability and Standardization: In many long-term care facilities, particularly in Austria and Cyprus, standardized digital tools for early detection of psychosocial behavioral changes are missing. Nurses often rely on subjective methods like direct observation and team communication to identify behavioral changes in patients. This subjective approach frequently leads to inconsistent assessments, making early detection and documentation of psychosocial issues difficult. As a result, the potential to improve care quality through the use of digital tools remains largely untapped. In Slovenia, digital tools are partially available, but their use is still significantly limited in practice. They are often not fully integrated into daily workflows, which reduces their effectiveness and dissemination. This lack of integration means that nurses continue to use traditional methods, even though digital tools are theoretically available.
- Lack of Training: Another major obstacle to the effective use of digital tools is the lack of training. Many nurses feel uncertain about using digital technologies because they have not received sufficient training on how to operate these tools. This lack of familiarity with the applications and the uncertainty in their use further limits the willingness to adopt these technologies. Particularly, the interpretation of results from digital tools and determining the next steps in the care process present challenges for many nurses. Without regular and practical training, it is difficult for nursing staff to integrate digital tools efficiently into their care practices. This often leads to technologies being unused, despite being available, or misinterpreted, which can negatively impact care quality.

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- Technological Barriers: Technological barriers are another challenge for using digital tools in nursing. Especially for older or less tech-savvy nurses, dealing with digital tools is often perceived as an additional burden. Many express concerns that technical errors could lead to incorrect diagnoses or that the technology complicates their work rather than simplifying it. These uncertainties are exacerbated by the lack of technical support in facilities. Furthermore, many digital tools are not user-friendly enough to promote acceptance among nursing staff. These barriers result in digital technologies being perceived as an added source of stress rather than a helpful aid in an already demanding work environment.
- Challenges in Digitalization in Nursing Education: All three countries—Austria, Cyprus, and Slovenia—recognize the importance of digitalization in nursing; however, there are significant differences in the integration of digital competencies into education. In Austria, there is no formal integration of digital topics into nursing education, leading to significant competency gaps. Nurses are not adequately prepared to use digital tools effectively, which hinders the implementation of modern technologies in everyday care. Cyprus shows limited progress in introducing digital training and education programs. While individual initiatives like e-assessment systems have been developed, there is a lack of systematic implementation of digital educational content in nursing education. This leads to deficits in the digital skills of nurses. In contrast, Slovenia has made significant progress. Digital tools are actively integrated into nursing education, helping nurses become better prepared for using modern technologies. This integration of digital competencies improves care quality, especially in dealing with older people and psychosocial changes.
- Conclusion: The challenges in using digital tools in nursing are diverse and primarily involve the lack of availability and standardization of tools, insufficient training, and technological barriers. While Slovenia has already made progress in integrating digital tools and training nurses, Austria and Cyprus still face considerable challenges. A formal integration of digital competencies into nursing education, along with regular training and user-friendly digital tools, could significantly improve care quality and reduce the workload of nursing staff.

4.4.2 Challenges in Managing Psychosocially Changed Patients

- Lack of Specific Training: Nurses report that their basic education often does not adequately prepare them to handle psychosocial behavioral changes. Although they are well-trained in physical care, they frequently lack the necessary skills to manage mental illnesses such as dementia, depression, or behavioral disorders. The care of patients with psychosocial changes requires specialized skills and knowledge, which are often insufficiently covered in basic education.
- Time Constraints and Staff Shortages: Chronic time shortages and limited staffing in nursing are additional hurdles. Nurses are often so overburdened that they do not have enough time to focus on the psychosocial needs of their patients or act preventively. This leads to psychosocial problems not being identified and addressed early, which can have long-term negative effects on patients.
- Challenging Behaviors: Managing patients who exhibit aggressive, withdrawn, or resistant behaviors is both an emotional and physical challenge for nurses. Many feel inadequately prepared to handle these difficult situations due to a lack of specific training or support

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measures. These behaviors can significantly burden the daily routine, especially if nurses do not develop appropriate coping strategies.

4.4.3 Lack of Interdisciplinary Collaboration

Effective care for patients with psychosocial changes requires close collaboration between different healthcare professionals, such as nurses, psychologists, social workers, and doctors. However, in practice, there are often no well-established structures for such interdisciplinary collaboration. Nurses report that regular case discussions and the involvement of experts are often missing, which affects the quality of care and leaves nurses feeling isolated when managing complex cases.

4.4.4 Need for Education and Training Programs

All countries need programs that promote digital competencies and social networking. Austria has an established tradition in psychiatric nursing education but requires regular continuing education to meet current demands. Cyprus has significant gaps in psychiatric training and struggles with stigma and a lack of soft skills. Slovenia integrates modern technologies into education and focuses on caring for older people with mental health issues.

4.4.5 Social Networking

All countries recognize the importance of social networking to combat isolation in older adults. Austria needs to improve networking between clinical and outpatient services. Cyprus struggles with stigma, which hinders social networking. Slovenia successfully uses digital solutions like telemedicine to enhance care. Overall, the three countries are making efforts to modernize their nursing education and promote social networking, but progress in digitalization and combating stigma varies.

4.5 Psychosocial Competency Profile of Nursing Staff in Long-Term Care Facilities

The psychosocial competency profile, derived from the desk and field research reports, encompasses a range of skills and competencies needed to support nursing staff in long-term care facilities in managing patients with psychosocial changes. These competencies can be categorized into various areas:

4.5.1 Professional Competencies

Nurses must have a solid knowledge of mental health, particularly concerning older adults. This includes an understanding of common conditions like dementia, depression, and anxiety disorders. They should be able to recognize and diagnose psychosocial behavioral changes early, such as signs of social withdrawal, confusion, aggression, or depression.

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4.5.2 Use of Digital Tools

Another important element of the competency profile is the use of digital screening tools. These digital tools enable early detection of behavioral changes and mental illnesses, helping to conduct systematic and standardized assessments. Nurses should be able to use these technologies to optimize care practices and manage psychosocial problems effectively.

4.5.3 Interdisciplinary Collaboration

Nurses must learn to work effectively with other professionals, such as doctors, psychologists, and social workers. Regular case discussions and teamwork are necessary to understand the needs of psychosocially changed patients comprehensively and take appropriate measures. Sharing knowledge and experience within interdisciplinary teams contributes to improving care quality.

4.5.4 Social and Communication Skills

The ability to show empathy and build trust is crucial in managing patients with psychosocial changes. Nurses should be able to address the individual needs of patients while promoting positive communication. Techniques such as validation and motivational interviewing can help de-escalate conflicts and strengthen the nurse-patient relationship.

4.5.5 Self-Management and Reflective Abilities

Nurses must have strong self-management skills to organize their work time effectively and plan for individual patient care. Additionally, they should be able to reflect on their actions and continuously improve. Regular self-reflection is key to sustainably optimizing care practices.

4.5.6 Emotional Resilience and Stress Management

Caring for patients with psychosocial changes can be emotionally taxing. Nurses should therefore be trained in stress management techniques and emotional resilience. This helps them handle difficult care situations, such as dealing with aggressive or withdrawn behavior, and protect their emotional well-being.

4.5.7 Lifelong Learning and Continuing Education

It is recommended that nurses regularly participate in continuing education and workshops to continuously expand their knowledge of psychosocial care. Self-study and the use of professional literature should also be encouraged, ensuring that nurses stay up to date with developments in psychosocial care.

4.5.8 Summary of Findings

The competency profile derived from the reports ensures that nurses possess the necessary professional, social, and emotional skills to comprehensively care for patients with psychosocial changes. By promoting interdisciplinary collaboration, the use of digital tools, and continuous

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education, nurses will be better equipped to address the complex psychosocial needs of their patients while strengthening their own resilience and caregiving competence.

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5. Conclusions

The conclusions from the Desk and Field Research reports of the EDU-MENT project highlight the key measures that need to be developed and implemented in Work Packages (WP) 3, 4, and 5 to sustainably improve psychosocial care in long-term care facilities.

5.1 WP 3: Selection and Digitalization of a Screening Platform

WP 3 must focus on the urgent development of a standardized digital screening tool, as no uniform tools currently exist in long-term care facilities for the early detection of psychosocial behavioral changes. This tool must be user-friendly and seamlessly integrate into caregivers' existing workflows. Additionally, the platform must be adaptable to the different conditions in long-term care facilities in Austria, Slovenia, and Cyprus. This flexibility and ease of use will make the platform a valuable tool for the systematic detection and documentation of psychosocial changes in older people.

5.2 WP 4: Training and Education for Caregivers

WP 4 focuses on training caregivers in managing psychosocially altered patients and using digital tools. The reports highlight clear gaps in psychosocial competencies, particularly in managing mental health conditions such as dementia or aggression. Specific training programs are needed to cover both the technical use of tools and the management of psychosocial behavioral changes. Furthermore, interdisciplinary collaboration is a key focus, as the reports suggest that closer cooperation between caregivers and other healthcare professionals must be promoted. WP 4 will develop training programs to help caregivers interpret data from digital tools and integrate the insights into their care practices.

5.3 WP 5: Implementation and Testing of Solutions

WP 5 will handle the practical implementation and testing of the tools developed in WP 3 and the training programs designed in WP 4 in long-term care facilities. The reports highlight the urgent need for digital tools to improve the early detection of psychosocial problems. WP 5 will ensure that caregivers can effectively use the new technologies and integrate them into their daily routines. Moreover, WP 5 will evaluate the impact of the new measures to determine whether the implemented tools and training actually lead to improved care for psychosocially altered patients. This also includes promoting interdisciplinary collaboration, helping caregivers work more effectively with doctors, psychologists, and other professionals.

5.4 Summary

The identified competency gaps and the lack of standardized digital tools form the basis for development in WP 3 and WP 4. WP 5 will then conduct the practical testing of these measures in long-term care facilities. The success of WP 5 will largely depend on how well the new technologies and training programs contribute to the early detection and treatment of

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psychosocial issues and sustainably improve care quality in the participating countries.

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6. Literaturverzeichnis

Abderhalden, C. , Needham I., Dassen, T., Halfens, R. , Haug and Joachim, H-J; J.E. Fischer (2008). Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial. *The British Journal of Psychiatry* 193, 44–50. doi: 10.1192/bjp.bp.107.045534

Badr, H., Federman, A. D., Wolf, M., Revenson, T. A., & Wisnivesky, J. P. (2016). Depression in individuals with chronic obstructive pulmonary disease and their informal caregivers. *Aging & Mental Health, 21*(9), 975-982, doi: 10.1080/13607863.2016.1186153

Folstein MF, Folstein SE, McHugh PR. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. J Psychiatr Res. 1975 Nov;12(3):189-98. doi: 10.1016/0022-3956(75)90026-6. PMID: 1202204.

Grosse, U., Pfster, A., Zeyer, A., & Häusermann, S. (2023). Klinisches Assessment Basiswissen für Pfegefachpersonen und Hebammen. Zürcher Hochschule für Angewandte Wissenschaften.

Linden, M., Muschalla, B., Baron S., Ostholt-Corsten, M. (2018).Mini-ICF-APP-S. Ein Selbstratingbogen zu 13 psychischen Fähigkeiten analog zum Fremdrating Mini-ICF-APP. DOI: 10.13140/RG.2.2.35873.51040

Levis B. et al. (2020). Accuracy of the PHQ-2 Alone and in Combination With the PHQ-9 for Screening to Detect Major Depression: Systematic Review and Meta-analysis. JAMA 9;323(22):2290-2300. doi: 10.1001/jama.2020.6504.

Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European Community–dwelling older adult populations. Gerontologist, 46(4), 503–513.

Marc, L. G., Raue, P. J., & Bruce, M. L. (2008). Screening performance of the 15-item Geriatric Depression Scale in a diverse elderly home care population. *The American Journal of Geriatric Psychiatry, 16*(11), 914–921. https://doi.org/10.1097/JGP.0b013e318186bd67

Nasreddine ZS, Phillips NA, Bédirian V, Charbonneau S, Whitehead V, Collin I, Cummings JL, Chertkow H. The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. J Am Geriatr Soc. 2005 Apr;53(4):695-9. doi: 10.1111/j.1532-5415.2005.53221.x. Erratum in: J Am Geriatr Soc. 2019 Sep;67(9):1991. doi: 10.1111/jgs.15925. PMID: 15817019.

Richardson LP, McCauley E, Grossman DC, McCarty CA, Richards J, Russo JE, Rockhill C, *Katon W. Evaluation of the Patient Health Questionnaire-9 Item for detecting major* depression among adolescents. Pediatrics. 2010 Dec;126(6):1117-23. doi: 10.1542/peds.2010-0852. Epub 2010 Nov 1. PMID: 21041282; PMCID: PMC3217785.

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