Case study adult development in social work

Business

Dementia is an umbrella term used to refer to a collection of symptoms that can exult from a number of different diseases of the brain' (BBC, 2013). The progressive deterioration in cognitive function that is synonymous with dementia tends to result n confusion, memory loss, impaired language skills, communication and information processing difficulties, in addition to unreliable Judgment (INS, 2013).

820, 000 people in the I-J currently have a diagnosis of dementia and it mainly affects those over the age of 65 with a prevalence of 4. 61% in the male population aged 70-74 Alchemist's Research I-J, no date).

It is estimated that approximately 1 million people will have been diagnosed with dementia by 2021 (Alchemist's Society, 2013). Unfortunately, dementia is a progressive disease, for which there is currently no cure. This means that Winston existing symptoms of confusion and forgetfulness Nail gradually get worse and will eventually result in death (World Health Organization, 2012). Notwithstanding, those diagnosed with dementia are often offered medical and psychological treatments that are designed to either delay or Improve the more debilitating aspects of the disease (INS, 2013).

As dementia progresses, memory loss and difficulties with communication often become more ever. The latter stages of dementia result in the likelihood of the individual neglecting their own health and requiring constant care and attention. This can lead to the individual being unable to eat, unable to speak, unable to recognize even the closest of family members, unable to control bladder and bowel function and possibly becoming Bedouin (INS, 2013).

Furthermore, having a diagnosis of dementia does not preclude future mental illness such as depression (Alchemist’s Association, 2013). Those diagnosed with dementia often find themselves astigmatism ND have to face significant discrimination from family, friends and healthcare professionals alike (Werner & Hein, 2008).

However, it is important to bear in mind that each individual will experience dementia differently and once a diagnosis has been given, the emphasis should be on the individual retaining as much Independence as possible for as long as possible (.

Whilst Winston currently appears to be in the early stages of dementia, it is likely that he is already experience a number of difficulties in his daily living and, of course, in time these existing difficulties will only become worse. Given the significant change to Winston normal level of functioning, his increased dependence on others, his potential feelings of loss of control over his life and the possibility of a long and drawn out process of dying, it is quite plausible that he is presently quite fearful and anxious (Stevenson, 1989).

Pearl, has already confirmed that he has forgotten to lock the door and has forgotten to turn off the gas cooker. There are potentially dangerous implications to ¶ton tot these actions yet Winston cannot be held responsible tort either action because cognitive impairment and confusion are usually the first symptoms of meantime that manifest themselves. Further daily tasks that either are, or may in time, become challenging and/or dangerous for Winston are driving, dressing, Gnashing, toileting and eating (Sillies, 2000).

Winston change of circumstances combined with his age, may also lead to him becoming socially isolated – a common occurrence for those who have dementia (Finally, 2003). However, as previously mentioned, dementia affects everyone differently, so it would be wrong to stereotype the psychological and physical effects that Winston will experience during his Journey Math dementia. Rather, it is preferable to think positively and surmise that with effective and timely intervention, Winston can be enabled to adapt to and overcome any significant challenge that his dementia poses.

Interestingly, whilst the psychosocial model of dementia validates the needs of the individual, the medical model, with its focus on the lack of cure, does not (Taft et al. , 1997). It is worth noting that being aged 74, a further daily challenge that Winston is likely to encounter is ageism, which tends to categories old people as incompetent and burdensome pathway, 1995).

Those with dementia are often subjected to implicit ageism in a ‘ ere extreme form because they are frequently considered to be ‘ senile’ and subsequently deemed unworthy of being afforded the most basic of human rights Norris, 2001).

Alongside dementia and society tendency towards ageism, Winston intermittent mental capacity is a further concern that makes him particularly Calculable to physical, emotional and financial abuse – not Just from strangers, but also from family and friends (Owens and Cooper, 2010). Going forward it is important that Winston is offered the support to remain as independent as Seibel. Because dignity in care is vital, it is imperative that a

person centered approach is taken because this will ensure that Winston is constantly consulted.

Mission should feel empowered when he is given the opportunity of power and control in planning his future. Choices available to Winston should include when and if he wishes to have a needs assessment (Miller, 2003).

It has been documented that Monition’s eldest children believe that he should be placed in residential care to relieve the pressure on Pearl. If Winston disagrees with this opinion, then it would be accessory for social services to conduct a community care assessment. S. 47 of the INS and Community Care Act 1990 places a duty on all local authorities to assess a person in considered to be in need of community care services.

This assessment will enable social services to find out what care needs Winston actually has and what services are required to meet these needs.

Although Winston has a history of intermittent capacity, the principles of the Mental Capacity Act 2005 specifically state that a person must be assumed to have capacity unless it has been proven that he sacks capacity and that a person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

Once assessed, the recommendation would be that Winston be given a personalized budget to use to pay for his own care needs. The personalization agenda has resulted in a move away from service users being offered a (local authority) managed care package and has moved towards self-directed support with the service user having direct payments

made to them to facilitate their ability to pay for the care that hey tell will be most beneficial to them 2010).

Given Winston circumstances, it would be beneficial for him to use his personal budget to pay for career who would attend to his personal needs. This would give him a sense of autonomy and would also help him to maintain a sense of privacy. Both are important aspects of ensuring that the service user feels empowered.

This career could help Winston to do anything from helping him to wash and dress, to helping him to pay a trip to the shops. A further use of the personal budget would be to pay for a ‘ sitting service’ on occasions “ hen Winston is at home alone.

This would serve the dual purpose of him being safe from danger and would also help address any issues of social isolation but may have the undesired outcome of disemboweling Winston by making him feel as though he had to have someone with him at all times (Dunham and Cannon, 2008). However, to counteract this, the personal budget could also be used by Winston to engage in activity that he enjoys. Recent research has shown that individuals with dementia in receipt of direct payment tend who have the ability to choose what to do with their payment tend to enjoy a better quality of life (Moore and Jones, 2011).

Notwithstanding, the personalization agenda does raise some safeguarding issues especially in relation to service users who have been diagnosed with dementia.

It is possible that Winston family might pressure him into using his budget for a service that he does not want or require, albeit that they may feel as though they are acting n his best interests (Another et al. , 2012). The second service user to be discussed is 38 year old, homosexual, Mr. Winston Johnson Junior (preferred name, lining). Junior was born in the I-J and until two years ago he worked as a DC and music promoter.

He has since been unemployed.

Junior tends to spend long periods of time in his room, on his computer. Junior has stable sickle cell disease but was provisionally diagnosed with a psychotic illness 8 months ago. He regularly smokes cannabis resin and drinks strong larger. Junior’s family are aware that he is gay but his mother Pearl and his brother, Anthony are implicit in their disapproval. Pearl has expressed concerns about Junior’s ability to live independently and has confirmed that she is responsible for taking care of Junior’s practical tasks e. G.

Washing and cooking.

Junior’s main medical diagnosis is a psychotic type illness but this illness coexists with existing substance and alcohol misuse. According to the INS (2013) psychosis is a medical word used to describe mental health problem that stop the person from thinking clearly, telling the difference between reality and their imagination, and acting in a normal way. There are four main symptoms associated Ninth psychosis – hallucinations, delusions, confused and disturbed thoughts and a lack of insight and self-awareness.

The prevalence of psychosis in the adult population is low, but can often very severe and disabling.

Individuals of African Caribbean origin are significantly more at risk of developing psychosis regardless of their age or gender (Fearer et al. 2006) with some studies suggesting that the racial discrimination experienced by this ethnic group is an aggravating factor in the manifestation of psychotic illness (Kerosene et al. 2005). Further research has found a possible connection between having sickle cell disease, as Junior does, prevalent in the African Caribbean and psychosis (Spiegel et al. 2013). Junior's cannabis use is a high risk factor that can have a detrimental effect on psychosis.

However, those with history of psychosis are more likely to suffer from substance misuse problem. However, whilst it is clear that Junior NAS a psychotic type illness and is a navy cannabis user ' it is difficult to conclude, using currently available evidence, whether cannabis use is a cause rather than a consequence of psychosis' (Overdue et al. 2003). It is noteworthy that gay men tend to experience higher rates of mental health and dependency than the general population (Corroboratory et al. 2011).

Living with psychosis is likely to be very difficult for Junior.

In the past two years he has gone room being a fully functioning member of society to being an individual who is socially isolated and whose psychosis means that he may not even be aware that he IS acting strangely. Stigma and discrimination are associated with both psychosis and substance misuse. Both factors may prevent Junior from acknowledging the difficulties that he is facing and my result in him feeling ashamed and inadequate. Although social

isolation is a symptom of psychosis and sometimes substance misuse, such negative feelings are also likely to contribute to Junior’s need to isolate himself from friends and family.

It is possible that Junior is sometimes aware of the deterioration in his ability to self-care and that staying in his room is his attempt to conceal the symptoms of psychosis from others.

He may be feeling disemboweled because he can no longer function independently without the help of his mother Banging’s et al. 2008). In addition to the side effects of living with psychosis and misusing cannabis and alcohol, Junior also has to deal with his family’s attitude to his sexuality. General negativity, ignorance and a lack of cultural acceptance can have a devastating emotional effect on members of the LIGHT community.

Pearl’s unwillingness to mention Junior’s sexuality and Anthony refusal to visit the family home while Junior is still living there may lead to Junior feeling rejected by his own family. Such rejection is likely to affect Junior’s self-esteem which may in turn see him stuck in a constant cycle of psychological addiction (Smith, 1988).

When suggesting solutions to Junior’s psychosis and subsequent behavioral side-effects it is important that he never be coerced but instead be given greater autonomy to control his recovery and reintegration in the community.

Adopting a care programmer approach to promote social inclusion and recovery will ensure that Junior receive personalized advice and solutions.

The adult community health team must endeavourer to engage Junior in the planning of his care from the beginning. This will empower him and ensure that he knows that he is fully involved in the planning, development and delivery of his care (Department of Health, 2008). Initially, most people diagnosed with a psychotic illness will be offered a pharmacological Intervention in the form of anti-psychotic medication.

Such medication would stop lining from experiencing the symptoms of psychosis, but should ensure that he feels Elmer (Gardner et al. 2005). However, due to the medical profession’s fear of Integrating anti-psychotic medication, it may first be useful for Junior to explore alternative therapies, such as counseling, which will help him to understand what he is experiencing and help him to develop coping strategies. This will ultimately benefit lining by enabling him to regain his independence and thus his self-esteem.