

# [Bureaucratic budgetary process](https://assignbuster.com/bureaucratic-budgetary-process/)

MENTAL HEALTH PROMOTION GROUP PAPER Introduction The percentage of people over the age of 65 is rapidly escalating in developed world like America. As more and more people live longer and the Baby Boomers enter their golden years, the number of elderly is on the increase. Indeed, the percentage of Americans over the age of 65 is quickly growing, accounting for over 22 percent of the population by 2030, with the majority of those in this age group being over 85. Such a dramatic increase in the elderly population presents an immediate challenge to social work, which must prepare for the problems inherent in caring for an older population. The social work profession must be able to confront the issues that have arisen because of the dramatic increases to longevity accomplished in the 20th century, and social workers must be ready to meet the distinctive needs of the countrys rapidly expanding aging population. The increase in the number of elderly necessitates an increase in the number of social workers equipped to deal with the specific challenges of the elderly. However, at this point, workers currently working in the field note that there is a desperate shortage in the number of social workers who have the specialized knowledge and skills required to care for the elderly population. In addition to this there is a need of improving in the field of knowledge and restoring the up gradation of the techniques required in subject. Technologies change, time changes and along it the principals of management in the field of old age care change and it is only logical to take the most of the technologies available monitored by newly applied principals.
Consisted of exercises that would help them share memories and feelings about common subjects and enhance feelings of belonging, share personal background to increase understanding of self and others, stimulate reminiscence to enhance feelings of identity and self-worth, promote resolution of past emotional issues, promote interpersonal awareness by increasing knowledge about the backgrounds of others, work through unfinished or unresolved feelings about mother or mother figure/father or father figure, and practice reminiscence in a group setting to strengthen identity and self-esteem. Everyone participated with guidance and direction on the topic at hand. As a leader of this group I acted more as a facilitator and listener. I had to get the group involved by directly asking them questions one at a time. Thus, it can be stated that the goal of the study was to improve recall, cognition, and communication skills along with intention to increase their sense of personality identity. It was also attempted to stimulate their memories and to increase the individualization of their care.
Background and theoretical framework
It should also be kept in mind that there should be enough updated facilities available in the context of Neuropsychological or Psychiatric Assessment. It should be treated as a mandatory scheme that there should be the latest implementation of facilities like Group Programs, Behavioral Psychological Therapies, cognitive Psychological Therapies, Family Therapy, Outreach Service, Psychotherapy, Counseling, Nursing Services and Memory Disorders Clinic. Alongside there should be enough educative measures and information relating to the ailment of mental health problem like dementia in elderly people.
According to a work published by Ritchie & Kildea in 1995 it was found that Dementia strikes 8 to 15 percent of people over the age of 65. Dementia is a disorder of fundamental importance to older adults and it is most notorious among old age disease because this aliment affects the function of the brain by gradually and surely decreasing the brains ability to perform tasks. The focal attack of this ailment is predominantly on the memory (Ritchie & Kildea, 39).
The elderly population in the United Kingdom has a higher predisposition to having dementia and other related diseases. In the recent report by the Parliamentary Office of Science and Technology (2007), over 750, 000 UK citizens suffer from Alzheimers and dementia. A report is study in which the organization responsible for the study covers the costs of publication and assumes responsibility for the contents. Reports are not peer reviewed and as such do not have the same status as class A academic journals. They are important, nevertheless, because they present, typically, original data. Data is the information gathered by a research or research team on a particular research subject or object. This data is very alarming and confirms the data raised by OMalley and Croucher in their scoping review, therefore reinforcing their motivation for the scoping review. OMalley and Croucher cite a previous report, from 2001, where it is indicated that 5 percent of the ageing population over 65 years old suffer from dementia. An obvious increase in the probability of the condition has thus been observed. Probability indicates the mathematical likelihood that an even will happen. Dementia is characterized by the loss of memory, proper judgment and the typical functions of a normal human being. The use of the word characterized is of relevance. It implies the condition is described by its symptoms even though the actual cause of the particular case in question may not be known. The risk is higher in the ageing population since dementia may occur as a result from Alzheimers as well from other diseases affecting the brain. Risk is an important concept in health care and housing. Risk indicates the expected proportion of the population that is expected to be affected by dementia.
In the UK, social care policy is one of the governments responsibilities towards citizens, even in the case of those who have conditions such as dementia. While there is a larger budget allotted for care provisions and health care for dementia patients as compared to, say, patients with heart disease and cancer (Parliamentary Office of Science and Technology, 2007), the problem is long from a solution. OMalley and Croucher point out that this may have to do with a research issue. Ageing, dementia are considered as separate issues in social policy. Dementia is considered a Cinderella issue - much policy talk but little actual, fact based concern by policy makers. " The reality of living with dementia" (571) is neglected.
OMalley and Croucher highlight, thus, the decades of the separation between " health" and " social care" in the governmental policies. These two subjects are interrelated. Interrelation means that one factor is a function of the other and vice-versa, even though it may not be statistically certain how this happens. They also overlap, producing a conflict for funding. Overlapping means that the two subjects, health and social care, may occur in the same geographical, statistical, policy, academic or other wise, space. The demented elder population may run the risk of unfair treatment by the health care since there is a policy vacuum. Vacuum in the research and policy recommendation context means the absence of fact based, statistically significant studies that can provide a basis for policy decisions. Statistically significant means that there is enough information and correlation between the information provided to give the decision maker a certainty or near certainty that an action, in this case an investment, will most likely produce the desired effect. Correlation means that two or more events are associated in such a way that when one is present the other is also expected to appear. Cause means that if one event happens the other will necessarily follow. OMalley and Croucher is part of an UK national program to provide the information necessary for a better housing policy for dementia inflicted person. Lisa OMalley and Karen Croucher aimed at identifying gaps in existing knowledge, so that the end product of their effort will be better housing provisions for demented elder individuals.
OMalley & Croucher scoping reviews included research on housing provisions for demented elder individuals over the age of 65 years. Literature are present from the 1980s, but always with an eye on other nations. Their scoping review addressed the issues involved in caring for the ageing population. They also considered the effectiveness of past and current facilities, treatment and approaches. OMalley & Croucher took the further step of addressing health and social care policies. Their work resulted in a discriminating bibliographic map of research since the 1980s. While they included international works as a source of perspective and comparison, their key focus was to identify missing knowledge in the context of the population of United Kingdom.
Instead of using human subjects, this study is exclusively a review of published literature about dementia and dementia care, housing provisions and the health care policies since the 1980s. The review of literature aims to create a bibliographic map of researched since the 1980s without discriminating the quality of the studies done. The papers included in this study focus on housing and provisions with demented individuals published exclusively in the United Kingdom, with a few exceptions from the international literature. As such, the issue of participants is irrelevant.
In contrast, materials are very relevant. OMalley and Croucher study used the following electronic databases for their scoping review: The Cochrane Library, MEDLINE, Social Science Citation Index, DH Data, HELMIS, The Kings Fund, Sociological Abstracts, SIGLE, and PsycINFO.
These databases were searched with the following keywords or a combination: dementia, housing, long-term care, accommodation, residential, home care, continuing care, adult placement, and group homes. Basically, they were searching for research reports that addressed the question, " what is known about housing and care provision for older people with dementia. " Exceptions were made for commentaries, book reviews, theses, and non-empirical studies. With these limitations, OMalley and Croucher is biased towards the contextual settings of the United Kingdom. With these, 1675 references were gathered, 265 reports were used, and a total of 175 studies were included in the scoping review of literature. Through all the gathered references, the researches analyzed the data, synthesizing it into a coherent narrative with the identification of gaps. It is very important here to understand that OMalley and Croucher is also a study on the design of other studies.
Literature Review
The actual search procedures and algorithms used by OMalley and Croucher is not described. The only information available, which is presented in the section above, is about databases, and search words. OMalley and Croucher is openly self critical by pointing out the focus on US and UK literature. Most of the scientific work in the world comes form China and India, as it is well known.
As expected, there is a great variation with the studies, reports and literature used in this review. Researches varied from controlled longitudinal multi-site to small qualitative studies. The review does not aim to assess the quality of each reference rather to create a general overview of the studies made since the 1980s and identify the key results of each. By mapping the overview, gaps can be identified through the years. The 175 studies used in this review of literature were thematically analyzed according to the types of accommodation. The five types identified were: a) own home/other family home, b) sheltered housing, c) very sheltered housing, d) long-stay residential care, and; e) end-of-life care.
Another categorization created for further analysis is the type of housing in relation to continuum. This includes " ordinary/domestic" and " special/collective". The two categories are also distorted since some institutions may have mixed models. Literature based on the two major issues on the development of housing was excluded as references. These two include carers issues and the drugs and therapies available for the patients. The researches believe that these do not contribute significantly to the objective of the scoping review.
It can be observed that most of the studies focused more on services for people at home, some on the building designs of the housing provisions, and a few on sheltered and very sheltered housings. The main findings include formulated strategies to keep demented people in surviving alone in their homes. Yet, there are no multi-site studies of these in the UK yet, and is subject to evocation. From the table, we can also see a number of studies conducted on the building designs of the housing provisions. Issues like dangerous structures were considered in these studies. There were only suggestions to occupationally modify the structure of the house keeping the patients inside the house.
In terms of sheltered and very sheltered housing provisions, there are limited studies on them and this could be a good topic for further research.
Important findings involved with special/collective settings include the findings on the reasons for institutionalization. Most elders with dementia are transferred to special or collective housing due to behavioral and cognitive decline, when their families can no longer control them.
Sample sizes are small, there are difficulties with relations to respondents interviews and lack of rigor was a problem. A sample is collection of individuals from a large population that is considered for the study. Moreover, people with dementia can be included in the research design at the outset of the study. It is clear that quantitative and qualitative dimensions go into each other in the studies surveyed in OMalley and Croucher.
The main finding of the scoping review is that there is a lack of research on housing types. There are researchers who approach the problems, but little has been done that specifically link disease stage and type to housing. There is also an obvious lack of evidence based of UK researcher about end-of-life care. There are also not enough studies that address the most effective type of housing. There is also little about how to manage the governments financial assistance in a way that effectively takes into account the patients health and wellness.
It was the authors purpose to focus on the UK. But it requires some care when using the conclusions. International literature is not present in the study.
A further limitation is the qualitative-quantitative problems of design in research about dement persons. This problem, pointed out by the authors, may have the implication of limiting the applicability of the scoping review. The scoped articles may have problems of design. In particular, the issue of interviewing elder and dementia patients, needs to be further considered. Specifically, the sample size used in dementia studies is usually small. The effectiveness of the different facilities was still not addressed by the researches.
The great strength of OMalley and Croucher is the identification of needed research areas. The paper is, nevertheless, pre-Google Scholar and as such has definite limitations. Thus a Google search on " dementia" has given over 1700000 hits. If this is refined to " housing" and " dementia care", the numbers reduced to some over 30000. Nevertheless, if the domain search is reduced by excluding the fields and the private sectors, little remains. In particular one should highlight the work done by the CHAUSA, the Healing Ministry of Catholic Health Care (CHAUSA, 2007). CHAUSA has also produced its a series of conferences where research results, practical experiences and best practices are shared (CHAUSA handouts, 2007). The Alzheimer Association, which works closely with CHAUSA, as also surveyed research. Of noticeable importance is Volicer (2005) literature survey of housing conditions of patients with advanced dementia. Field is quite open, but coming research should be carried out taking into account the principles outlined by CHAUSA.
Development of the Group
The group involved by directly asking them questions one at a time. Thus, it can be stated that the goal of the study was to improve recall, cognition, and communication skills along with intention to increase their sense of personality identity. It was also attempted to stimulate their memories and to increase the individualization of their care.
To achieve this goal a proper structure was needed along with the formulation of a close group. This was a closed group with a low structure, which consisted of 6 female residents of a Nursing home. My criteria was mild to moderate dementia without psychotic features, orientated to person and place with secondary diagnosis of depression., over 70 years old. And limited with 2 psychotropics and memory enhancers. Sessions were 2x a week for 3 weeks at 1 hour + 15 minute sessions
The basic evaluation method was Cornell Scale for depression in dementia and Geriatric depression scale (short form). There was Mini-Mental State Exam. The Pre test indicated that 1 out of 6 patients scored high on The Cornell Scale for depression in dementia, 2 of the 6 scored high on the geriatric depression scale. All scored below 23 on the MMSE with a mean of 18. Post Test indicated on the Cornell Scale for depression in dementia no one scored over 12 points which would indicate probable depression. On the geriatric depression scale 2 of the 6 scored high, which was the same 2 ladies and the MMSE remained unchanged. Thus, the overall evaluation indicates that the results of the pre and post test do not relate directly to the groups satisfaction due to their cognitive impairment. They did participate in all 6 sessions and enjoyed them selves.
In accordance to the basic test selected it could be stated that it could be possible that the outcome would be relatively logical in the sense that it would ultimately follow the trends of social facilitation theory in marketing and thus it would be agreeable with the statistical method and thus a well formulated marketing strategy can be constructed for the benefit of the gaming company. Furthermore, the entire scenario would be ethical too. However, it should be stated that there would be few independent variables in the context of the test that could not be explained by the statistical method statements. Here the ethical consideration of the potential customers or the ethnic background of the potential customers may not be a very relevant factor. Thus there could be some flaws to the collection of the population but if these aspects are kept in mind then the shortcomings would easily be negotiated during the ultimate computations. As a result the test would appear to be a full proofed measure that would be able to define and prove the fundamental aspects and statistical method applied under ethical considerations. (Mukherjee, 2004)
Evidence of an appreciation of scientific principles
The data for this work was managed through a single questionnaire handed out to potential customers. The researcher utilized gender identifiers and numbers or letters to separate each questionnaire for validity and reliability of results and to ensure bias reductions. The questionnaire is located in the Appendix section for understanding of the questions. Each question had either a yes or a no answer or followed positive or negative reactions to certain questions. The process to deliver and collect these questionnaires would be spanned around approximately two weeks.
The data sampling would be randomly managed utilizing stratified means with thirty-seven questionnaires completed by both male and female potential customers. The choice to use potential and existing customers alone in this research was made for three reasons. First, it was far simpler to have access to customers about the researcher’s availability. Second, the focus itself is on customers’ attitudes and understanding of the gadget. Third, the quantification of such information allows the researcher to gain a broader perspective on how customers observe and realize the validity and reliability of information received from a variety of sources and how they apply it to daily life in terms of market.
Validity
It should be noted that reliability for the researcher was achieved in the assurance that only a specified group of men and women were utilized about the research. That group was focused mostly on customers and retails along with administrative personnel. This gave the research a more focused view of the research goal. The validity was managed as a result of this focus and emphasized in the considerations involved in the data collection, variables, and sampling methods. Privacy and confidentiality methods included assigning numeric and alphabetic coding to each responding questionnaire. This ensured anonymity about the researcher and the subjects of the research process. (Fletcher, 2005)
Thus the most important objective of the interviews regarding this study concerning the market segment of the gaming industry system would be building an impact regarding the profitability of this market for the stakeholder. As a result the study would feature qualitative interviews of personnel and personalities that are well known to the arena of marketing and a huge amount of potential customers who would provide complete views of their needs through as series of open and close-ended questions.
However, it should be mentioned there are certain limitations of the study. A number of people (usually senior administrators) may also insist that the consumers have no contribution to the issue. Many of them may think that consumers come into the working formulation only during the advertising scenario and never in the development plan of the marketing procedure. As a result they do not use the requisite strategic management techniques or adaptive methods that need to be exercised while developing a study such as this. However, it creates a void in the test as this limitation can be overcome by taking the subject into better mode of confidence. However, at the same time, it should also be noted that there are certain limitations regarding the methodology of the interview aspect. It could be mentioned that past history has shown that it is not always people revealing a context in a survey or interview holds much truth in the end in general sense. This is one variable that is able to corrupt any well-formulated strategically set formulations. However, this again is a possibility and not the general rule. At any case it should be noted that all steps would be taken with utmost care so that such variables are not allowed to upset the basic test of market segmentation beyond a certain permissible limit. If all these parameters are well implemented there could be no reason why a long-term strategy for operation in a full-length marketing penetration and procedure cannot be established. (King, 2006)
Evaluation Method
Academics of marketing often emphasize what too many of us are utterly obvious, that there is no certainty in the study of soical sciences. A Qualitative method of study differs from the usual quantitative methods (used in the study of pure sciences) in the sense that it tends to be far more subjective. The research methods for marketing are a combination of both quantitative and qualitative methods. Being open to qualitative methods of study also allows social scientists to incorporate non-quantitative data (i. e. non-numerical data, such as words, images, gestures, impressions etc.) in their study. The data for this work was managed through a single questionnaire handed out to subjects. This gave the research a more focused view of the research goal. The interviews and questioners would certainly include the Administrators, Managers, experts and Scholar, senior managers and obviously the subjects of the issue. To sum it up it should be mentioned that the methodology will involve patient interviews, secondary research through the Internet and university database, it will also use strategic analysis tools for development of the treatment plan.
One of the primary ways in which marketing is defined is in terms of its difference from the so-called ‘ pure sciences’ such as physics, chemistry, biology etc. Its use of theory and methodology is, therefore, closely related to this distinction. This is because care giving not only deals with fiscal variables but also it deals with humanity, which is inherently transient. Taking this element of transience into consideration marketing scientists has to use not just quantitative but also qualitative methods of study. For this study of the company, both the methods would be used. (Berkowitz, 1993)
A Qualitative method of study differs from the usual quantitative methods (used in the study of pure sciences) in the sense that it tends to be far more subjective. This is in sharp contrast to the methods used in pure sciences which are exclusively objective. The research methods for marketing are a combination of both quantitative and qualitative methods. Being open to qualitative methods of study also allows social scientists to incorporate non-quantitative data (i. e. non-numerical data, such as words, images, gestures, impressions etc.) in their study. Since human beings tend to operate in terms of such data and not in terms of the terminology used in ordinary sciences this broader outlook is far more applicable in the study of social sciences. In keeping with the methodology employed in marketing researches the theories too are formulated and used keeping in mind that they are not necessarily applicable to all conditions. Be it psychology, history, political science or economics human events are most likely to influence the rules which define the basic theories of a marketing subject. Success in the field of marketing researches can therefore be achieved if and only if it is understood that the subject has no space or opportunity for watertight methodologies or theories. (Sen, 2001)
It can always be stated that Qualitative research is a process that includes interpretative paradigm under the measures of theoretical assumptions and the entire approach is based on sustainability that is depended on people’s experience in terms of communication. It can also be mentioned that the total approach is because reality is created on the social formulations. It can also be mentioned that the basic target of qualitative research is instrumented towards social context under normal circumstances where it would be possible to interpret, decode and describe the significances of a phenomenon. The entire process is operational under the parameter of interpretative paradigm that can minimize illusion and share subjectivity under contextualization, authenticity and complexity of the investigation. (Bandura, 1999)
The basic advantages of qualitative measures are multifold. Firstly, it presents a completely realistic approach that the statistical analysis and numerical data used in research based on quantitative research cannot provide. Another advantage of qualitative measures is that it is more flexible in nature in terms of collected information interpretation, subsequent analysis and data collection. It also presents a holistic point of view of the investigation. Furthermore, this approach of research allows the subjects to be comfortable thus be more accurate as research is carried on in accordance to the subject’s own terms. (Roy, 1991)
The best statistical method would be to interview long well formulated day-to-day working procedure at a specific and well-selected location. Throughout the procedure, it should be noticed whether there are specific variables within the testable population or not. These variables would be extremely important while evaluating the basic data in the final stages where the adjustments would be made to the formulated data in accordance to the observations. However, it is important to completely take into account the aspects of fundamental variables of an individual such as ethnicity, religious belief or positive support from the sales structure of the management and individual. (Border, 2002)
All these variables are considered as very relevant and important features of the statistical method and it is to be seen if these aspects are fundamentally acceptable in practical world and it could well be mentioned that service are a very relevant manifestation of the social dimensions. As a result, if the test is carried out in a proper manner with proper calculations of the population involved then there is no reason that the results would be both logical and true at the end consideration. (Deb, 2002)
Conclusion
According to Mental Health report psychosocial interventions such as reminiscence therapy are extremely important in Dementia. In short, people suffering from Dementia suffer from a wide range of memory impairments like loss of working memory, semantic memory, episodic memory, memory of skills and even autobiographical memory. In this case it was found that the initial intentions to improve recall, cognition, and communication skills along with intention to increase their sense of personality identity hardly saw any development. It was also attempted to stimulate their memories and to increase the individualization of their care and the same was true in this context too. This is a clear indication that there was no significant changes either way, positive or negative or with their cognition after the group therapy. Careful studies revealed that patients of Dementia tend to reveal the existence of tangles of amyloid beta protein. This is absent in normal brains. So, ultimately it is somewhat unclear about the where about and improvement from this disease Dementia. Constant researches are taking place to unearth different clues to lead us to the decisive goal of understanding the nature and cure of the Dementia.
References
CHAUSA (2007). the Healing Ministry of Catholic Health Care, from http://www. chausa. org/
CHAUSA Hand Outs (2007), from http://www. chausa. org/Pub/MainNav/ourcommitments/ElderCare/Symposium/handouts. htm
Curto, J. K. (2006). Dementia and Alzheimers - Whats the Difference? The Birch, Clarendon Hills, IL, . from http://www. birches. net/articles. htm
Evansy et al. (2007). Supporting independence for people with dementia in extra care housing. Dementia, 2007; 6, 144-150
OMalley, L. & Croucher, K. (2005). Housing and dementia care - a scoping review of the literature. Health and Social Care in the Community 13 (6), 570-577.
United Kingdom. Parliamentary Office of Science and Technology. (2007). Alzheimers and Dementia. from http://www. parliament. uk/documents/upload/postpn278. pdf
Volicer, L. (2005). End-of-life Care for People with Dementia in
Residential Care Settings. Alzheimers Association, Chicago, IL., 2005.
Ritchie C & Kildea A. 1995. Abnormal Psychology. National Book Trust.
Mental Health: A Report from the Surgeon General. 2004. SAMHSAs National Mental Health Information Center
Ballard CG. 2006. Psychotic symptoms and behavioural disturbances in dementia Revue Neurologique