

'Cooperative Group Home'

The Elderly with Dementia & the Mentally Disabled Living in Harmony

Regional Welfare Division, Health and Welfare Department, Miyagi Prefectural Government

Outline

In our pursuit of a means of a higher level of care for sufferers of physical or mental disorders who are accustomed to living in the community we have arrived at a solution that renders distinctions such as age, and nature and severity of disability irrelevant, while identifying the issues common to the care policies for these classifications, which have long been developed separately. The result of our efforts is the 'cooperative group home', a project that has enabled us to monitor the effects on elderly sufferers of dementia, the mentally retarded, and people with serious physical and mental illness who are living under the same roof. The results of our time studies and councilor observations suggest a positive new mode of living, as different age and disability groups are assigned new roles, which differ significantly from those found in more conventional group homes i.e. specifically for elderly (with dementia) or the disabled.

Background

The rise in the number of cooperative group homes for elderly people with dementia has been accompanied by an increase in the need for qualified care staff and the pursuit of a new care model for the elderly with dementia. At the same time the care system for the mentally disabled is attempting to refashion institutional into community care. It would appear that the smooth transfer of the disabled into community life has indeed been achieved by the community support project 'Cooperative Group Home'. However community life still poses problems for the more severely mentally retarded, who along with children affected by serious physical and mental illness can find themselves experiencing an increase in the severity of their condition and requiring long term institutionalization.

Purpose

As a provider of support for community care, we have identified the issues common to the various welfare policies that have been developed separately for the elderly and the disabled. This has led to our 'cooperative group home', where elderly sufferers of dementia live under the same roof as people who are mentally retarded, and people with serious physical and mental illness. There they can aim at establishing rewarding new roles and relations, and facilitate the construction of the planned regional lifestyle support system afforded by such an inter-generational living environment.

The Current Situation

The 'Cooperative Group Home' (Nagasaka) opened in Shiroishi City, Miyagi, in January 2004.

Presently residing are 3 elderly sufferers of dementia, 3 mentally disabled and 1 resident with serious mental and physical illness, who are all dedicated to overcoming the problems imposed by age and disability. Information on these residents can be found in chart 1.

The residence (Nagasaka) is a house refitted to accommodate up to 12 people. Parts of the living room and wide veranda by the front entrance have been fashioned to give an air of nostalgia.

The project's administration makes use of the long-term care insurance system for the elderly with dementia, and financial support system for the mentally disabled (see ill. 1).

Relations are developing naturally as elderly and mentally retarded residents spend time together in the living room and kitchen.

Observations of Home Life

1. Disabled residents find it difficult to understand the elderly residents' awkward sense of timing, unexpected incidents, and tendency to make mistakes. (relation process)
2. Elderly residents show disabled residents how to undertake housekeeping tasks (role acquisition)
3. Disabled residents give assistance to the elderly (role acquisition)
4. Disabled residents submit to and feel concern for the elderly (sympathy)
5. Elderly residents look after and offer protection to disabled residents (sympathy)
6. Elderly residents are able to dismiss and collect disabled residents (habits)
7. Elderly and disabled residents often spend time together (contact)
8. Elderly residents feel the sense of competition in the lives of disabled residents (purpose in life)

Examination

1. **Care for Dementia**
 - Examples of supportive actions include stimulation of role awareness in others.
 - Everyday relationships that develop outside of those with nursing staff incorporate a degree of tension from living together. Thus autonomy is promoted, and lives are influenced away from monotony.
 - Elderly residents with dementia regard severely physically and mentally disabled residents as sick children, attend to them sympathetically, and listen to them attentively in the workplace. These relationships make them lively, and facilitate role acquisition.
2. **Cooperative Living**
 - As with differences in age, differences in individual ability help to determine the allocation of roles.
 - Accompanied by the various patterns of behavior, individual patterns or rhythms are formed around residents' choice of whereabouts e.g. private (bedrooms), or communal (kitchen, living room) spaces.
 - The mentally retarded often join the elderly to share space and time.
 - Tense relations that exist between the mentally disabled are often subdued by the presence of elderly residents with dementia.

Chart 1: 'Nagasaki' Cooperative Group Home Residents List

Number	Name	Gender	Age	Level of Disorder	Nature of Disorder	Level of Daily activity Dementia	Before Residing
1	M.K.	F	35	Support Expense 1	Serious Disabled Atetozе-type Cerebral Palsy	Serious Disabled Schooling project user(B type) Rehabilitation Book A Disabled Book Level 1	Home
2	W.H.	F	62	Support Expense 1	Severe mental retardation	Work place Training(Food Processing Industry) Rehabilitation Book A IQ 34	Facility for Rehabilitation
3	I.K.	F	55	Support Expense 1	Moderate mental retardation	Support of Needle Check at Facility for Rehabilitation Rehabilitation Book B IQ 38	Workplace
4	M.S.	F	43	Support Expense 1	Severe mental retardation accompanied by Downs Syndrome	Calendar Making at Facility for Rehabilitation Rehabilitation Book A IQ 42	Facility for Rehabilitation
1	K.C	F	87	Nursing Care Level 3	Alzheimer-type Dementia	Bedridden Elderly A1 Dementia a MMSE 7 CDR 2	Group Home
2	O.M.	F	79	Nursing Care Level 3	Cerebrvascular Dementia	Bedridden Elderly J2 Dementia b MMSE 12 CDR 1	Home
3	T.K	F	85	Nursing Care Level 3	Alzheimer-type Dementia	Bedridden Elderly A1 Dementia a MMSE 19 CDR 0.5	Home

