How can Diversional Therapy help combat loneliness and isolation in older adults living in residential care homes in New Zealand?

This paper discuss the possible benefits that Diversional Therapy could have in helping to combat loneliness and isolation in older adults living in residential care homes in New Zealand.

Diversional Therapy is a rather a new profession in the New Zealand healthcare system. “Diversional Therapy involves the organisation, design, coordination and implementation of person centred leisure programs”. (New Zealand Society of Diversional Therapist Inc., (NZSDT) 2018). Diversional Therapists focus on the improvement of clients’ quality of life, by providing ongoing support to the clients’ psychological, emotional, spiritual, social and physical needs and well being. Diversional Therapists develop non-pharmacological interventions that include social, recreational and leisure engagement programs for group and individuals. Some Diversional Therapists specialize in working with older adults to keep them socially connected in order to enhance their overall wellbeing and minimize the effects of loneliness and social isolation in the ageing population (Age Care Crisis, 2015). For example, a Diversional Therapist may focus on improving social connection through specialised Zumba classes or line dancing.

Loneliness is defined as the unhappy feeling that someone experiences because the person does not have any friends or do not have anyone to talk to (Collins Dictionary, 2009). Isolation is known as the state of someone
feeling alone and without any help or friends (Collins Dictionary, 2009). During the process of life and death, an individual might experience the loss of close family and friends. The ageing in life’s journey might lead people to develop feelings of loneliness and social isolation.

The New Zealand ageing population is rapidly growing, the latest update from the Ministry for Seniors (2017) states that by 2036 one in 4.5 New Zealanders will be aged 65-plus; a total of 1,258,500 million people. A current study, Jamieson et al., (2017) showed that over 15,000 older adults are lonely in New Zealand. This is equal to one in five older people. Loneliness could also have a negative impact on individual’s health, overall wellbeing and mortality (Brody, 2017).

According to Hawkley (2010) a notably overwhelming aftermath of chronic loneliness is cognitive decline and dementia. And while some older adults may experience brief moments of loneliness, individuals’ might develop mechanisms to overcome this state through social support. On the contrary, other older adults might be more likely to develop chronic loneliness, due to the unavoidable lack of social connections.

According to Lieberman (2013) being socially connected is a human brain’s “lifelong passion”. Social connectedness appears to be important for individuals' health and overall wellbeing despite age or abilities. Taking this information into consideration, individuals might like to comprehend the repercussions of losing social connections during the ageing process. Individuals might even like to contemplate ahead of time the specific types of interventions, support and assistance, that they might like to access in the future in order to avoid feelings of loneliness and isolation. The New Zealand Positive Ageing Strategy (2001) was developed to produce a frame for progress and to understand policy that could have potential implications for older people. Under the current government, a proposal has been made to review the current status of this strategy in order to provide robust support, to older adults to maintain their independence as longer as possible at home.
The new increasing ageing population circumstances in New Zealand, highlights that the level of care required for older adults is likely to increase at the same time. Older adults with higher care needs such as dementia might need more access to residential care homes where the individual changing needs could be properly supported.

In most cases residential care homes would deliver the expected nursing care such as, showers, medication and meals. Although, one would need to be aware that recreation and leisure might not be an essential part of the services of residential care homes. Toepeol (2013) believes that leisure and recreation play an important part in the increase of social connectedness, having as a consequence the improvement in the quality of life of older adults.

Likewise, older adults need social interactions, recreation and leisure engagements to lift their spirits and to enhance feelings of wellbeing. Diversional Therapy programs in residential care homes could foster contentment that could also help individuals to prevent developing feelings of loneliness and isolation. These feelings could otherwise be detrimental to the older adults health (Steptoe, 2013).

Given the above information, it is a fact that the ageing population in New Zealand is growing fast. As a result, older adults will require specific types of services such as residential care homes where their needs can be properly supported. The demand for residential care homes services is very likely to increase in the upcoming years. Over the next decade we'll need an extra 1000 caregivers a year to care for up to 20,000 additional residents expected to be living in aged care facilities by 2026 (Wallace, 2017). It is also very likely, that there might also be an increase in the demand for health care professionals that specialize in fostering person centre approaches. The New Zealand health care sector will require professionals, with the ability and the skills to incorporate new non-pharmacological and innovative interventions that could possibly enhance older adults’ social connections. The new
generation of individuals retiring are likely to be looking at person centred focus facilities, where the use of holistic approaches such; as Diversional Therapy might be a core component of the service delivery.

The New Zealand Positive Ageing Strategy faces the challenge of an ageing population that has been researched and identified as lonely and isolated. A population where wives seem to be outliving their husbands or long term partners, parents outliving their children and a place where communities seem to be fostering loneliness instead of social connections. Diversional Therapy uses non-pharmacological interventions that includes social, recreational and leisure engagement programs, and aims to enhance the individual’s quality of life. Diversional Therapy could potentially become a good intervention and core part of the New Zealand Positive Ageing Strategy to combat loneliness and isolation in residential care homes in New Zealand. There is also another area that can be potentially research around how many single person dwellings there are as opposed to share facilities that can still maintain privacy and respect personal preferences. However, there is not enough research done in New Zealand around the specific benefits of Diversional Therapy.
References


