# Keng's journey

Keng's hobbies include reading, gardening and meeting weekly with a group of other Chinese men. A few years ago, Keng was diagnosed with dementia. His diagnosis came as a shock and Keng and his wife Mei were in denial for some time. Keng would not allow Mei to tell others. Mei tried to calm Keng's growing frustration and distress; and over time, withdrew from her own regular social activities. Mei's daughter began to realise the severity of Keng's condition and the impact on her mother's health. Through her volunteer work with a community organisation, Mei's daughter Amy knew how to assist Mei to get some support in the home and encouraged Mei to join a dementia carers' support group.

KENG MOVES INTO RESIDENTIAL AGED CARE FACILITY (RACF)

Keng (82) and Mei (68) moved to the Gold Coast 15 years ago. They have 3 children - a daughter Amy in Sydney and two sons who live overseas.

SITUATION AT HOME BECOMES UNMANAGEABLE

**Mei:** Mei's daughter, becomes aware that the home environment has become volatile and she made an emergency visit to her parents' home, Amy helps her Mum navigate the My Aged Care system, and searches for a RACF place. The only availability is located at the other end of the Gold Coast. While Amy knew her mother would not be happy with this, she could not afford more time away from her children and business.

Keng: Keng is angry and

everything in his life has

conversations occurring

He becomes agitated on

which he cannot follow.

entry to the RACF but

settles a little with time.

become 'busy', with lots of

has appeared and

confused that his daughter

Mei: Mei has been caring for Keng for 5 years and is totally exhausted. She is feeling guilty about not being able to continue caring for Keng; and also feeling guilty for feeling relieved when they arrange a RACF placement. With Keng's entry to RACF, Mei was hoping her workload would lighten and to

## RACF Diversional Therapist (Suzanne):

Suzanne enjoys interacting with Keng and she is the one person who Keng appears to be calm around. Suzanne has undertaken additional online dementia training and the RACF had provided cultural competency training. She loves her job and finding out who and what is important to each of the residents



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**Keng:** Keng moves to a more 'secure' wing of the RACF but feels trapped and becomes increasingly agitated as he cannot find his way 'home'. He frequently reverts to his first language of Cantonese.

# KENG IS ADMITTED TO HOSPITAL

Mei is becoming increasingly lonely, isolated and exhausted.





obliged to visit Keng regularly, but has never driven and needs to catch a taxi to get to the RACF. She feels busier than ever and has not reconnected with the social activities

she enjoyed.

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#### Diversional Therapist:

Suzanne is concerned at this escalation in symptoms and the response. She tries to ensure that he has reading materials available in Chinese; and advocates for a more personalised response. She talks with Mei about bringing in things from his past that may give him comfort; and talks with her manager about access to bicultural workers and the Translating and Interpreting Service (TIS).

**Keng:** Keng displays increased signs of confusion and agitation. As the weekend progresses, staff find it increasingly difficult to manage him and are fearful that he may hurt himself or others. An ambulance is called and Keng is taken to the Emergency Department.



Mei is distressed when she is not told her husband was taken to hospital.



Hospital: Staff are allocated to Keng to ensure he does not leave his bed, unattended. He is mostly speaking Cantonese now, and only one Registrar who is occasionally in the unit can communicate with him. One of the night staff has brought in traditional Chinese music and when she plays it, Kena settles more easily and sleeps through the night.



**Mei:** Mei arrives at the RACF on Monday morning and becomes upset when she is told he is not there. She catches a taxi the hospital and tries to console and settle her husband; while also trying to understand what is going on. Staff attempt to explain her husband's condition but in her heightened state of anxiety and fear, she has difficulty understanding and becomes increasingly agitated and aggressive towards staff.

## Key themes:

- Community knowledge about aged care and support available in the home improves service identification and navigation
- Important life decisions often made in made in times of emergency and distress
- Limited family supports can impact timely identification of issues and responses
- High emotional and physical stress for carer
- Appropriate recruitment of RACF staff e.g. Staff that are able to provide support across a range of health and social conditions including dementia and people from diverse backgrounds
- Timely comprehensive medical assessment in the RACF in response to escalating conditions
- Recognition of a person's social, cultural, spiritual and emotional needs