

Delirium Voices

WORDS

DELIRIUM



DONT BE
AFRAID, LEARN
FROM ME.



shats ths all jv.



Let
SENSES
come
alive



Oldham
Council

Greater
Manchester
Integrated Care
Partnership

Delirium Voices:
The experience of delirium captured in zines
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Introduction

“The human species thinks in metaphors and learns through stories”

Mary Catherine Bateson (Anthropologist)

“Storytelling is an important communications tool for us. It can capture people’s attention, and hopefully provoke them to think differently about an issue. We use storytelling as a way of encouraging people to delve deeper into the evidence about what works and doesn’t to improve health and health care”

Catherine Irving, (Director of Communications , Health Foundation)

About this eBook:

The power of personal voice to move hearts and minds is recognised by eminent figures across a wide range of sectors. To bring about change and new understanding, there is nothing more powerful than the authentic experiences of the individual. To create this eBook, Oldham Libraries and Dementia United, part of Greater Manchester’s Integrated Care Partnership, brought together people with lived experience of delirium, for a professionally facilitated zine workshop to help them find their creative voice. The hope is that their creations will help raise awareness of the reality of delirium, motivating a more person-centred understanding of this wide-spread condition.

About Dementia United:

Dementia United is Greater Manchester’s Integrated Care Partnership programme for dementia. They work alongside clinicians, charities, localities, professionals, those living with dementia, families, friends and care partners to make the region the best place to live if you have or are caring for someone with dementia.

Dementia United in collaboration with a wide range of partners and stakeholders, including people with lived experience, have been working to improve the detection, assessment and management of delirium. This has involved the development of a public facing delirium leaflet, which Dementia United commissioned the translation in to 10 languages, all accessible through our toolkit webpage: <https://dementia-united.org.uk/delirium-community-toolkit>.

About Delirium:

Delirium is a condition which causes a short-term confused state and develops over hours and days. It causes short term problems with memory, concentration, attention and personality. It occurs when a person is medically unwell and can be caused by several things, such as infections, pain or constipation. People living with dementia are more likely to experience delirium. People may go on to develop delirium, whether they are in hospital, in a care home or living at home.

Why does identifying delirium early matter?

Where delirium is not detected and treated, people's outcomes are much poorer. Delirium can lead to increased hospitalisation and readmission, increased likelihood of placement in a care home and can make the symptoms of dementia worse. Prevention, early detection, standardised assessment and treatment all improve these outcomes.

Why zines?:

Zines have a long illustrious history of giving voice to the disenfranchised. It is the medium of social activism. It is the publication format for people who have something to say. As a mixed-media format, zines also suit all abilities and inclinations. Whilst the compact 8-page print makes for easy circulation and reproducibility.

Why a delirium Zine workshop?

We were keen to explore how to capture people's lived experience of delirium; be that as someone who has experienced an episode of delirium directly, or as a family member or healthcare professional who has supported others through episodes. As Dementia United had already been working in partnership with library services in Oldham, as part of raising awareness about delirium, we commissioned Oldham Libraries, who have experience of running zine workshops, to support with hosting a delirium zine workshop with our lived experience members. It was important for the workshop to be hosted in the library, a safe, welcoming community space, that encourages and enables creativity. Moreover, through the library service's eBooks platform, the resultant publication is available for people to discover, borrow and read, freely and easily, thereby further raising awareness about delirium. The Delirium Zine workshop took place on 1 July 2022, with a facilitator to assist with the creation of the resource we have collated here.

WELCOME

TO

MY

WORLD

INADEQUATE

NO ONE TO TURN TO



NOBODY



LISTENING



COMMUNICATION
DIFFICULTIES



WHAT? WHERE?

WHEN? HOW?

I DON'T KNOW

I HAVE NO ANSWERS

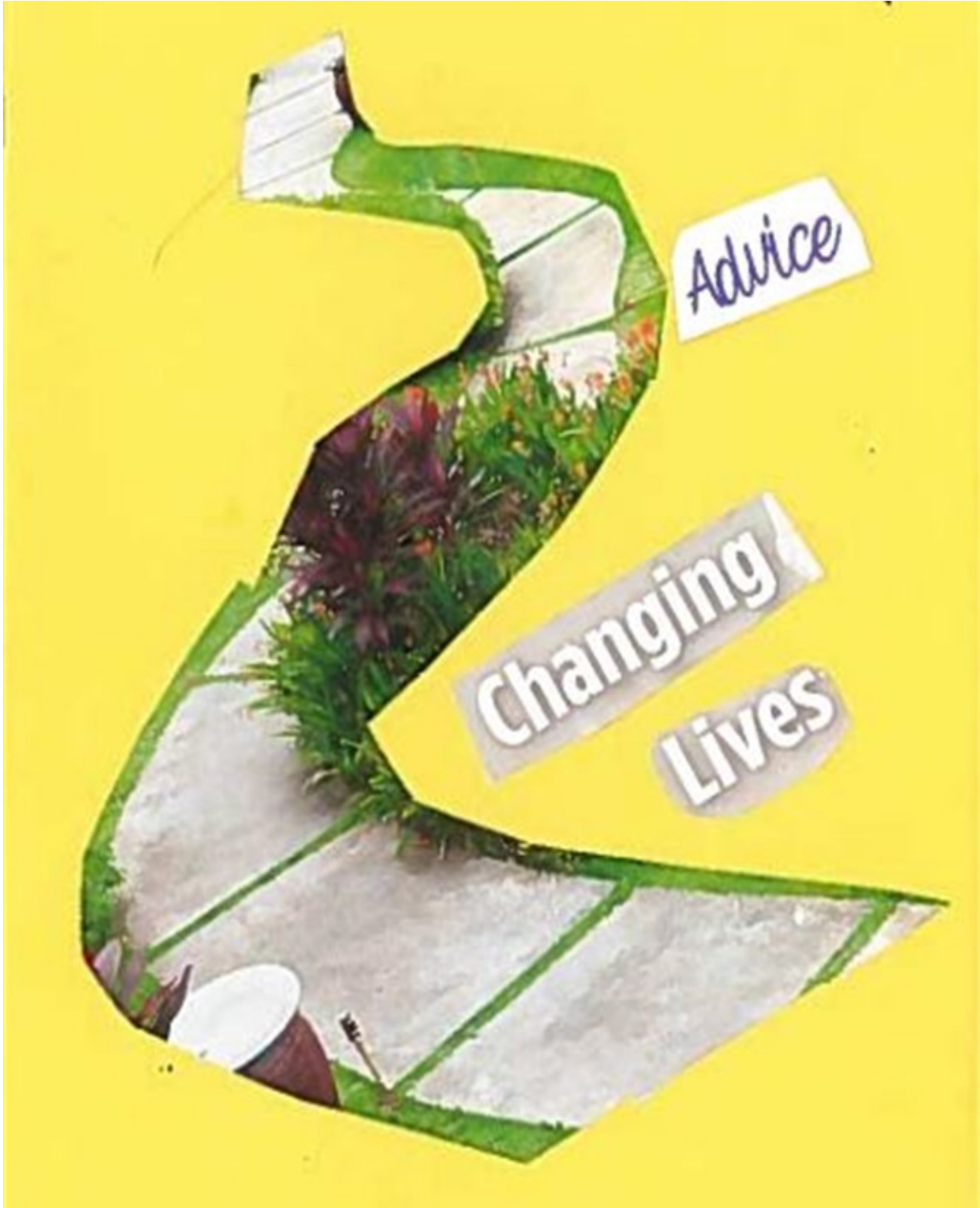
NOT ABLE TO TALK

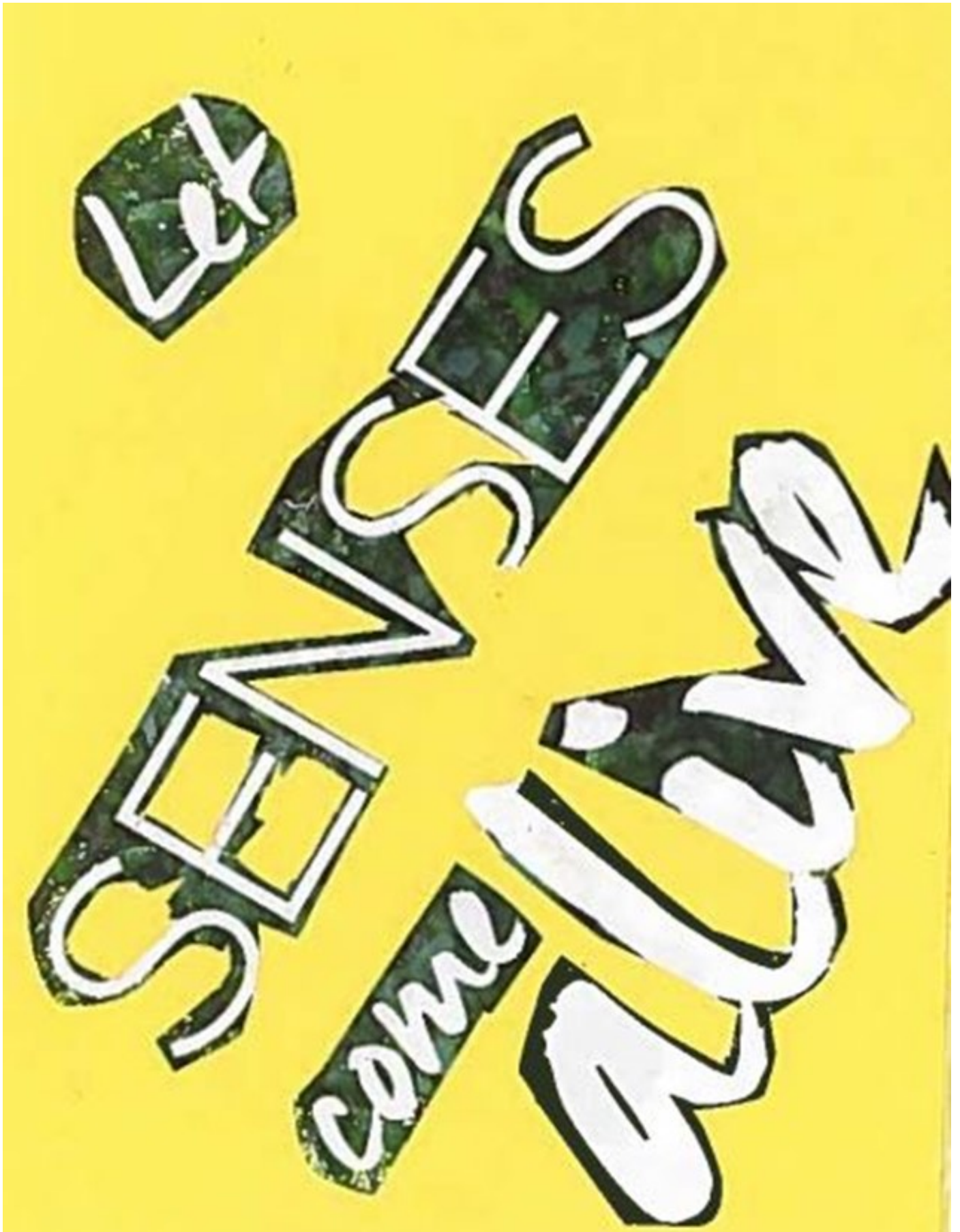
ABOUT MY HUSBAND John

unless he is aware of
the conversation and
the person/people I'm
talking to.

SOME
People assume that it
is another stage of dementia
and do it ~~redise~~ it isn't always
there.

IT can come and go.







Having a very
Good support
System that
includes my family
+ friends.

Being able to share my
concerns with others who
care.

CC
POD.

DELIRIUM

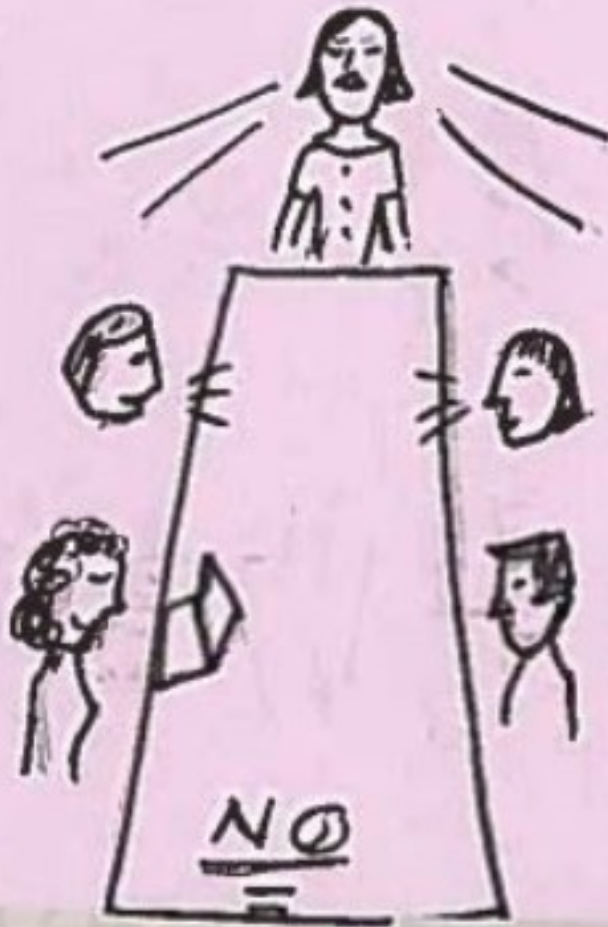
WORDS

HOW DOES IT FEEL ?



THIS IS NOT OK!

delirium



SEPSIS

CHEST
PAIN

NO

MISUNDERSTOOD ME

How to BE A MUMMIE
infection
heart attack
stroke



TALKING ABOUT DELIRIUM

ALWAYS

ANYWHERE

ANYTIME

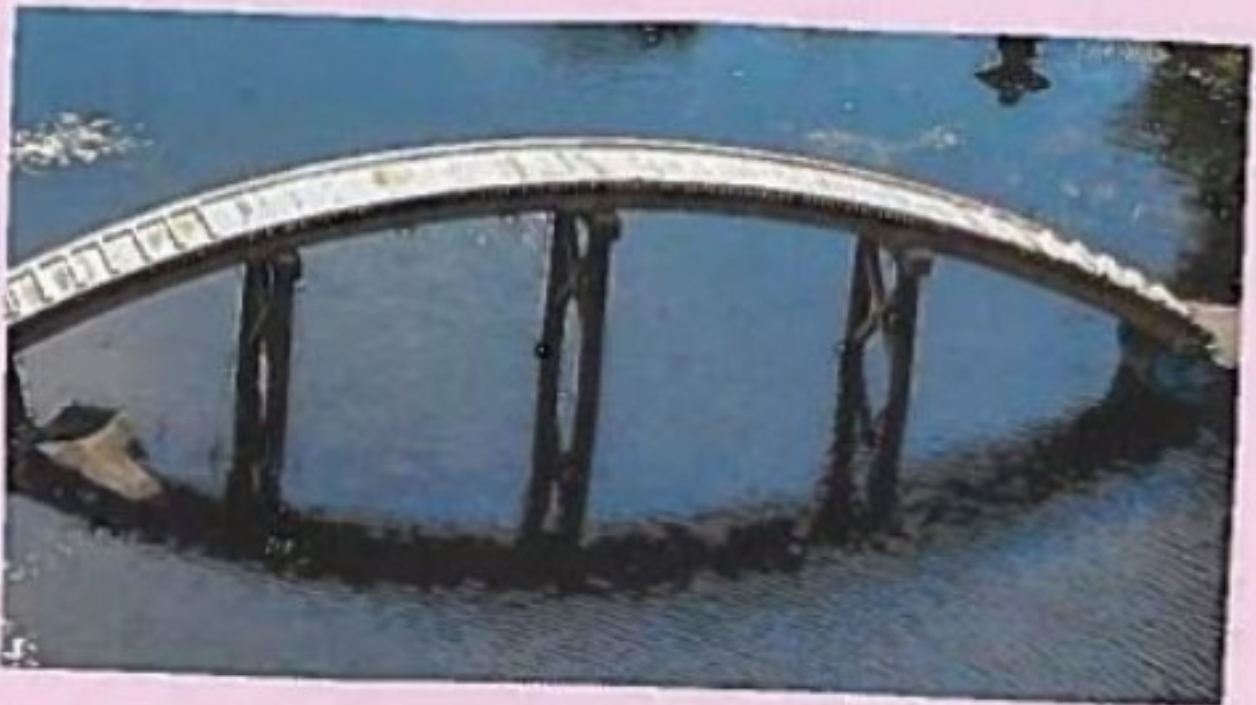
PINCH ME

4AT

DELIRIUM
CHAMPION

SAFETY

REDUCE
DISTRESS



SHARE TO SUPPORT

It is common.

We can help you!

You can help your relative.

It's really important we try and prevent this happening again.

If you are seeing things that are frightening, you are safe. No-one is trying to hurt you!

WE WILL LOOK AFTER YOU.



SHARE TO INFORM

Delirium is serious

Delirium is real.

Your patient could have
a delirium

Learn how to help
your patient

Good delirium

good care



Help with eating, drinking,
glasses, hearing aids and
bowels

Listen to your patients
and relatives



LIVING WELL



Emma Hardy ©

Delirium



Share
your
experiences...

Why is no one listening to me?

Running up that hill!

Help!



o.





" My Perspective
is valid
I know my
Mum ~~really~~
well...
This is not
her dementia!! "

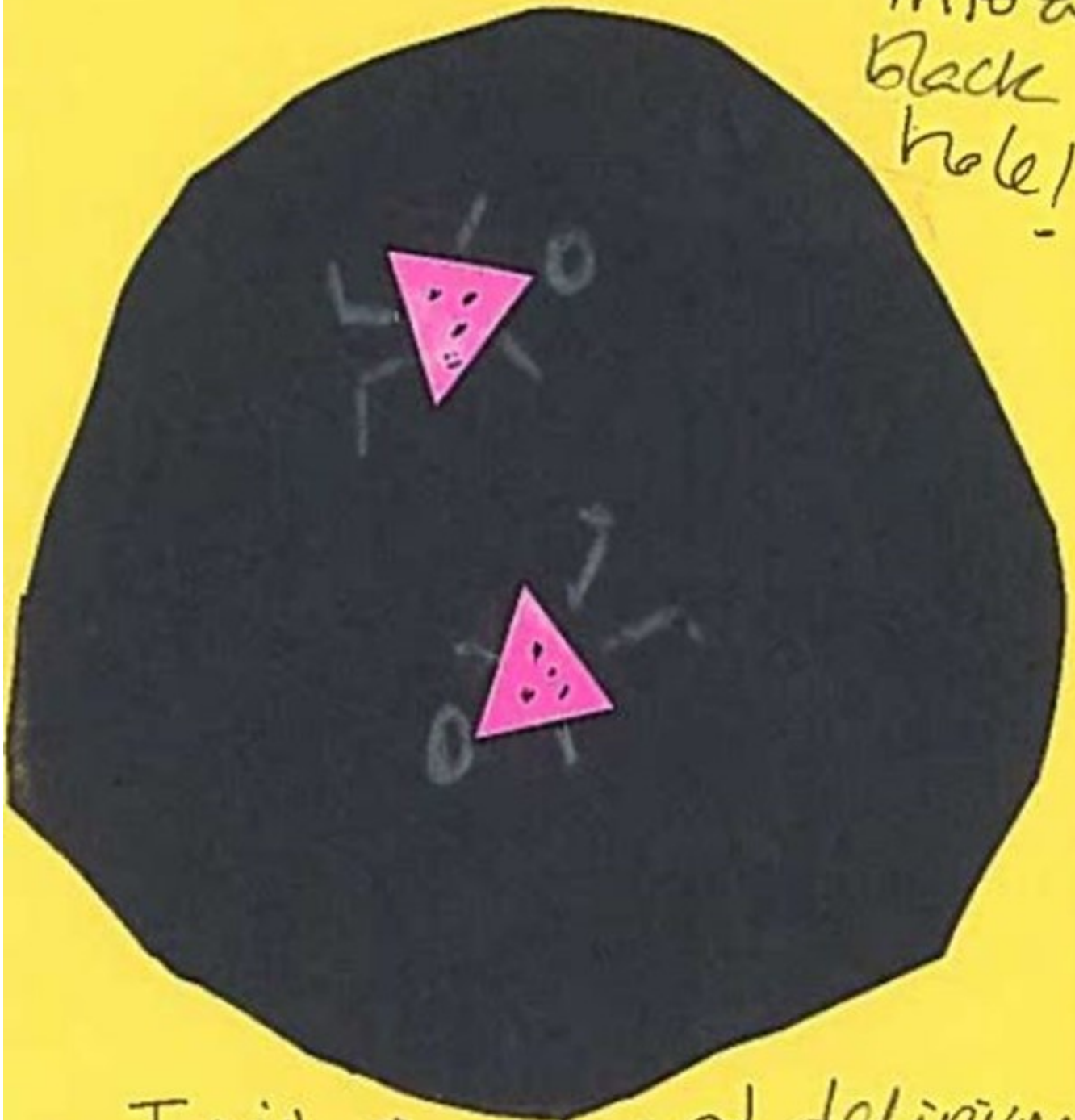


3.

No
safety
net!



Falling
into a
black
hole!



I wish they heard delirium
4. + know what it meant!

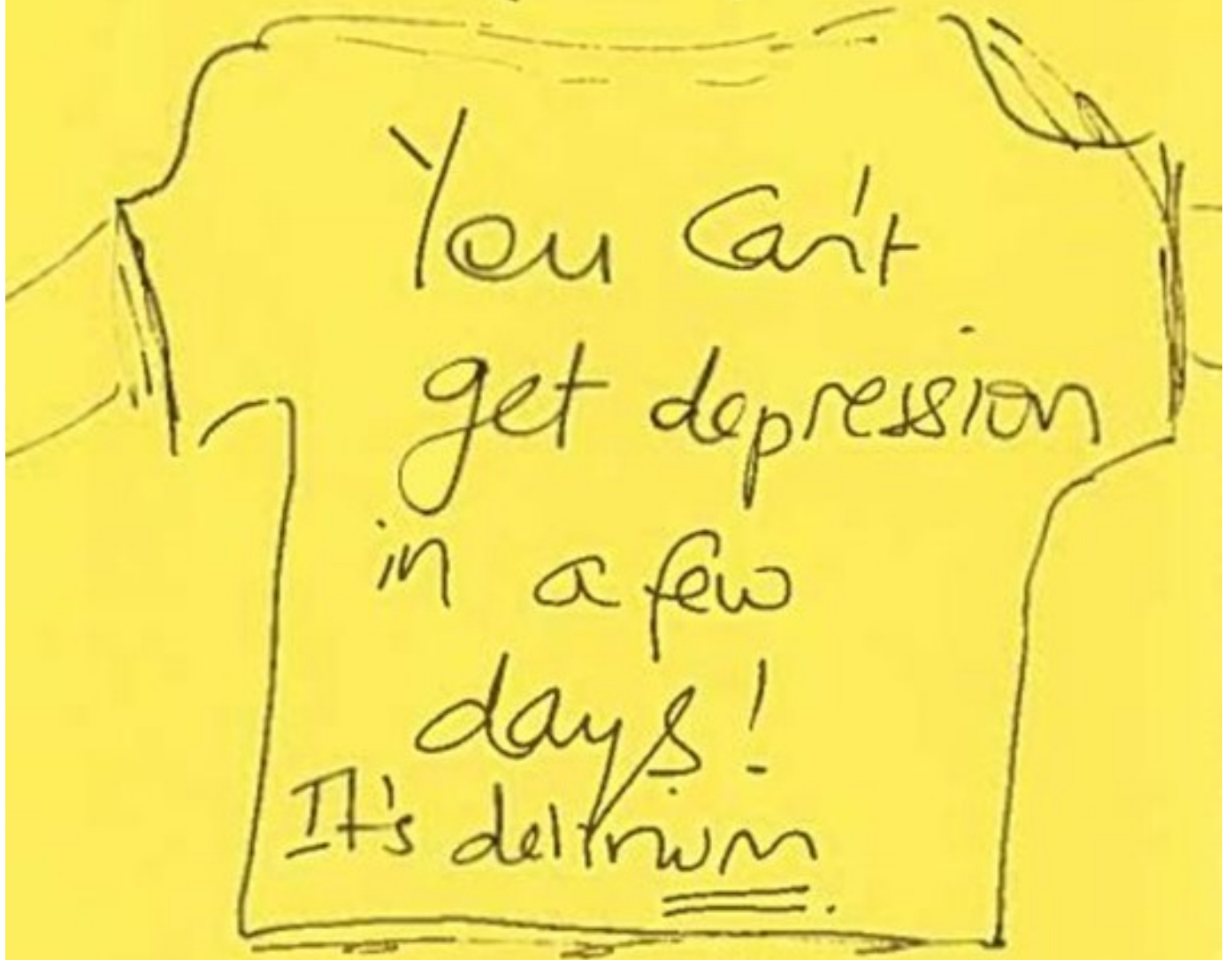
TABOOS!

1. It's dementia → ^{so no need to} look for the cause
2. The hallucinations delusions will remain
3. The person & family feel invisible whilst it's happening - so they don't know who to turn to talk about it.
4. It's depression - as they are sad, not eating and drinking
5. It's not delirium as they are still confused after a few days.

5.

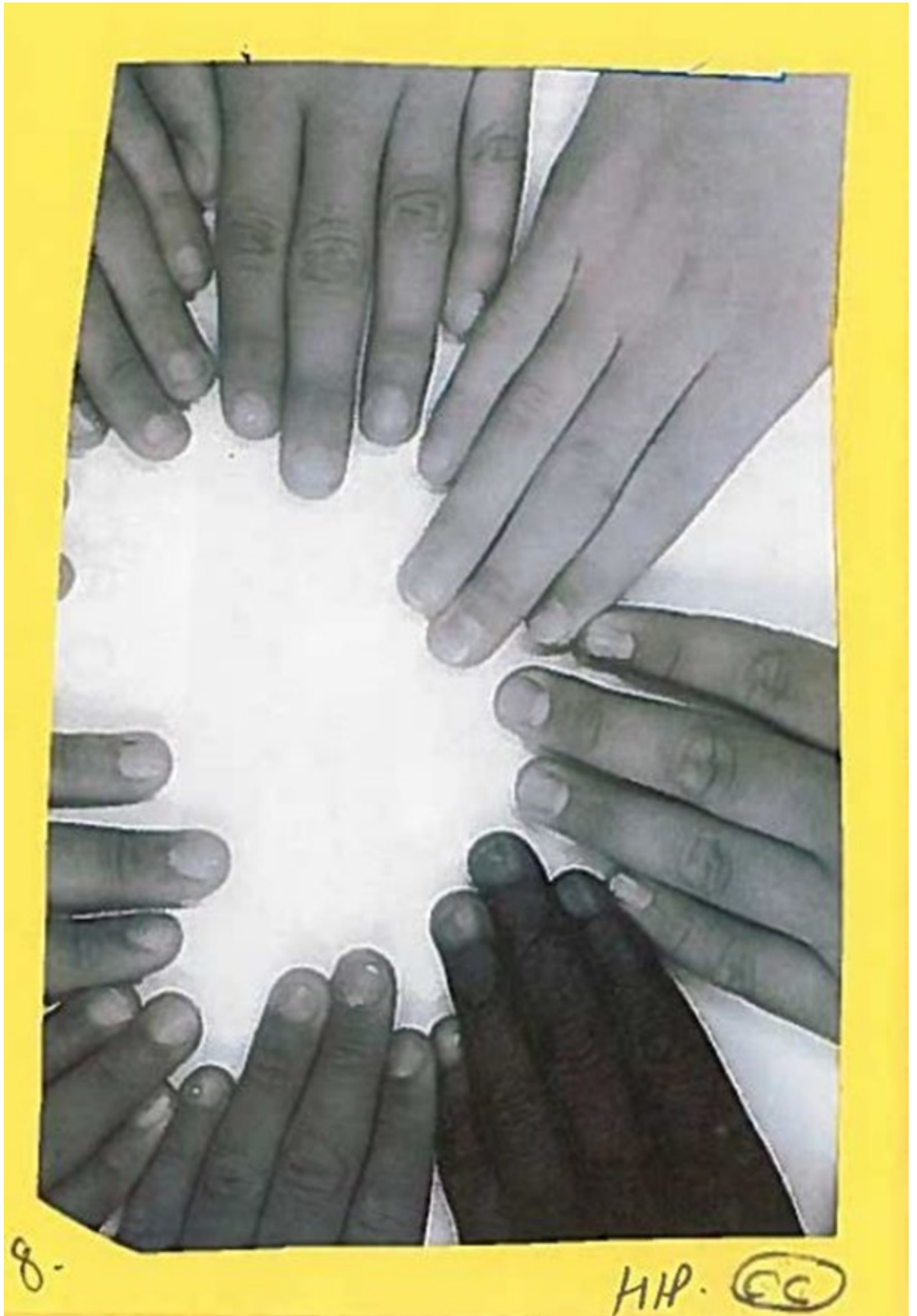


~~WILLIAMSON~~



Front + back
T-shirt to
be wearing on the
hospital wards.

7.





PLACES I HAVE VISITED
IN MY HEAD.

John O'Shearty @

DELIRIUM
EXPERIENCE

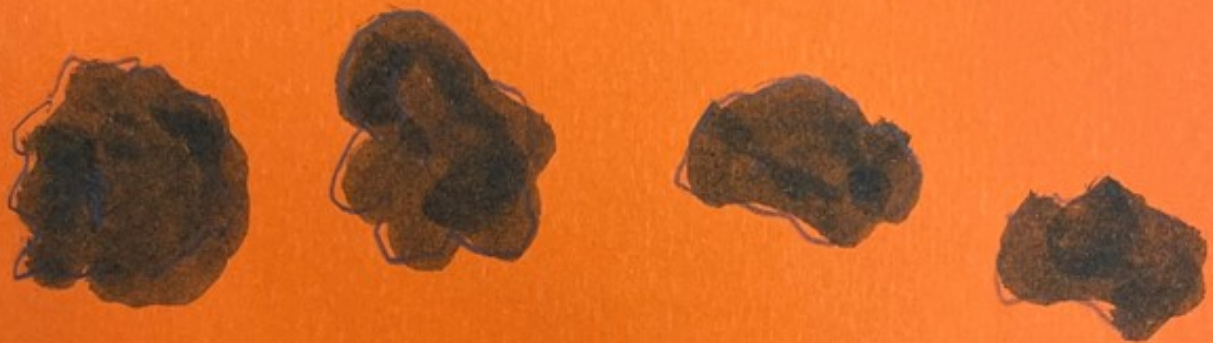
THE WIZARD OF OZ A BUILDING
FRAGMENTS



HELP



Please listen to
me, I have
delirium.



FEAR

ANGER

IGNORANCE

CONTEMPT

I DONT
UNDERSTAND!
HOW DO I EXPLAIN
OTHERS TOO?



?????

I CAN'T HELP IT

ZOOM



YES FOLKS MY
DELIAIUM
MEANS

ZOOM



I'M NOT
WHO I APPEAR
TO BE.

SHARE TO SUPPORT



IT'S DELIRIUM
IT'S NOT YOU

YOU ARE NOT BAD
YOU HAVE BEEN
ILL.

DONT FEAR
SHARING YOUR
EXPERIENCE. HELP
PEOPLE KNOW.

WHAT WOULD YOU TELL
HEALTHCARE STAFF.



DONT BE
AFRAID, LEARN
FROM ME.

✓ I HAVE BEEN TO
A WORLD YOU
CAN NEVER IMAGINE
BUT I CAN HELP
YOU SEE IT THROUGH
MY MINDS EYE.

LIVING WELL - WHAT HAVE
YOU LEARNT.

~~B~~ = TO BE CONFIDENT

~~T~~ = TRUST OTHERS TO
LISTEN.

= YOU ARE THE PERSON
NOT THE DELIRIUM.

ME & DELIRIUM

Weird
Like I was
at a holiday
Camp
with a
stranger
sharing a
dorm or
barracks



He was
"high"
& very
odd,

disorient-
ated,

Confused

Somehow
else

He's delirious
It's NOT his dementia
PLEASE listen!



Can't hear, won't
hear

He's confused due to his
dementia

NO HE'S DIFFERENT.

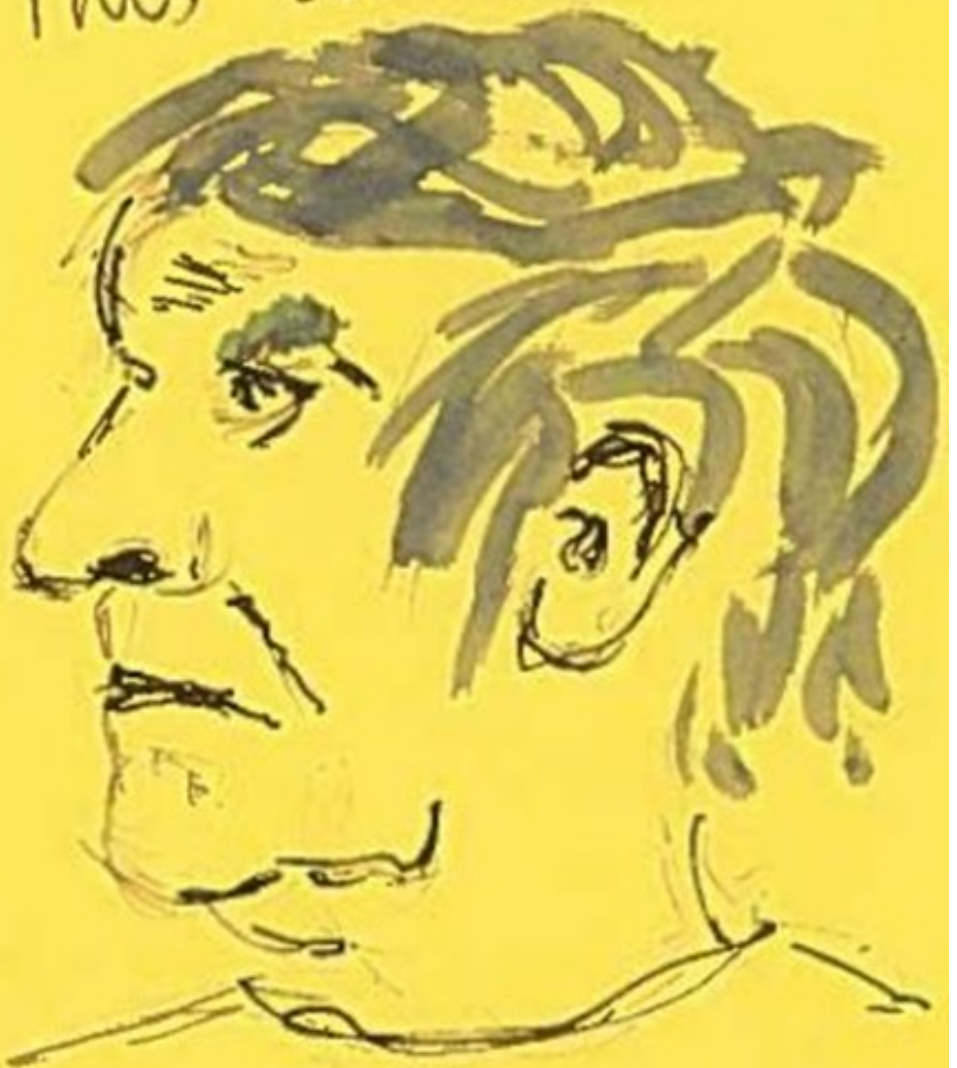
THE DOCTOR IS IN



"Discharge note
said nothing like
that

we didn't know you
were so poorly"

What's this all for?



am I here?

I don't feel well

Where's my wife?

Doctors - hospital
and GPs
Nurses, HICAs

Must ask about
Confusion and MUST
listen.

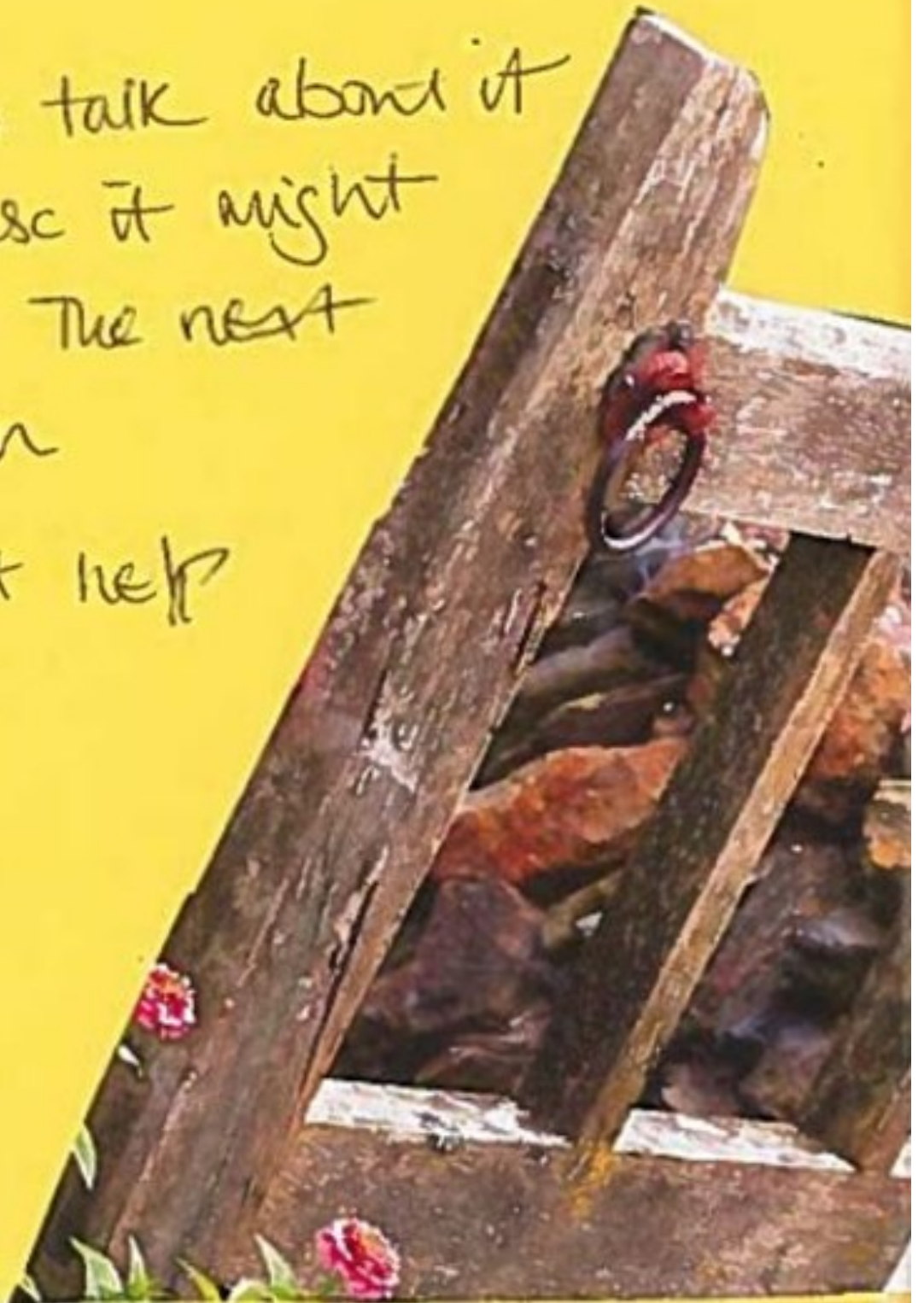
Just because someone
has dementia doesn't
mean they don't know
what's ~~is~~ happening.



Delirium changed me

I do talk about it
because it might
help the next
person

might help
me



— I was never the same

Delirium is no joke - it's
important we all talk
about it - break down the
barriers, open up

A photograph of a wooden window frame, possibly made of weathered wood, set against a bright yellow background. The window looks out onto a garden with various plants and flowers. The frame is slightly tilted and has some small red spots on it.

Talking
makes it
less
scary

The...



It can be
treated


It will get better

Try not to worry, we'll look
after you

Today is

You are

It is o'clock

©  Hasbrooks. 2022.

Annotated Zines

Prompts:

The zines contained here in were created in response to a series of prompts. This methodology enables people to find form to how they would like to express themselves, either by responding to the prompts directly, or because the prompts provoked an alternative chain-of-thought. Prompts are an opening question, an example from another person, that may or may not resonate with an individual, or even just a thought shared. Some participants enjoyed responding very directly to the prompts, others found their voices in different ways. There was no obligation for participants to refer to the prompts directly, as each unique zine was their sole creative property to build as they wished.

What Follows:

What follows is the annotated version of the Delirium Awareness Workshop Zines, contained in the previous section. The annotations offer more insight into the prompts provided for each page and some additional comments from participants, about their Zines.

Delirium Community Toolkit:

There are also a number of annotations that refer to the Delirium Community Toolkit created by Dementia United as part of a wider programme of work aiming to raise awareness and improve outcomes for people experiencing delirium. You can access the full toolkit on the Dementia United website: <https://dementia-united.org.uk/delirium-community-toolkit/>.

Annotated—Welcome to My World

Prompt 1: How does it feel to experience delirium?

Page 2: What's Inside My Head



Prompt 2: How does it feel to witness and support delirium?

<https://www.youtube.com/watch?v=JrK5zZC1rbw>

Annotated—Welcome to My World

Prompt 1: Have you had to tell anyone that “this is not ok”?

Page 3: This is Not OK!

Prompt 2: Have you had to fight for the recognition/response that your delirium experience needed?



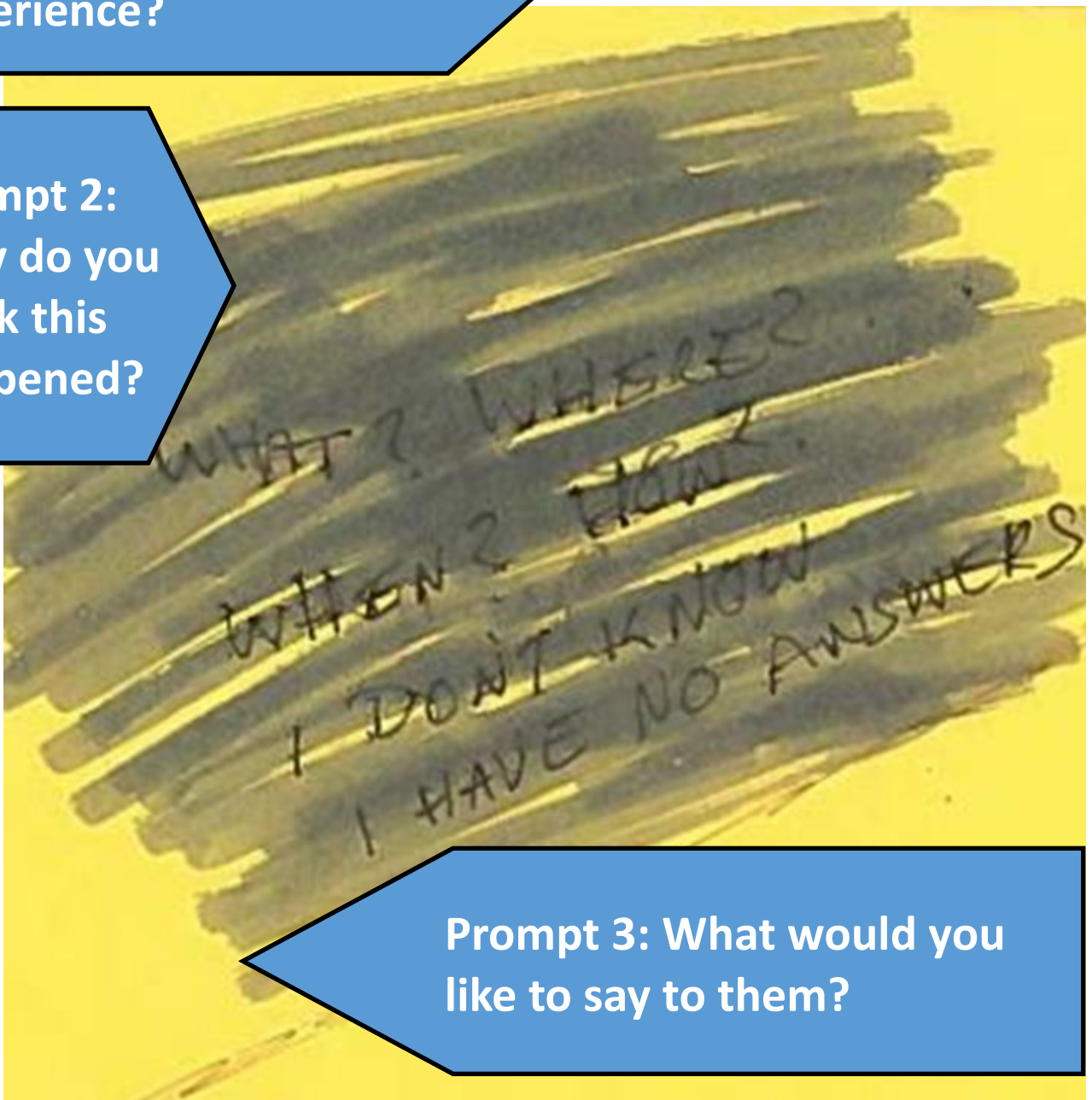
<https://www.youtube.com/watch?v=t1djSyhHyew&t=6s>

Annotated—Welcome to My World

Page 4:
Misunderstood Me

Prompt 1: Have you had an experience where someone misunderstood your condition/experience?

Prompt 2: Why do you think this happened?



Prompt 3: What would you like to say to them?

Small Pleasures by Clare Chambers, P251-253

Annotated—Welcome to My World

Page 5: Talking
About Delirium

Prompt 1: Who do you
talk to about your
delirium experiences?

NOT ABLE TO TALK
ABOUT My HUSBAND John
unless he is aware of
the conversation and
the person/people I'm
talking too.

Prompt 2:
Do you feel
free to talk
about it or
not?

People ^{SOME} assume that it
is another stage of dementia
and don't realize it isn't always
there.

IT can come and go.

Prompt 3: What do you think are the taboos
around delirium that might be stopping
these conversations?

Annotated—Welcome to My World

Page 6: Share to Support

Advice

Changing Lives

Prompt 1:
What would you want to tell someone with a new delirium diagnosis, for themselves or a loved one?

Annotated—Welcome to My World

Page 7 Share to Inform

Prompt 1: What would you tell healthcare staff about experiences of delirium?



“Never really considered how distressing this could be previously”

(Emergency Department practitioner)

“It is really powerful to get a patient’s and carer’s experience of delirium”

(Emergency Department practitioner)

Annotated—Welcome to My World

Page 8
Living Well



Having a very
good support
system that
includes my family
+ friends.

Being able to share my
concerns with others who
care.



POD.

Prompt 1:
What have you
learned that helps
you live well with
your delirium
experiences?

Annotated—Welcome to My World

Page 1
Title

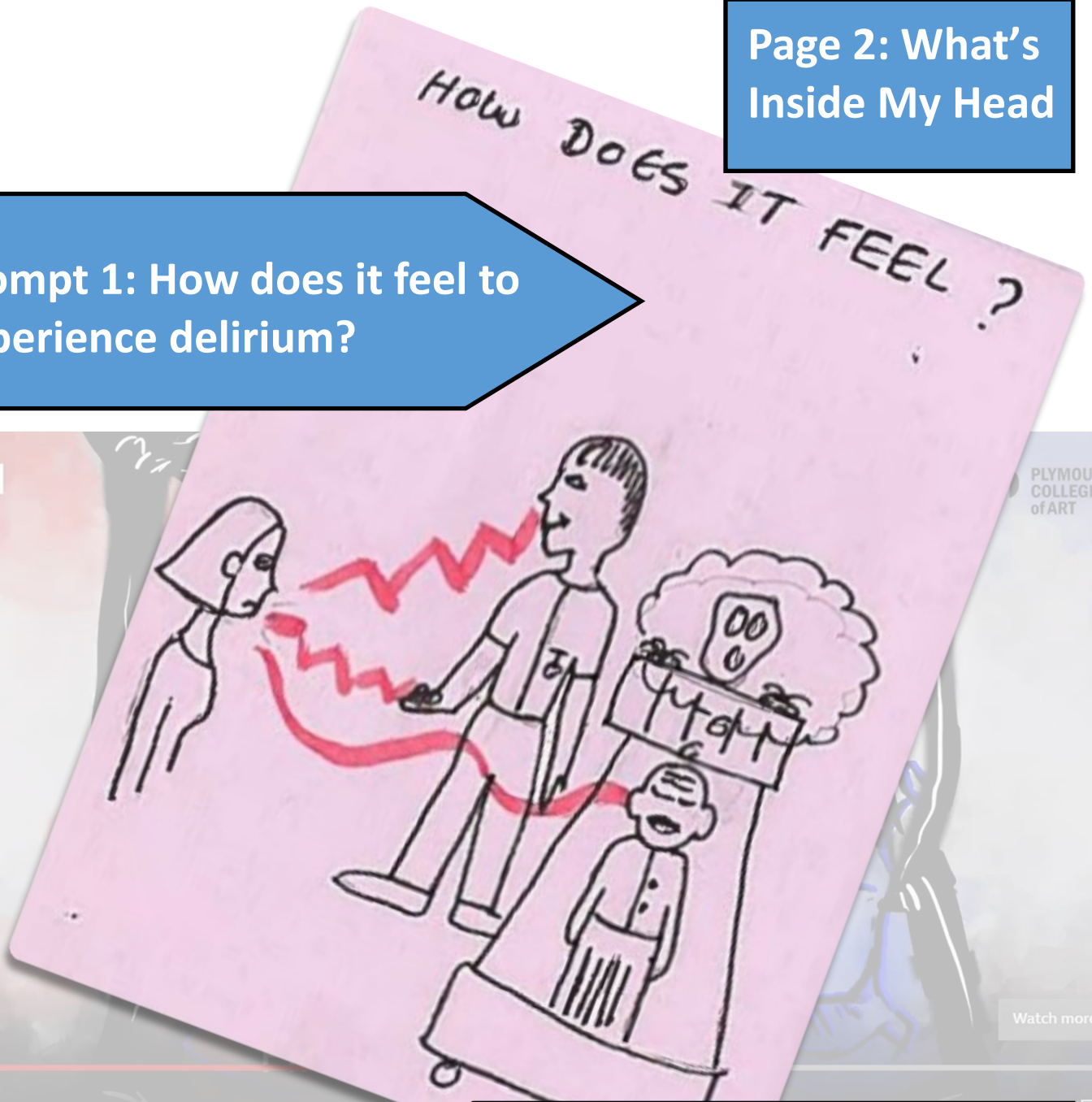
WELCOME
TO
MY
WORLD

Prompt 1:
Looking over
everything you
have captured,
what would you
like to call your
zine?

Annotated — Delirium Words

Page 2: What's Inside My Head

Prompt 1: How does it feel to experience delirium?



Prompt 2: How does it feel to witness and support delirium?

<https://www.youtube.com/watch?v=JrK5zZC1rbw>

Annotated— Delirium Words

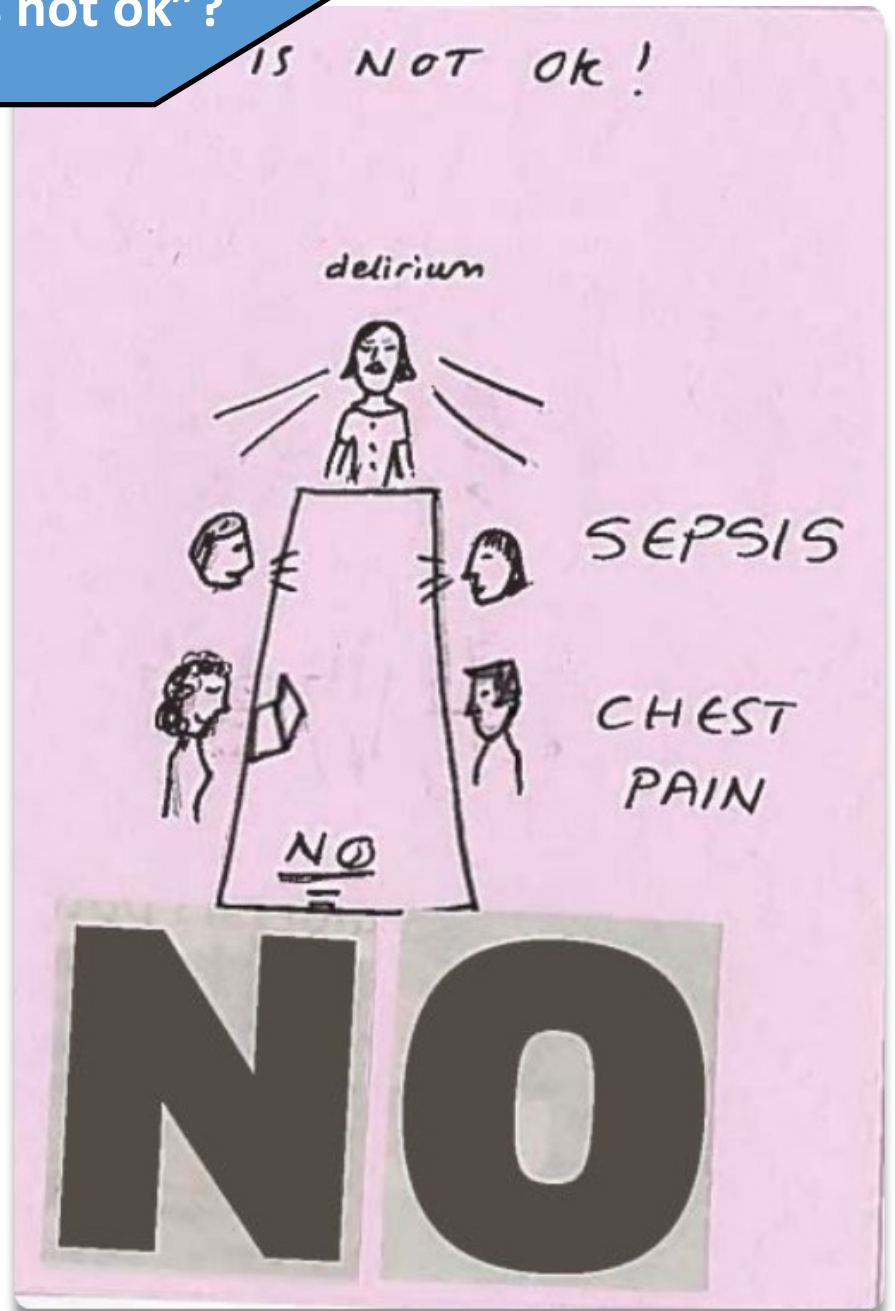
Prompt 1: Have you had to tell anyone that “this is not ok”?

Page 3: This is Not OK!

Prompt 2:

Have you had to fight for the recognition/response that your delirium experience needed?

This page was created by a healthcare professional trying to capture how it feels raising delirium awareness with other competing conditions.



<https://www.youtube.com/watch?v=t1djSyhHyew&t=6s>

Annotated—Delirium Words

Page 4:
Misunderstood Me

Prompt 1: Have you had an experience where someone misunderstood your condition/experience?



Prompt 2:
Why do you think this happened?

This is about how healthcare training currently does not always include delirium alongside other conditions.

Prompt 3: What would you like to say to them?

Small Pleasures by Clare Chambers, P251-253



Annotated—Delirium Words

Page 5: Talking About Delirium

Prompt 1: Who do you talk to about your delirium experiences?

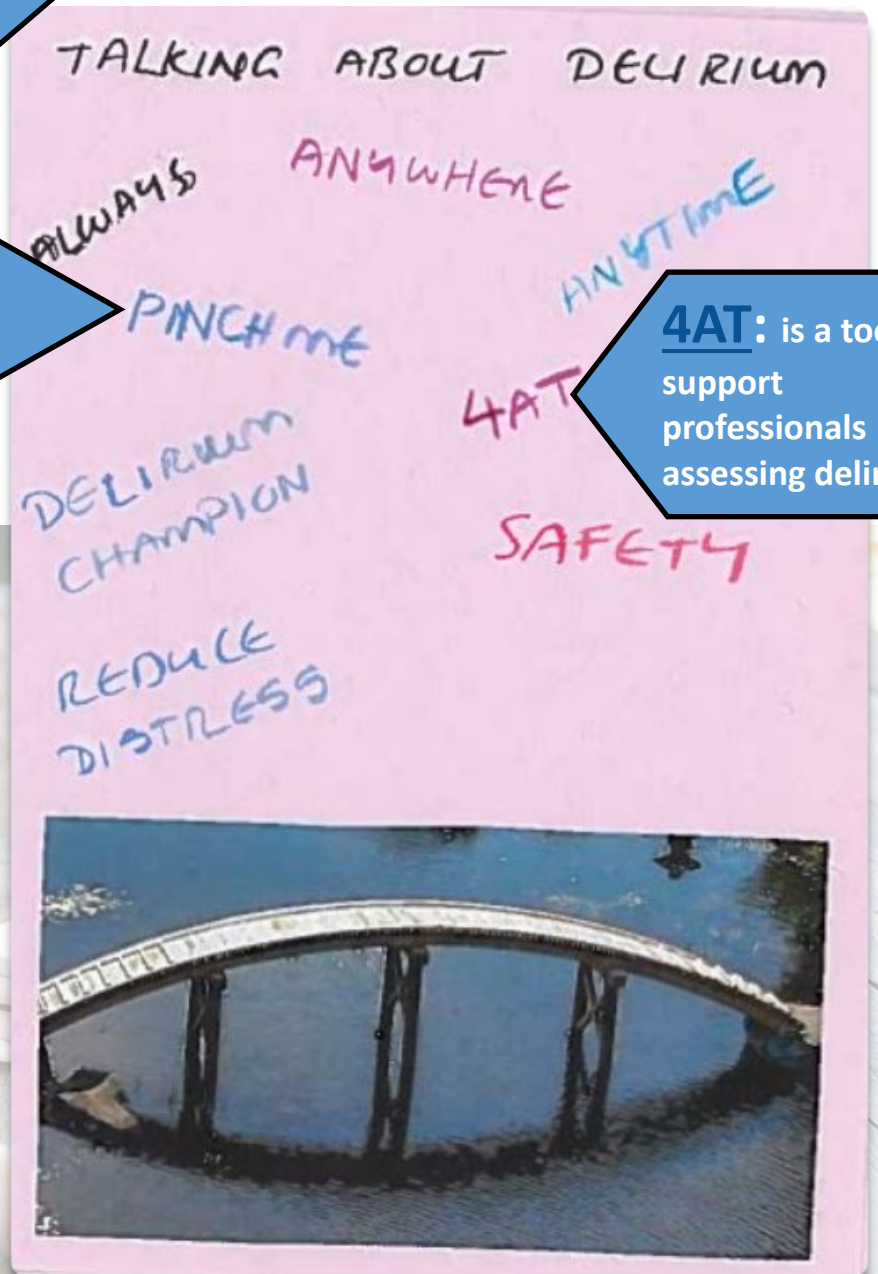
Pinch Me: A Tool to Support professionals assessing delirium

PINCHME mnemonic
to help identify potential causes of delirium

-  **P**ain
-  **I**nfection
-  **N**utrition
-  **C**onstipation
-  **H**ydration
-  **M**edication
-  **E**nvironment

Prompt 2:
Do you feel free to talk about it or not?

Prompt 3: What do you think are the taboos around delirium that might be stopping these conversations?



4AT: is a tool to support professionals assessing delirium

Annotated— Delirium Words

Completed by a
Healthcare Professional

Page 6: Share to
Support

SHARE TO SUPPORT
It is common.
we can help you!
You can help your relative.
Its really important we
try and prevent this happening
again.
If you are seeing things that
are frightening, you are
safe. No-one is trying to
hurt you!
WE WILL LOOK AFTER YOU.



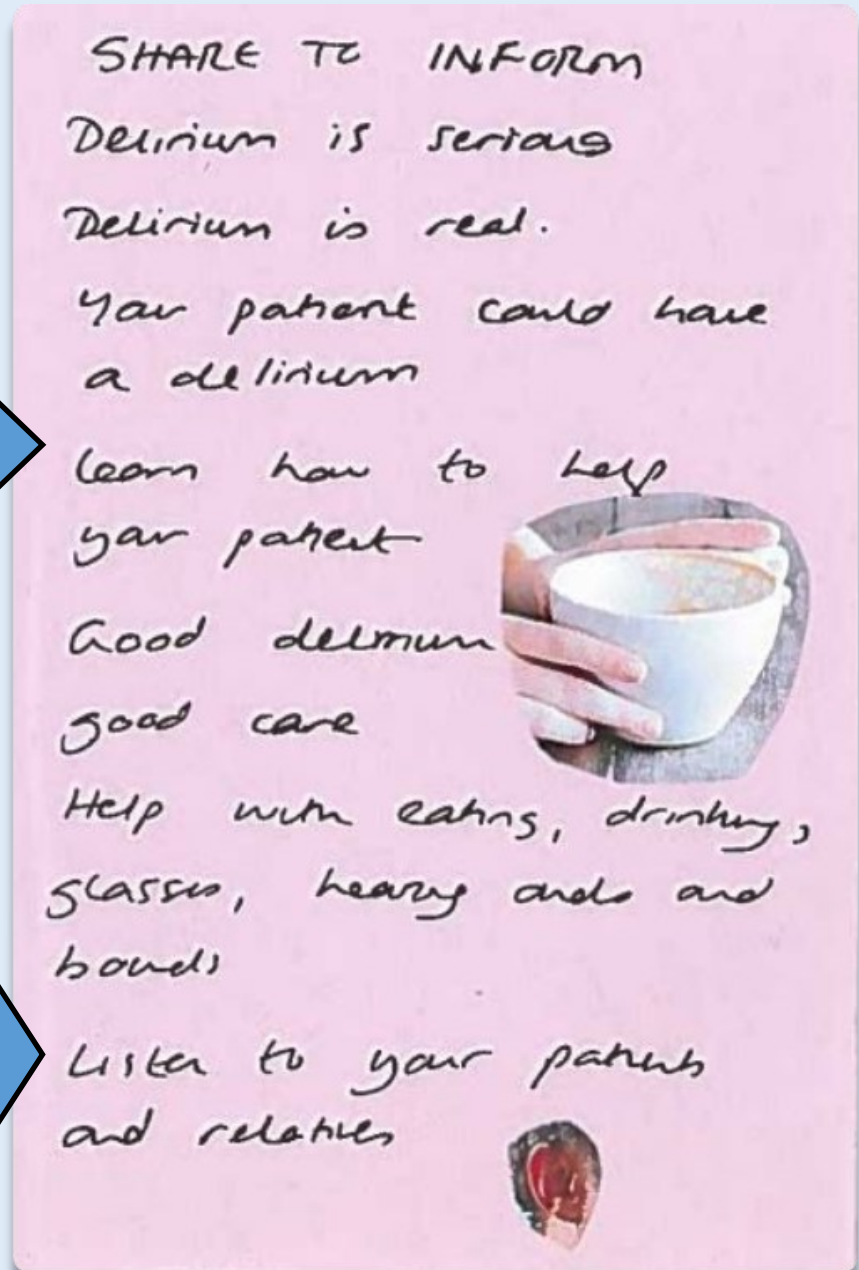
Prompt 1:
What would
you want to
tell someone
with a new
delirium
diagnosis, for
themselves or
a loved one?

Annotated— Delirium Words

Page 7 Share to Inform

Completed by a Healthcare Professional

Prompt 1: What would you tell healthcare staff about experiences of delirium?



“Never really considered how distressing this could be previously”

(Emergency Department practitioner)

“It is really powerful to get a patient’s and carer’s experience of delirium”

(Emergency Department practitioner)

Annotated— Delirium Words

Page 8
Living Well



Prompt 1:
What have you learned that helps you live well with your delirium experiences?

Annotated—Delirium Words

Page 1
Title

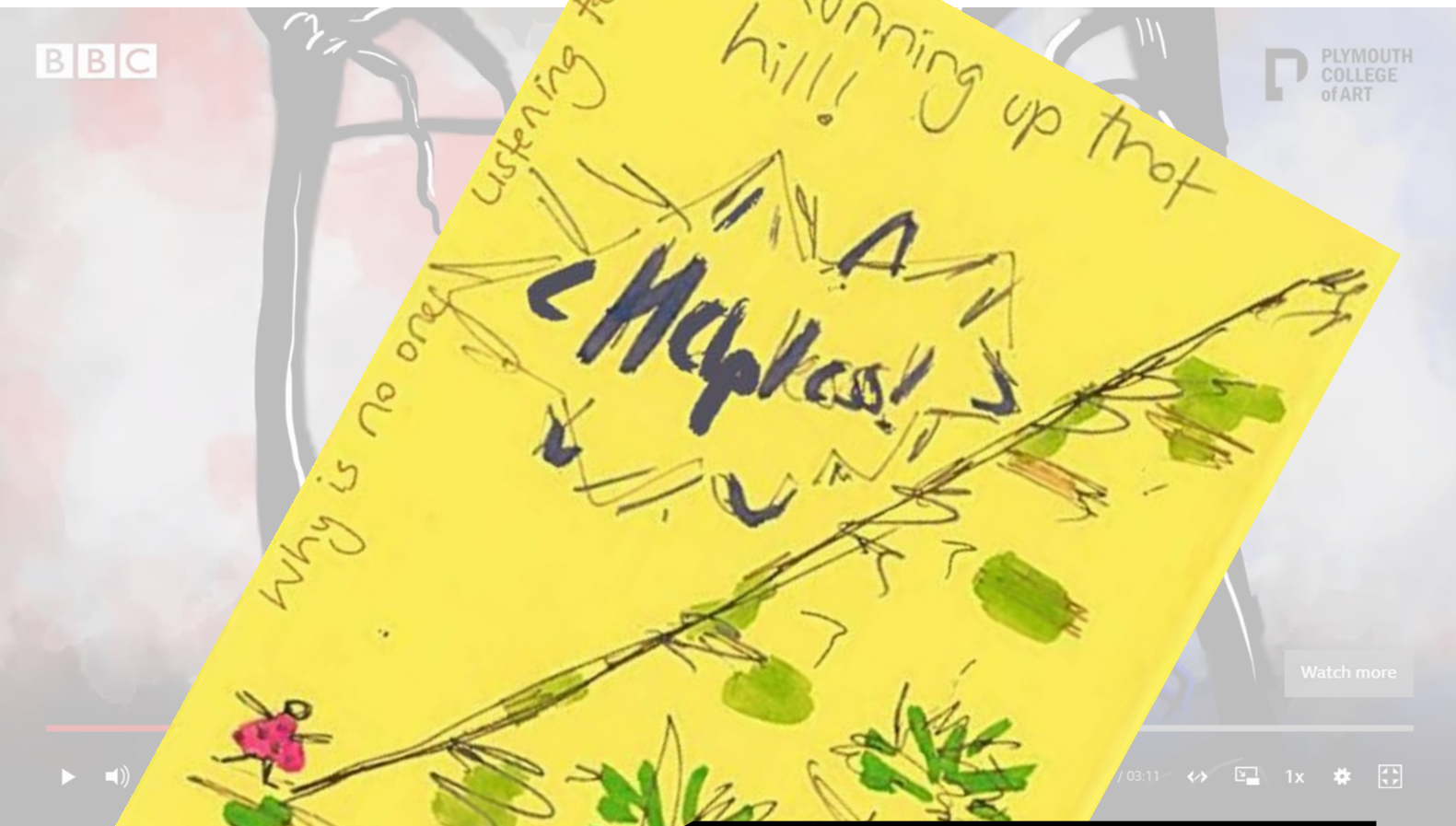
DELIRIUM
WORDS

Prompt 1:
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everything you
have captured,
what would you
like to call your
zine?

Annotated—Delirium: Share Your Experiences

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Page 2: What's Inside My Head



Prompt 2: How does it feel to witness and support delirium?

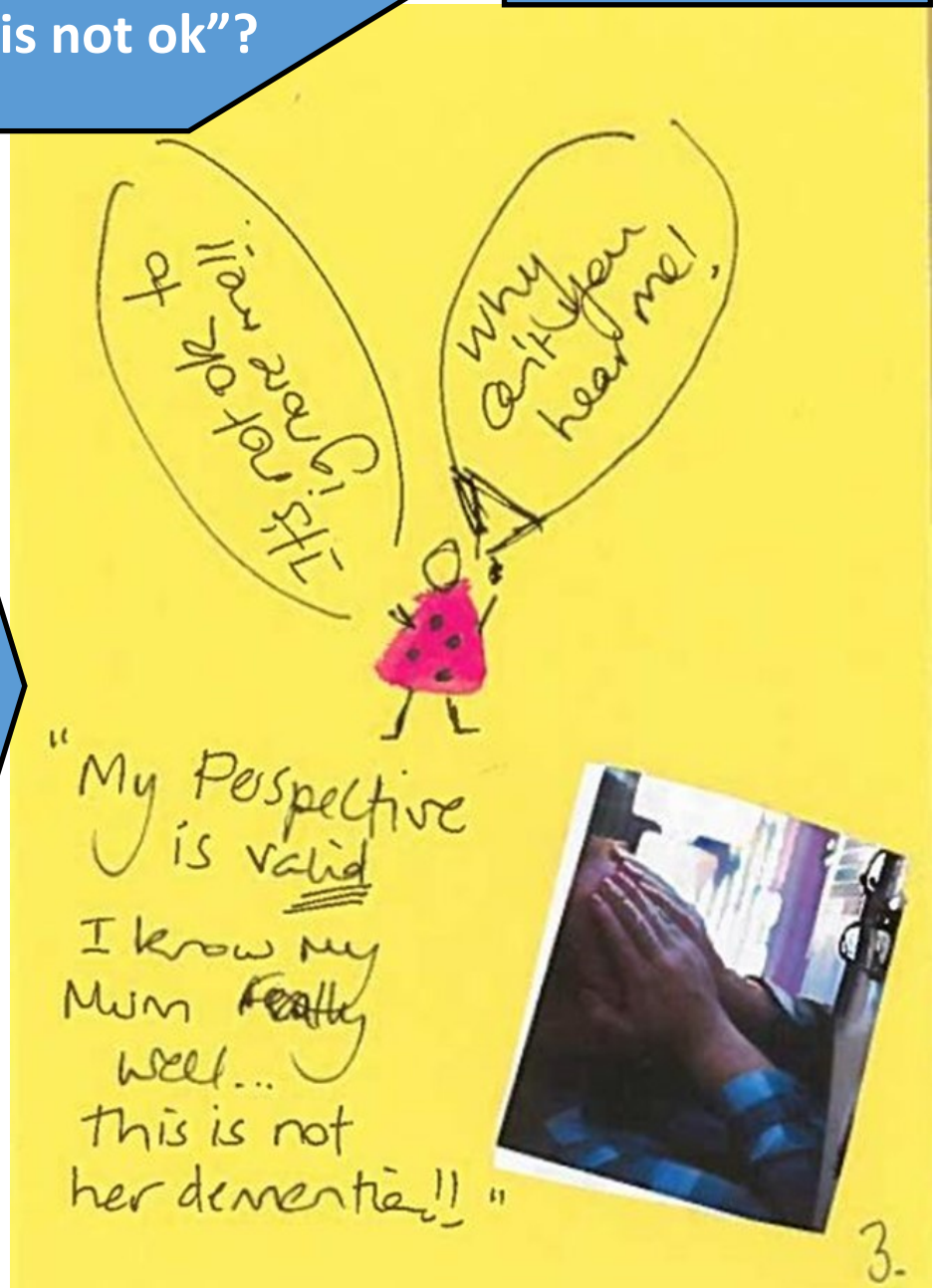
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Annotated—Delirium: Share Your Experiences

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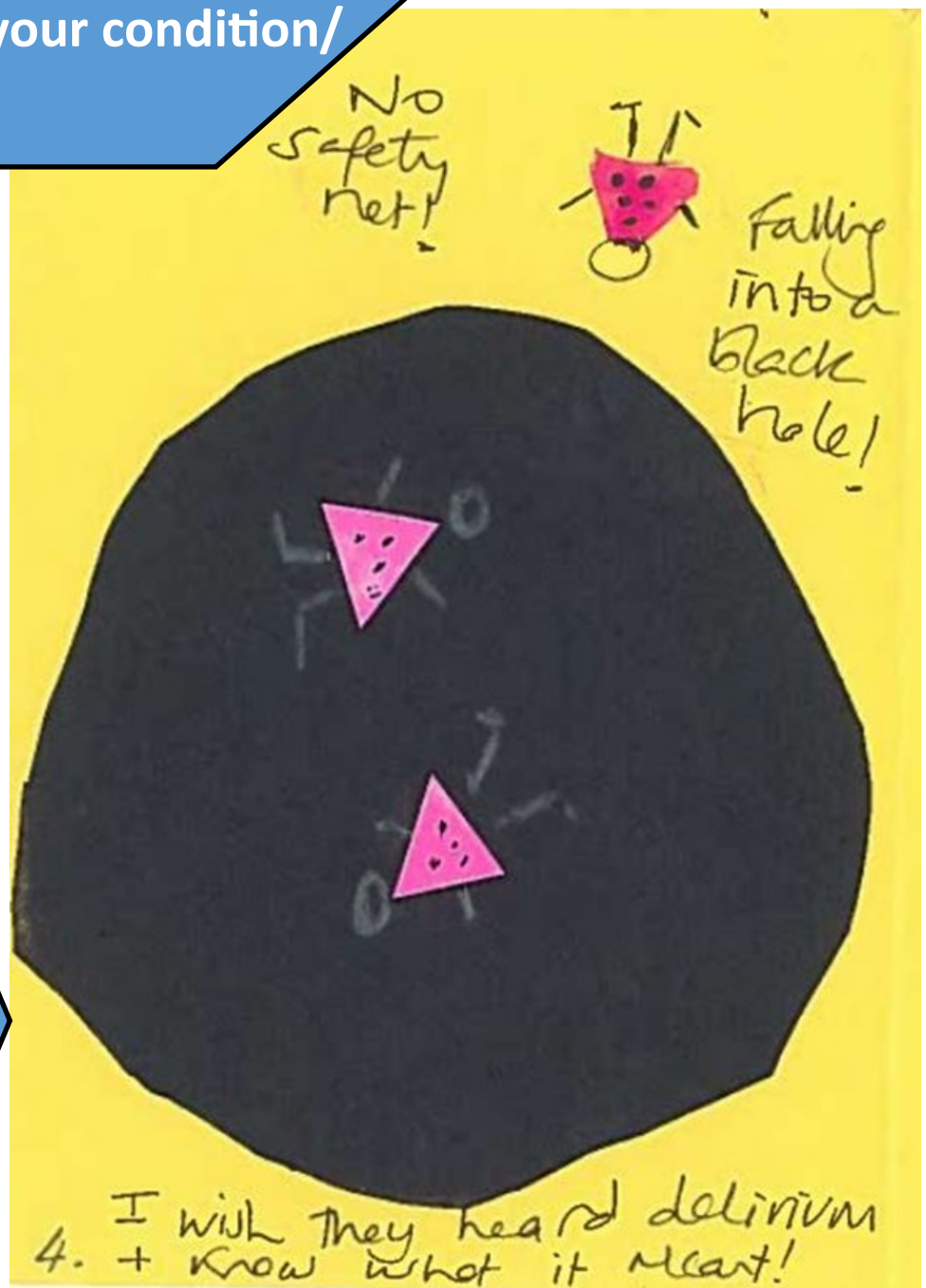
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Small Pleasures by Clare Chambers, P251-253

Annotated—Delirium: Share Your Experiences

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Prompt 1: Who do you talk to about your delirium experiences?

Prompt 2: Do you feel free to talk about it or not?

Prompt 3: What do you think are the taboos around delirium that might be stopping these conversations?

TABOOS!

1. It's dementia → So no need to look for the
2. The hallucinations & delusions will remain cause
3. The person & family feel invisible whilst it's happening - so they don't know who to turn to talk about it.
4. It's depression - as they are sad, not eating and drinking
5. It's not delirium as they are still confused after a few days. 5.

Annotated—Delirium: Share Your Experiences

Page 6: Share to Support

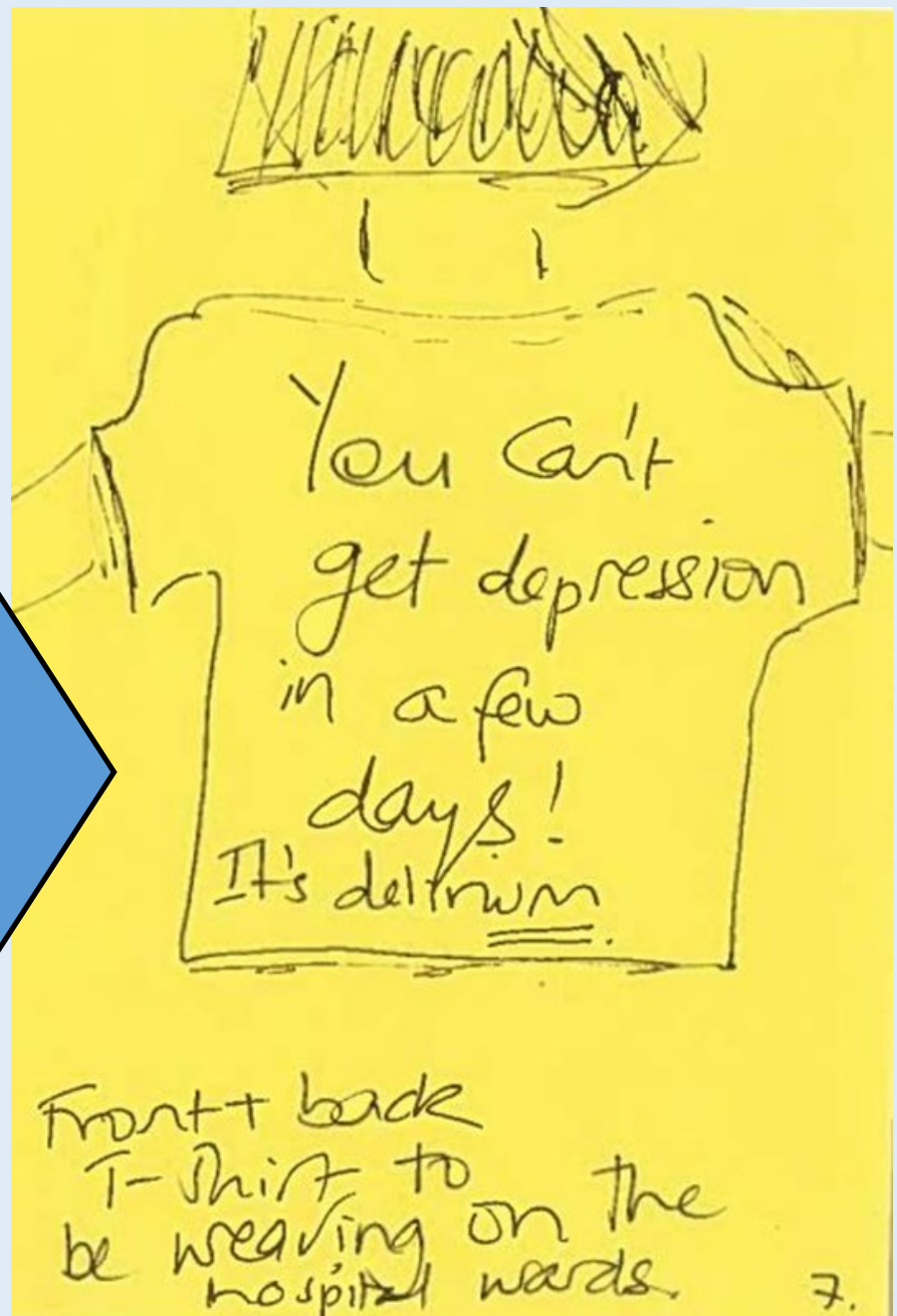
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What would you want to tell someone with a new delirium diagnosis, for themselves or a loved one?



Annotated—Delirium: Share Your Experiences

Page 7 Share to Inform

Prompt 1: What would you tell healthcare staff about experiences of delirium?



“Never really considered how distressing this could be previously”

(Emergency Department practitioner)

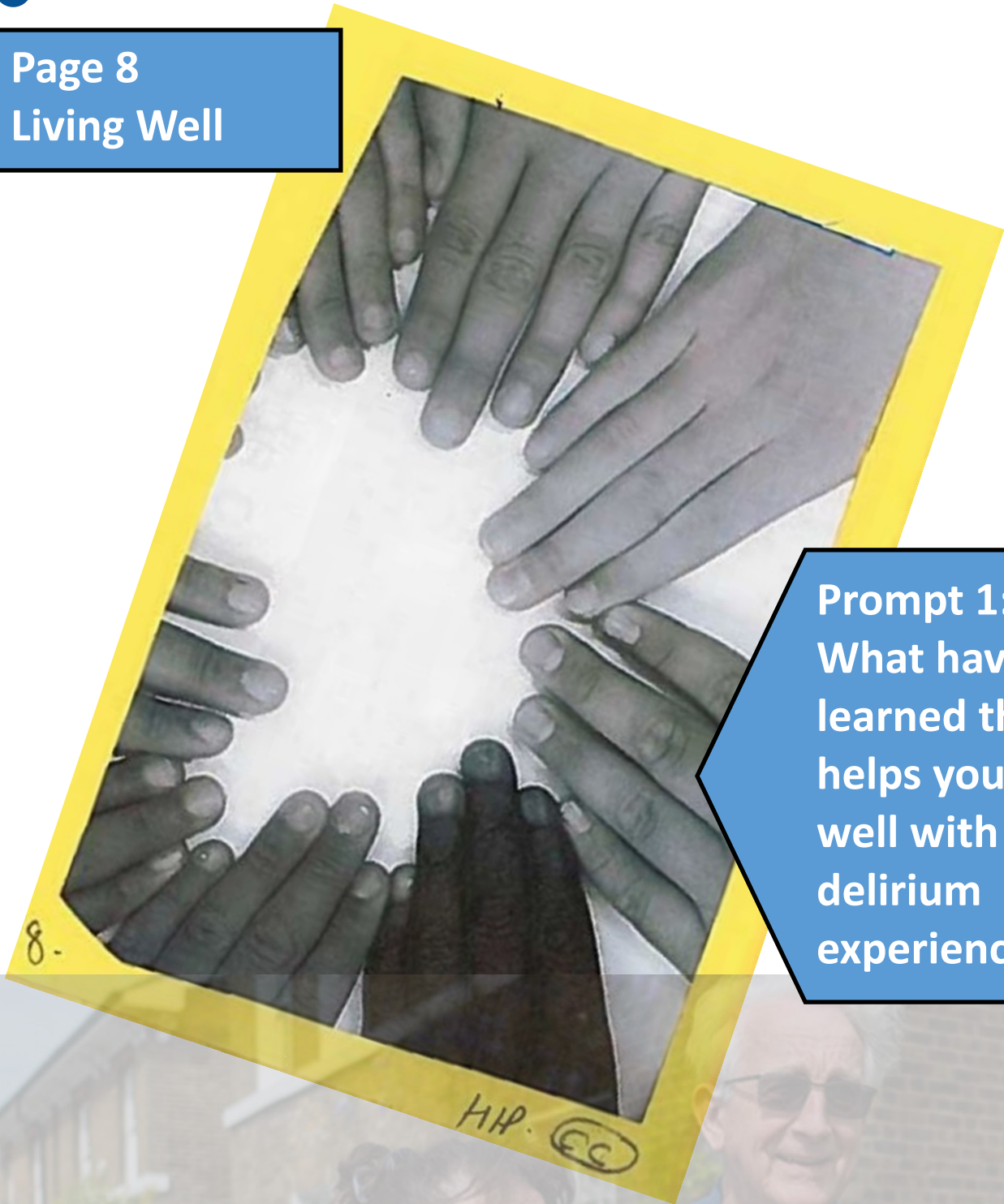
“It is really powerful to get a patient’s and carer’s experience of delirium”

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Annotated—Delirium: Share Your Experiences

Page 8
Living Well

Prompt 1:
What have you learned that helps you live well with your delirium experiences?



Annotated—Delirium: Share Your Experiences

Page 1
Title

Delirium



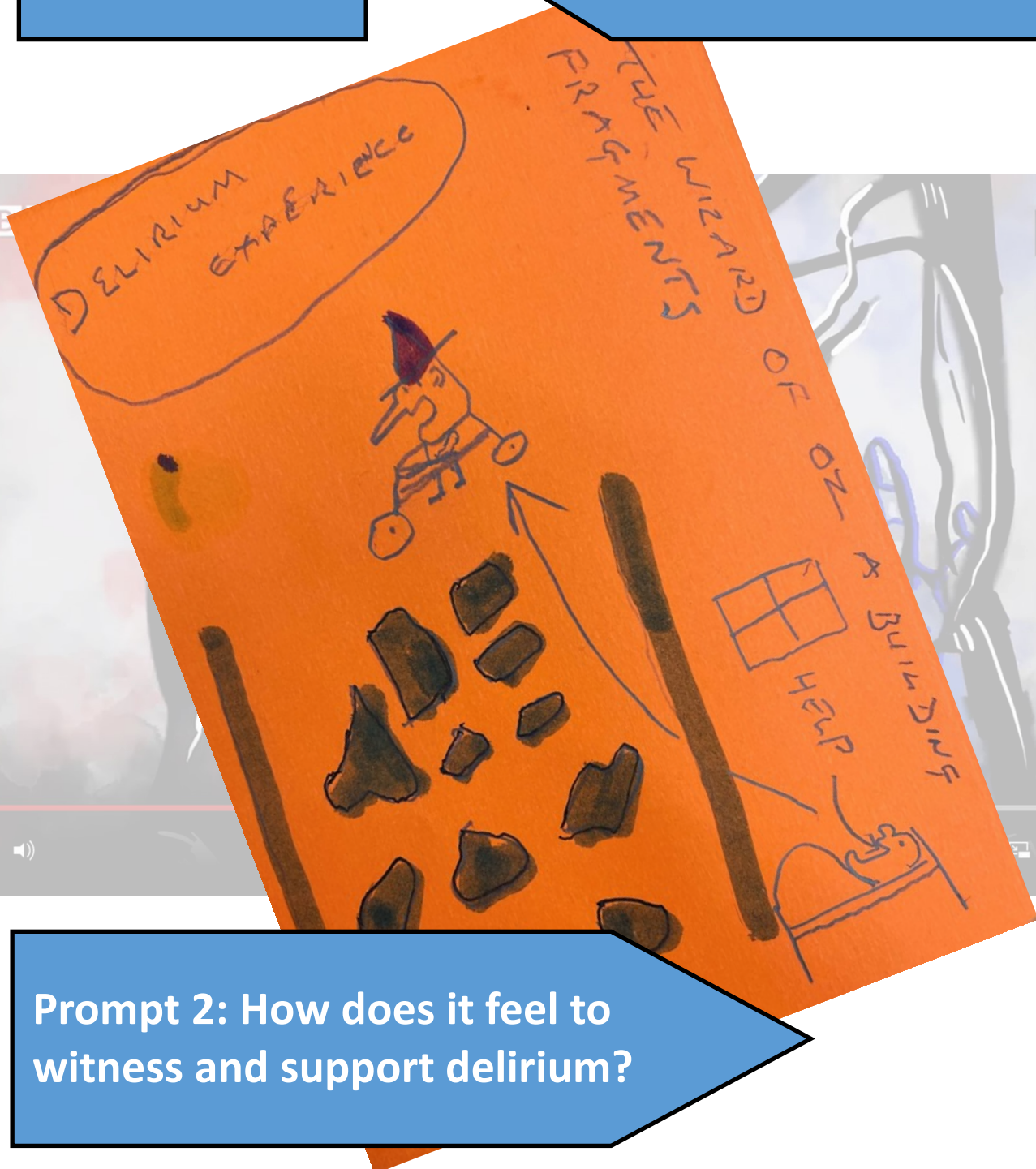
Share
your
experiences...

Prompt 1:
Looking over
everything you
have captured,
what would you
like to call your
zine?

Annotated—Places I Have Visited In My Head

Page 2: What's Inside My Head

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Prompt 2: How does it feel to witness and support delirium?

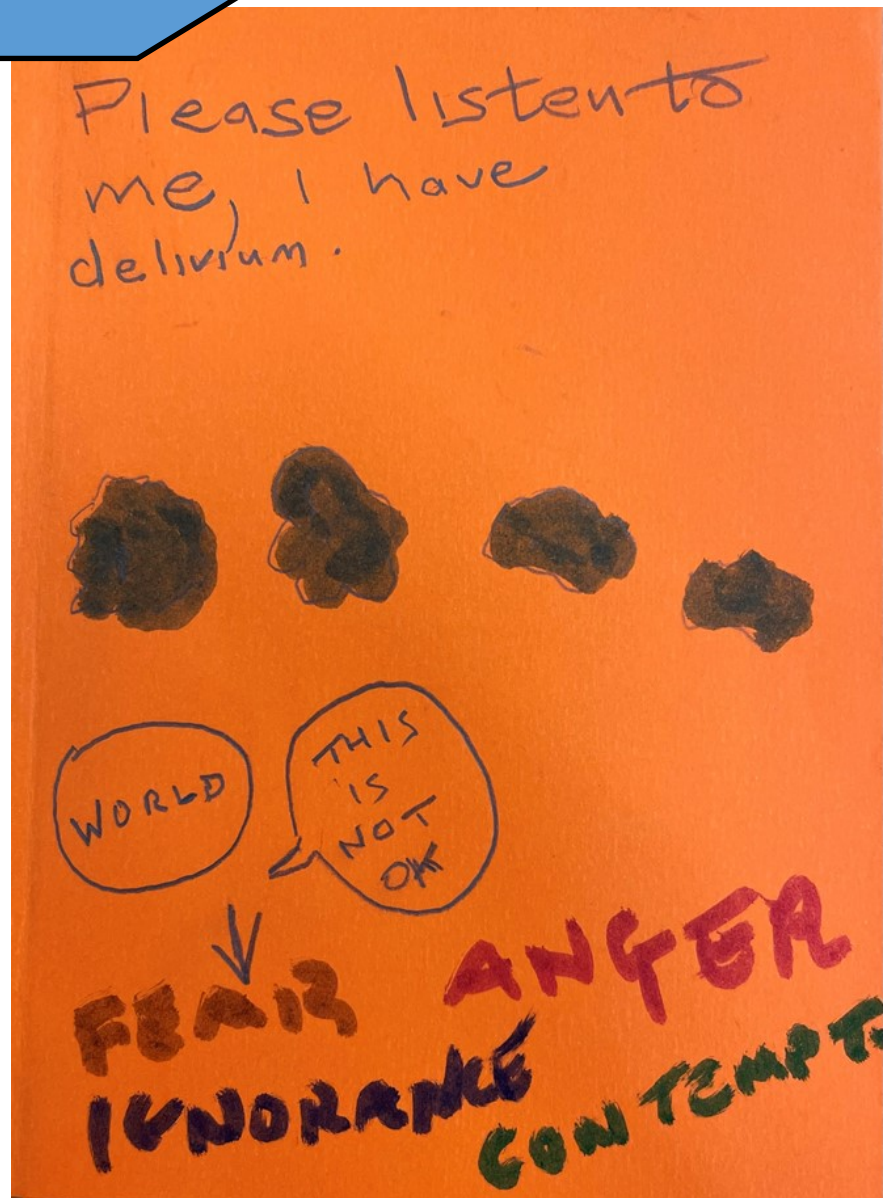
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Annotated—Places I Have Visited In My Head

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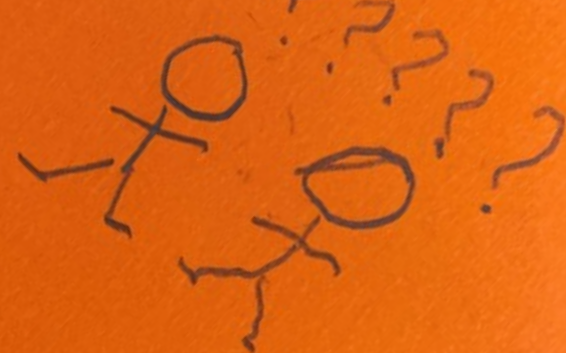
Annotated—Places I Have Visited In My Head

Page 4:
Misunderstood Me

Prompt 1: Have you had an experience where someone misunderstood your condition/experience?

Prompt 2: Why do you think this happened?

I DONT UNDERSTAND, HOW DO I EXPECT OTHERS TOO.
???

Hand-drawn stick figures and question marks on orange paper. The drawing shows two stick figures, one larger than the other, with several question marks scattered around them. The text above the drawing reads "I DONT UNDERSTAND, HOW DO I EXPECT OTHERS TOO." and "???"

I CANT HELP IT

Prompt 3: What would you like to say to them?

Small Pleasures by Clare Chambers, P251-253

Annotated—Places I Have Visited In My Head

Page 5: Talking About Delirium

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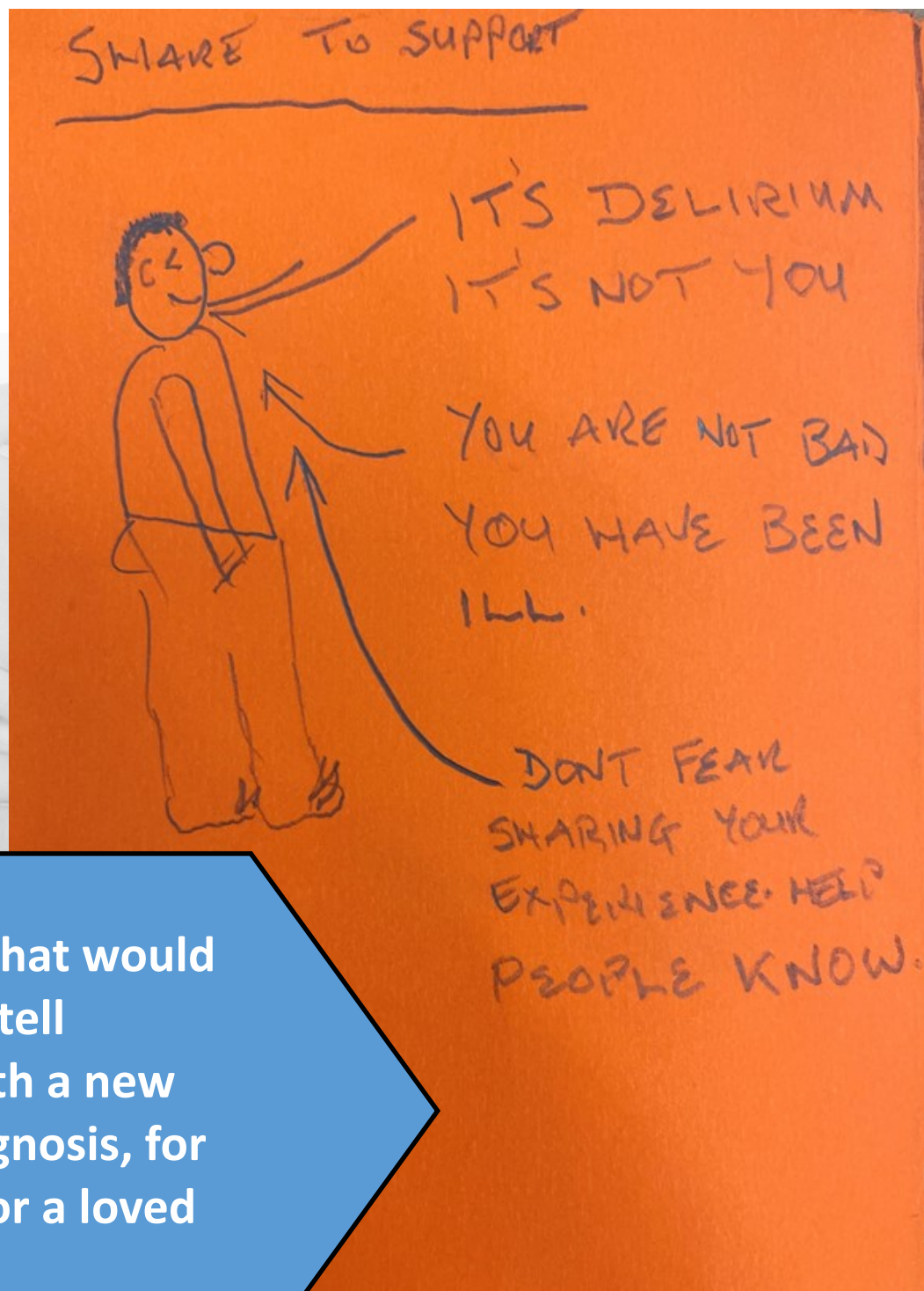
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Annotated—Places I Have Visited In My Head

Page 6: Share to Support

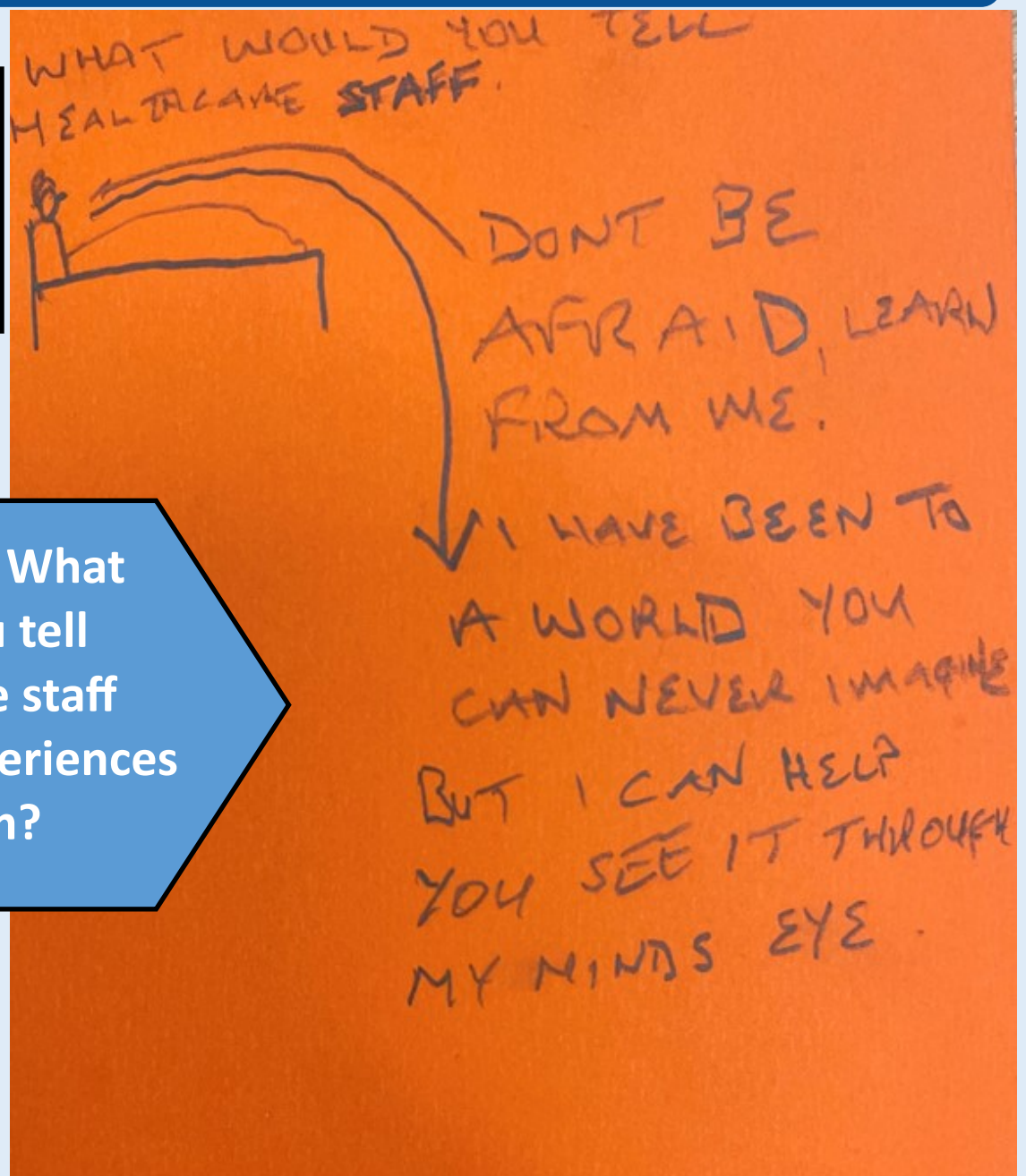


Prompt 1: What would you want to tell someone with a new delirium diagnosis, for themselves or a loved one?

Annotated—Places I Have Visited In My Head

Page 7
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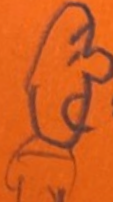
“It is really powerful to get a patient’s and carer’s experience of delirium”

(Emergency Department practitioner)

Annotated—Places I Have Visited In My Head

Page 8
Living Well

LIVING WELL - WHAT HAVE
YOU LEARNT.

 = TO BE CONFIDENT

IT = TRUST OTHERS TO
LISTEN.

= YOU ARE THE PERSON
NOT THE DELIRIUM.

Prompt 1:
What have you
learned that helps
you live well with
your delirium
experiences?



Annotated—Places I Have Visited In My Head

Page 1
Title

PLACES I HAVE VISITED
IN MY HEAD.

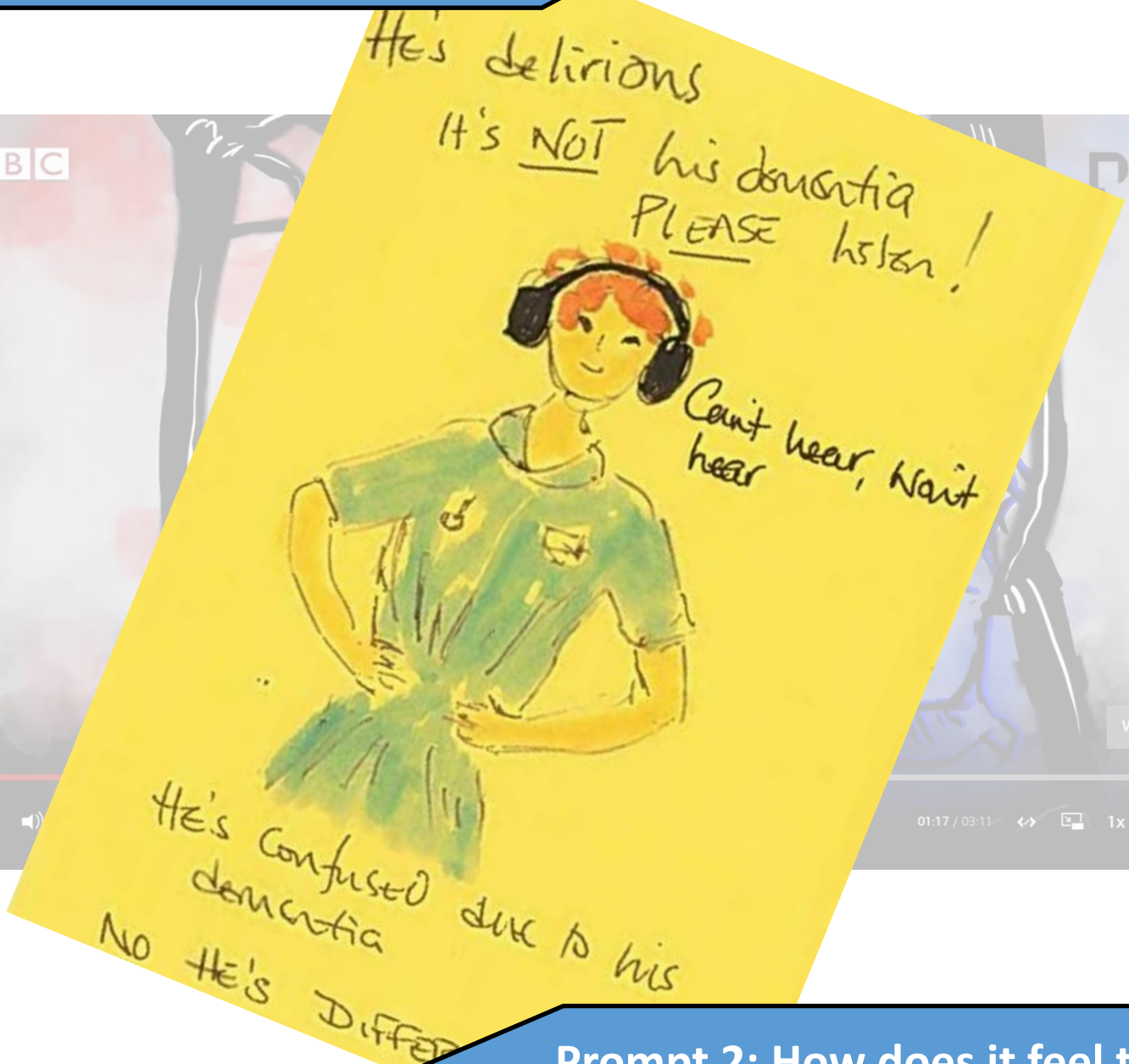
John O'Shearty ©

Prompt 1:
Looking over
everything you
have captured,
what would you
like to call your
zine?

Annotated—Me and Delirium

Prompt 1: How does it feel to experience delirium?

Page 2: What's Inside My Head



Prompt 2: How does it feel to witness and support delirium?

<https://www.youtube.com/watch?v=JrK5zZC1rbw>

Annotated —Me and Delirium

Prompt 1: Have you had to tell anyone that “this is not ok”?

Page 3: This is Not OK!

Prompt 2: Have you had to fight for the recognition/response that your delirium experience needed?



<https://www.youtube.com/watch?v=t1djSyhHyew&t=6s>

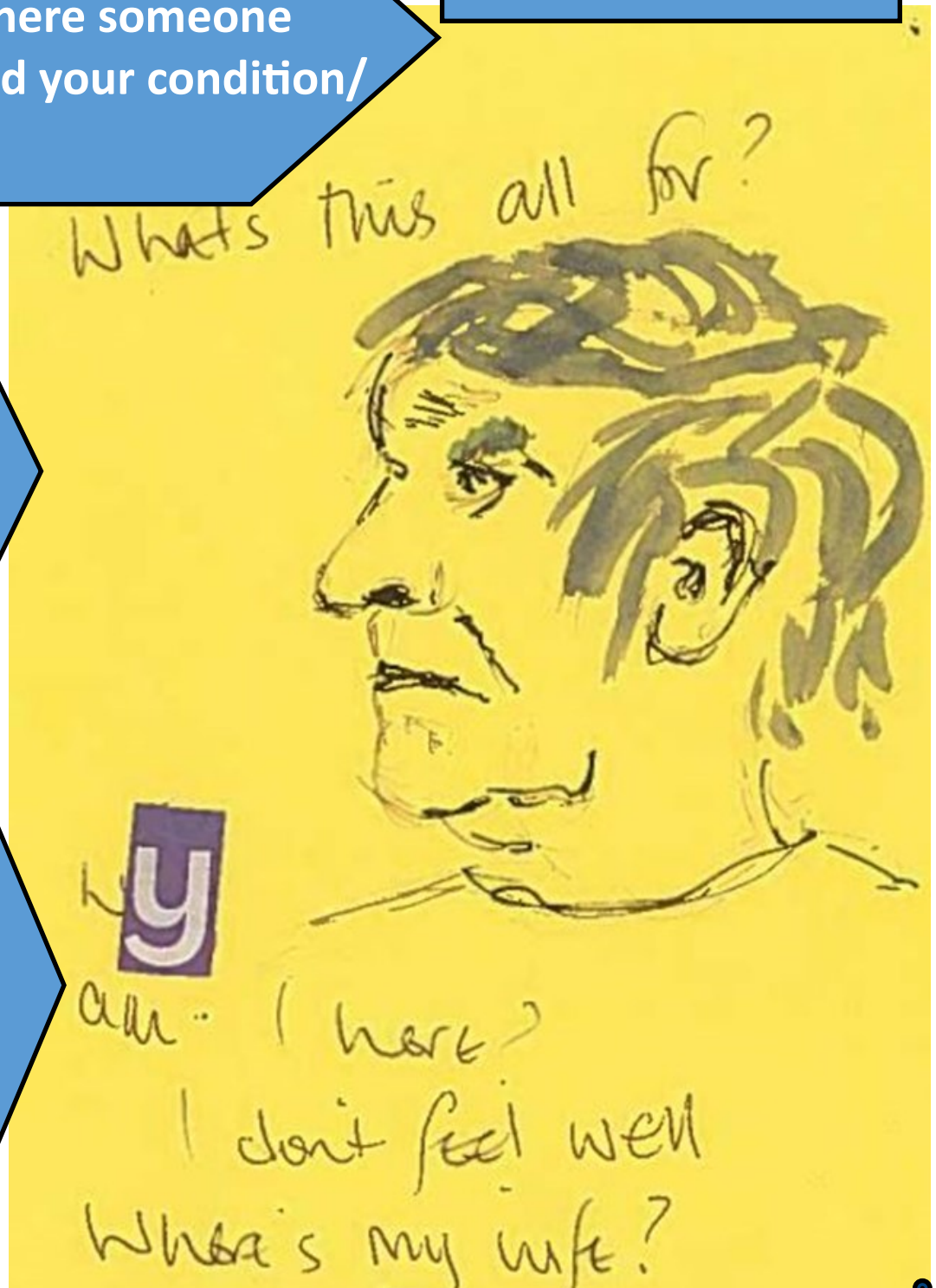
Annotated— Me and Delirium

Page 4:
Misunderstood Me

Prompt 1: Have you had an experience where someone misunderstood your condition/experience?

Prompt 2: Why do you think this happened?

Prompt 3: What would you like to say to them?



Small Pleasures by Clare Chambers, P251-253

Annotated— Me and Delirium

Page 5: Talking About Delirium

Prompt 1: Who do you talk to about your delirium experiences?

Doctors - hospital
and GPs
Nurses, HICAs

Prompt 2: Do you feel free to talk about it or not?

Must ask about
confusion and MUST
listen.

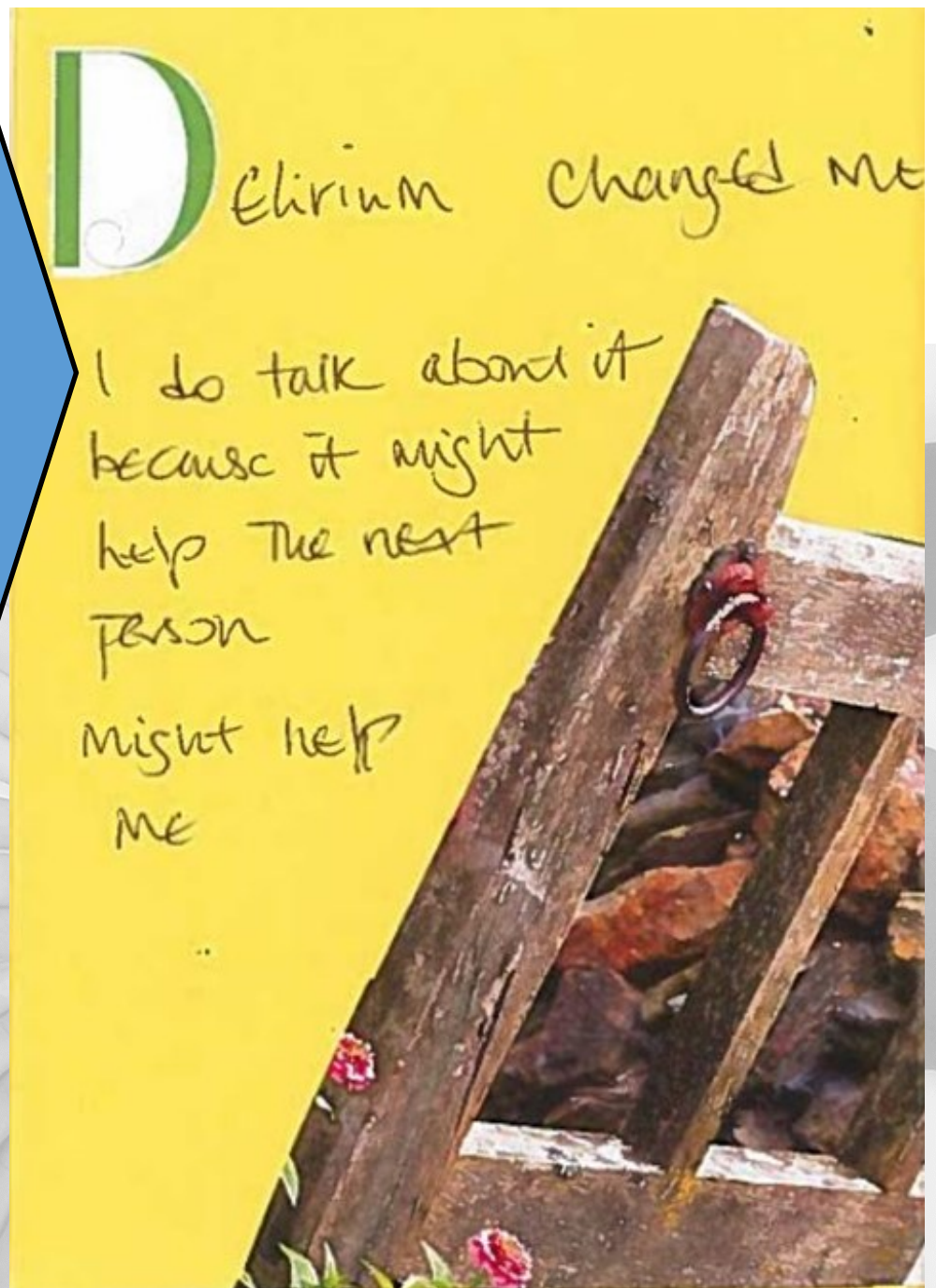
Just because someone
has dementia doesn't
mean they don't know
what's ~~ing~~ happening.

Prompt 3: What do you think are the taboos around delirium that might be stopping these conversations?

Annotated— Me and Delirium

Page 6: Share to Support

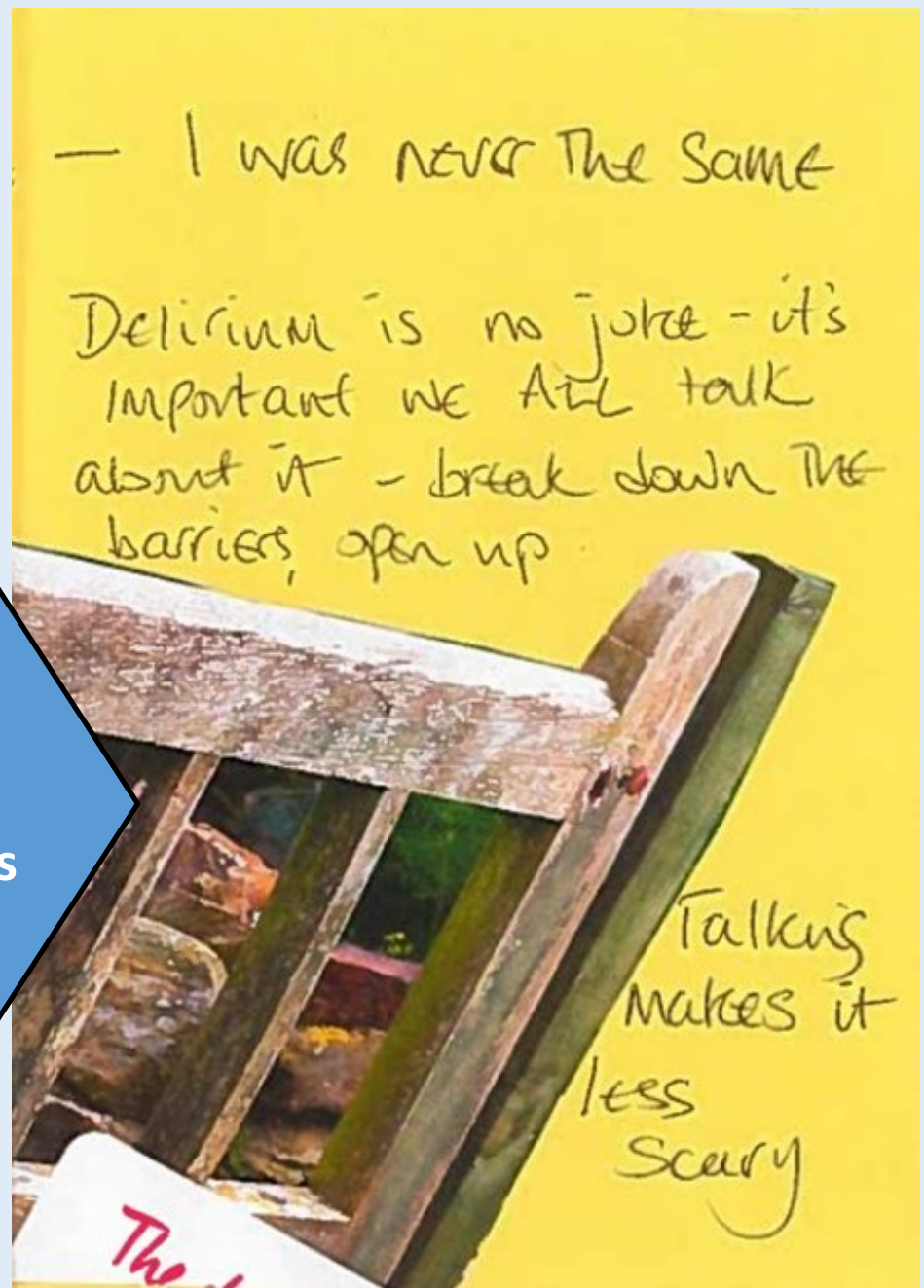
Prompt 1:
What would you want to tell someone with a new delirium diagnosis, for themselves or a loved one?



Annotated— Me and Delirium

Page 7 Share
to Inform

Prompt 1: What
would you tell
healthcare staff
about experiences
of delirium?



“Never really considered how distressing this could be previously”

(Emergency Department practitioner)

“It is really powerful to get a patient’s and carer’s experience of delirium”

(Emergency Department practitioner)

Annotated— Me and Delirium

Page 8
Living Well



If can be
treated

It will get better
Try not to worry, we'll
after you

Today is
you are
It is
o'clock

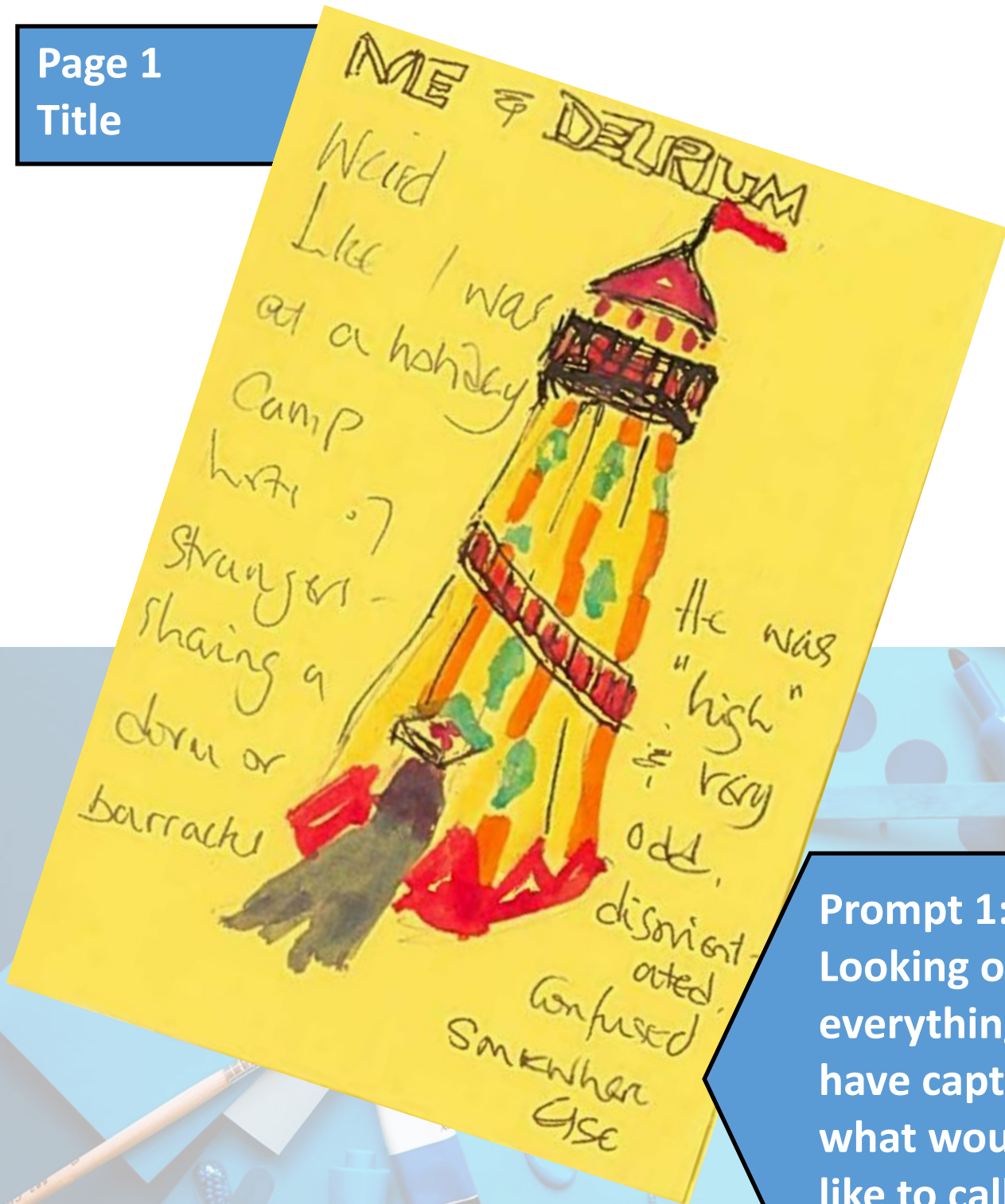
(ce) (B)

Brookes. 2022.

Prompt 1:
What have you
learned that helps
you live well with
your delirium
experiences?

Annotated— Me and Delirium

Page 1
Title



Prompt 1:
Looking over everything you have captured, what would you like to call your zine?

Participant Comments and Evaluation



Participant Quotes:

- ***“It was fun and very therapeutic”***
- ***“Enables revisioning of an experience”***
- ***“It was a very effective way of representing our experiences”***
- ***“I took away a sense of wellbeing”***
- ***“I felt that I am not alone on my journey of delirium”***
- ***“Zines have the power to get people talking”***
- ***“Delirium leaves a mark that needs to be talked about”***

Evaluation Form Responses (01/07/22):

Participants: 5 (people with lived experience and professionals)

How would you rate your experience – quotes as below

100% of attendees rated it is as Very good

“Relaxed and engaging”

“Encourages creativity”

What will you take away from the workshop – quotes as below

“It was fun and very therapeutic”

“Encourages creativity”

“Enables revisioning of an experience”

It was a very effective way of representing our experiences

The value of hearing from others, sharing lived experiences in a safe space

I took away a sense of wellbeing

I felt that I am not alone on my journey of delirium

I feel I would be able to support my family member, with concerns and fears if there were

any further episodes of delirium in the future

Zines have the power to get people talking

Delirium leaves a mark that needs to be talked about

Did you find you were able to participate as you had wanted - quotes as below

Yes – 100%

Much more than I expected

I knew my views and opinions were taken fully on board

What did we miss? What if anything would you have liked us to have done differently?

Quotes as below

I don't think you missed anything

More attendees

More magazines and resources – 3 attendees mentioned

Were the venue and facilities suitable

Yes – 100%

Other – positive feedback about the facilitator's engagement with us all

For a moment or two Jean was quite dumbfounded, speechless with outrage.
'A man? On the ward? Why didn't you call out or say something?'
Her mother gave a scornful laugh. 'No one would believe me... Anyway, then there was a sort of fire drill, and we all had to get up and go outside in the rain in our nothingness. What a performance,' She chuckled to herself at the memory.
Jean looked around at the other occupants of the ward – comatose, heavily bandaged, intubated or otherwise immobilised – and caught up at last.
'Goodness. Quite a night then.'
'I'll say.'
All the same, she felt obliged to mention her mother's remarks to the matron before she left.
'She seems a little confused.'
'They all get like that. It's the diamorphine.'
Jean smiled, not altogether reassured.

Extract from
Small Pleasures
By Clare Chambers

ISBN, 978-1-4746-1390-3

Publishers:
Weidenfeld and
Nicolson

Pp251-253

'She though she'd been interfered with. By a man.'
Matron shook her head. 'She also thinks Queen Mary is in the bed opposite.'
'It must be so distressing – perhaps she'd be better off without the diamorphine.'
Matron looked at her over her glasses. 'You only say that because you are not in pain.'

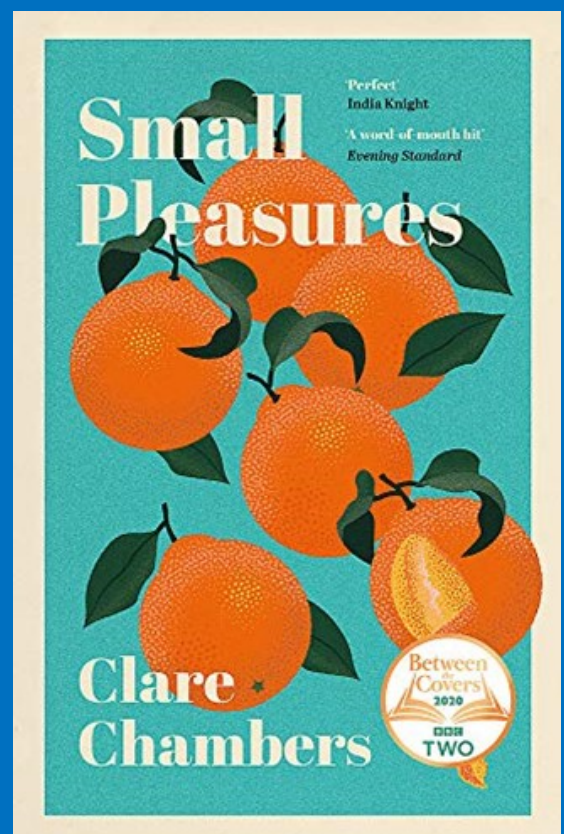
[...]

'The sister on duty expressed surprise when Jean mentioned her concerns. From their point of view Mrs Swinney was an ideal patient – placid and untroublesome, grateful for small attentions, where others were restless and obstreperous.

'but she is not herself,' Jean protested. 'She was perfectly sane when she arrived. Now she hardly knows who I am.'

She remembered with shame her previous irritation with her mother's irksome habits and predictable conversations. What trivial dissatisfactions these now seemed.

Sister looked disappointed. There was a hint of reproach in her voice. 'I'll tell the doctor what you've told me. But we're all really pleased with her progress.'



How To Run a Delirium Zine Workshop

Some Top Tips

1. **A3 Paper**— an A3 paper folds perfectly to make a palm-sized zine. You can find how-to-fold-a-zine instructions online. It is best to get in plenty of practice before the day of your workshop. (You can also colour-code your A3 paper if you wish to track which participants were patients, healthcare professionals, family members—although bear in mind that these may not be mutually exclusive categories).
2. **Provide lots of materials**— magazines, coloured paper, pens, pencils, sticky tape... the resource material options are near infinite, but try to ensure that you have plenty in stock for your event.
3. **Have a Facilitator**— If you can afford a professional facilitator to run your event, that is great, but even if you cannot, the main thing is to have someone whose job it is to gently nudge things along and encourage participation.
4. **Use Prompts**—8 blank pages can feel like an intimidating void without a starting point, prepare some meaningful prompt questions or ideas to help people start creating (see annotated zines section of this eBook, for the prompts we used).
5. **Allow people to find their own voice**—providing prompts aims to get the creativity flowing, but if people want to ignore them and do their own thing, that is all good too.
6. **Provide travel support**—your target audience may have additional access requirements. Provide clear travel information and, if budget allows, consider paying for direct transportation for participants who find travelling to new locations challenging, such as those with more advanced dementia.
7. **Provide refreshments**—creativity thrives when all bodily needs are met, aim for a comfortable, welcoming space with refreshments provided.
8. **Creative Commons**— in order to use the resultant zines in support of other people ,with direct or indirect lived experience of Delirium, invite participants to mark their zines with a cc, to indicate that it is under a Creative Commons public copyright licence, which allows other people to share, use and build upon a work.

I would like to thank
 Druan Poohy, Glasgow
 Zine Library and
 The Proud Trust for
 introducing me to
 zine making.
 Thank you!

Have Fun

5 NATES ZINE MAKING TIPS

Materials
 Some may want to create
 zines with images, collage.
 Some may want to
 write poetry.
 Having a few different
 materials can be fun.



Hello! My name is Nates,
 (he/him). I'm a Youth Worker
 and Freelance Community
 Artist.
 In this little zine, I will
 share 5 tips on creating
 zines in groups.
 The tips are what I have
 seen and do myself in
 my sessions.
 That being said, they
 aren't rules.
 I hope the tips are
 useful

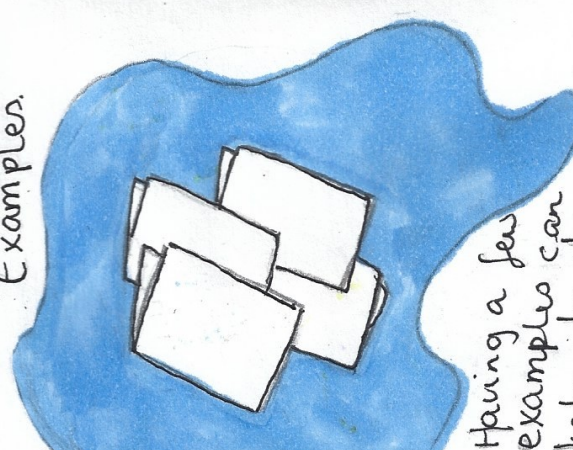
We can't always
 change rooms around.
 But is there anything
 that can be done
 to make it more
 comfortable, accessible?



Music
 Music is great to have
 on in the background.
 I sometimes use lo-fi
 music, as it can be good
 focusing music. But it
 depends on the people
 I'm working with.



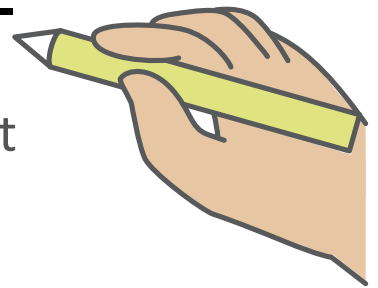
Examples.



Having a few
 examples can
 help - to show what
 could be created.

WHAT IS DELIRIUM?

Information on how to recognise
delirium and what to do about it



You are being provided with this leaflet because you are either at higher risk of developing delirium, you have a current delirium, or your loved one has experienced delirium.

What is delirium?

Delirium is a common condition. People with delirium may have trouble thinking and remembering, may feel frightened or upset, see or hear things which are not there. It can come on over hours or days. It is not a permanent illness.

What causes delirium?

There are many things that can trigger a person to develop delirium. These are called underlying illnesses, for example: pain, infections, not eating or drinking enough, constipation and side effects of medicines.

Who can get delirium?

People can develop delirium anywhere such as in hospital, care homes and living at home.

It is more common for people who:



Are aged over 65 years.



Experience cognitive impairment or dementia or had delirium before.



Have had recent surgery, for example for a broken hip.



Have many medical conditions, or sight or hearing loss.

How to spot delirium?

To reduce the possible impact of delirium it's important to spot the signs as early as possible that someone is developing it.

The behaviour of a person with delirium will change quickly, over hours or days. If you spot any of these signs **Speak to a doctor or a nurse.**

They may be restless and agitated.

They may be withdrawn and drowsy.

They might not know where they are.

They might not recognise friends and family.

They might not be able to hold a conversation.

They may see or hear things which aren't there, or be suspicious of people around them.

How to help someone with delirium

The following things help somebody with delirium feel better and get well.



Encourage to eat regularly, little and often if they are not eating 3 meals a day.



Encourage drinking 6-8 cups a day.



Encourage them to wear their glasses if they have these  and hearing aids.



Encourage exercise and getting up out of bed.



Make sure they get a good night's sleep.



Encourage going to the toilet regularly, to avoid becoming constipated.



Ask a doctor or pharmacist to check if they are taking multiple medicines, or in pain.



Explain where they are, if they are in an unfamiliar place, write things to help with remembering.



Use things they know such as photographs to chat with them. Encourage them to engage in activities and hobbies that they like.



Use clocks and newspapers to remind them of the date and time.

Getting Better

Getting better

Most people do recover. As we treat the underlying illness, the person will slowly come back to their normal self. They might struggle with day-to-day things for a few days or weeks.

Someone who has had delirium once is more likely to get it again. Make sure you do everything in the list above to reduce the risk of them getting delirium again. Remember to **speak to a doctor or nurse**, if you spot the signs of delirium.

Some people have symptoms which never go away. If they still have problems with thinking or remembering things after several months, speak to a doctor or a nurse.

Further information

Dementia United have a longer version of this leaflet, which can be accessed via the website www.dementia-united.org.uk

Organisations which support those with delirium also help people living with dementia, who are at higher risk of developing delirium:

Age UK: Information and resources on frailty and delirium: <https://www.ageuk.org.uk/our-impact/policy-research/frailty-in-older-people/common-conditions-frailty> You can also call the Age UK Advice Line on 0800 678 1602

Dementia UK: Dementia UK provides specialist dementia support for families. Their delirium booklet can be downloaded from www.dementiauk.org. They also have a helpline: 0800 888 667

If you want to get in touch with us in Dementia United - Email: gmhscp.dementiaunited@nhs.net

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