



# Conclusions

from the conference  
"Mental health and Well-being in Older People- making it happen"

28th- 29th June 2010, Madrid

Organised by the European Commission Directorate-General for Health and Consumers and the Spanish Ministry of Health and Social Affairs with support of the Spanish Presidency of the European Union

2010  
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# Conclusions



# CONCLUSIONS

## I. The conference

These conclusions summarise the outcomes of the conference „Promotion of Mental Health and Well-being of Older People – Making it Happen” which was held in Madrid on 28th-29th June 2010. The conference was co-organised by the European Commission’s Directorate General for Health and Consumers and the Ministry of Health and Social Affairs of Spain. It was an event under the European Pact for Mental Health and Well-being<sup>1</sup>, with the support of the Presidency of Spain of the European Union.

## II. Mandate

The Lisbon Treaty states in its Article 3 that the promotion of the well-being of European peoples is one of the objectives of the EU. In its chapter on public health (Article 168), it states that EU action shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health, while recognising the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. It invites Commission initiatives to promote the coordination between Member States on their policies and programmes<sup>2</sup>. The European Pact for Mental Health and Well-being is such an initiative.

Politically, the conference falls into the period in which the EU is defining its new long term strategy on the basis of the Commission’s proposal for a Europe 2020-strategy, with its aim to turn the EU into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion<sup>3</sup>.

## III. Mental health and well-being of older people

The ageing of the EU-population is accelerating. The number of people aged over 60 is now increasing twice as fast as it did before 2007. In 2050 about 30% of the EU population will be above 65 years of age, 11% will be over 80 years old.

Mental health problems, including depression and other mood disorders, are among the most prevalent and serious health problems among older people, together with physical health problems, including neurodegenerative disorders, such as Alzheimer’s disease and other forms of dementia. These different mental and physical health problems are often co-occurring in older individuals.

However, Europe’s society and its health workforce is not yet always fully prepared to respond to current and future mental health needs of older people, by providing an adequate level of health promotion, preventive intervention and care and treatment to older people, and by the support to informal carers, which they need and deserve.

Against the background of today’s unmet needs, which without action might increase further in future, the conference underlined the right of older Europeans to enjoy a high level of health and well-being. It stressed that, in pursuing efforts to improve the health and well-being of older Europeans, policymakers, together with professionals, patients and informal carers, NGOs and older people themselves, should give greater priority to promoting mental health and well-being and to tackling mental health problems.

Unlocking and utilising the mental capital of the ageing population by ensuring a high level of mental health and well-being among its older population, and improving the situation of informal carers, will be essential for enabling the EU to promote the well-being of its peoples and for realising its economic and social policy objectives through a period of demographic change.

## IV. Horizontal themes

The conference identified several horizontal issues which need to be considered in developing action to improve the mental health and well-being of older people, in particular:

- The fact that ageing starts at birth and that the state of health in older age is largely determined by experiences in earlier life;
- The significant heterogeneity among older people, including in their individual lifestyles and resilience, and their levels of mental health and well-being, as well as the diversity of situations between and within Member States;
- The relevance which close personal relations and friendships together with physical health as well as social,

1 [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/mental/docs/pact\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/pact_en.pdf)

2 Treaty on the Functioning of the European Union, art. 168. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:115:0047:0199:EN:PDF>

3 Commission Communication “Europe 2020. A strategy for smart, sustainable and inclusive growth”, COM (2010) 2020 of 3.3.2010

economic and cultural determinants, including spirituality, have for the mental health and well-being of older people;

- The importance of the capability of older people to live autonomously for their mental health and well-being, and its relationship with physical health and impairment;
- The importance of gender aspects, such as differential risk profiles or barriers to receiving care, in preventing and treating mental health problems.
- The added value of research into the mental health and well-being of older people.

## V. Principles

The conference supported a number of principles for building action to improve the mental health and well-being of older people:

- The strengthening of protective factors for ageing in good mental health and well-being, such as families and close inter-personal relations, active social inclusion and participation, intergenerational support and involvement in meaningful activities, and the reduction of risk factors for ageing in poor mental health, in particular, social isolation, poverty, violence and abuse;
- The need for intersectoral and interdisciplinary cooperation, in particular between the health and social sectors, and the importance of training for professionals working with older people on mental health issues, as well as the delivery of health and social services through community-based infrastructures;
- The empowerment of older people, for instance through the creation of Older People's Councils, and the recognition of the importance of self-help, peer support and informal care.

## VI. Priority fields and key actions

The conference considered five themes and identified key actions for each of them:

### *Mental health promotion in old age: Healthy ageing and well-being*

A healthy lifestyle, safe living environment and meaningful, active participation in society and the community are important protective factors for mental health and well-being in older age. Support from families and peers plays a key role in promoting the mental health of older people by reducing loneliness and social isolation.

The key actions are:

- To create a living environment which supports families, friendships and other forms of close personal relations between older people themselves and across generations;
- Support initiatives creating opportunities for social participation, leisure, physical, self-help and other activities of older people including those with disabilities
- Provide well-lit and accessible physical environments, transport and information and communication and community infrastructures such as meeting places, spaces for physical activity, relaxation and recreation, footpaths and public transportation systems and information and communication services;
- Create opportunities for meaningful roles in society, the workplace, community and neighbourhoods, such as volunteering, intergenerational support, training and life-long learning, including through flexible retirement schemes, which enable and encourage people to continue their professional activities in ways adapted to their capacity and needs;
- Access to home help and support systems for autonomous living, such as cooking, shopping, transport or health support, as well as support through assistive technologies and to technical support through new technologies (monitoring options, e-health, assistive technologies for independent living);
- Provide measures to promote mental health and well-being among older people receiving care (medical and/or social) in both community and institutionalised settings.

### *Prevention of mental disorders and promotion of autonomy*

Prevention of the most common mental disorders involves addressing the risk factors for mental health problems in old age, such as physical and sensory impairments, and improving help seeking, quality of services, early detection and intervention, when mental health problems are at risk of emerging.

The key actions are:

- Develop protocols to identify early those at risk for mental disorders, encourage their adoption across all relevant health and non-health settings and provide them with psychological interventions;

- Reduce mental health risks in those with chronic physical and sensory disorders through awareness-raising actions for health professionals, stepped care approaches and patient education programmes aimed at improving self-management of chronic illness, and by paying particular attention to reducing the impact of chronic conditions on mobility and autonomy among others by working on the accessibility of the environment;
- Develop and investigate effective suicide prevention actions in older people, particularly older men, and implement them widely.

### ***Older people in vulnerable situations***

Older people from certain groups face a higher risk of mental health problems. This includes older women, persons with disabilities, those living in or at risk of poverty, experiencing chronic illness, suffering abuse and belonging to minority groups.

The key actions are:

- Launch community development programmes in deprived neighbourhoods, supportive networks and social inclusion initiatives, especially geared towards older women;
- Provide own language and culturally appropriate prevention interventions and social inclusion initiatives for older people from ethnic minorities and migrant groups;
- Coordinate health and social welfare sectors to improve access to services for vulnerable populations;
- Tackle elder abuse through awareness-raising measures, confidential telephone help lines, quality control of health and social care services as well as through support and guidance for informal carers.

### ***Health systems for care and treatment***

Care systems need to be community and outpatient oriented, as far as possible, and to include proactive collaboration between the treatment systems for mental and physical disorders as well as between the health and the social sectors. Primary health care, including nursing care and social services are primary access points for older people and should be used to proactively pursue the goal of improving mental health and well-being in older people.

The key actions are:

- Ensure the availability and access to skilled and multidisciplinary teams, which include general practitioners, gerontologists, mental health specialists (especially old age psychiatrists and psychologists), social workers, educators and nurses, trained to detect and treat mental disorders in older people.
- Ensure that nursing homes provide high quality care through a highly skilled and ample work force, and working conditions that prevent high staff turnover. Encourage collaboration with mental and other health professionals and implement independent quality control measures.
- Further develop and incorporate new technologies (including information and communicative technologies (ICTs) and eHealth) and aids in programmes for mental health promotion, disorder prevention, treatment and care of older people.

### ***Supporting the informal carers***

Informal carers carry the largest share of care provision, and the increasingly large proportion of this care is provided by older women. Supporting their role, training them, and protecting their well-being have positive outcomes for the mental health of carers and the people they care for.

The key actions are:

- Provide official recognition, financial support and social security benefits to informal carers (including spouses and older carers), including income compensations and pension rights, for those unable to work because of caring commitment.
- Provide mental health protection measures for informal carers such as possibilities for respite, flexible and part-time work, psychosocial support (social networking, peer support and self-help), training, supervision, professional help, and tools to evaluate carers' own mental health needs.
- Provide professional home visits and regular communication between professionals and informal carers, including assessment of the health and safety conditions and technical aids.
- Use the informal carers' experience of the cared-for individual in the training of professional carers.

## VII. Invitations for action

The conference invited the organisers to communicate the outcomes of this conference to the Presidency conference on “Active and healthy ageing”, which will take place in Logroño (La Rioja) / Spain on 29 – 30 April 2010, and encouraged action to make the promotion of mental health and well-being of older people happen:

It invited the European Commission to:

- Mainstream the promotion of mental health and well-being of older people into its policies and initiatives on active, dignified and healthy ageing, on reducing health inequalities, on the European health workforce, on retirement and on promoting the rights of persons with disabilities, as well as its relevant policies and financial instruments, such as those on research, structural funds, the information society;
- Collect and disseminate good practices in promoting mental health and well-being of older people through the European Compass for Action on Mental Health and Well-being;
- Integrate the findings from this conference into the conclusions from the European Pact for Mental Health and Well-being and its follow-up activities;
- Integrate issues related to the mental health and well-being of older people into a possible European Year of Active Ageing and Intergenerational Solidarity and into the work of the EU Demography Forum.
- Commission a synthesis report on the available scientific knowledge on determinants, epidemiology and evidence for successful interventions for mental health and well-being in older people.

It invited the European Commission and Member States to:

- Integrate the dimension of mental health and well-being of older people into the development and implementation of the future Europe 2020 long-term strategy, in particular in its ageing-related aspects;
- Address risks for mental health, related disabilities and well-being of older people in the Open Method of Coordination with Member States on Social Protection and Social Inclusion;
- Integrate the mental health and well-being of older people into European health monitoring and to develop indicators;

It invited Member States Governments, together with regional and local authorities, and in partnership with professionals, patients and informal carers, NGOs and older people themselves, through the health and the other relevant sectors:

- To take action in their field of responsibility to implement the outcomes of this conference;
- To build up health workforces which are able to respond to the mental health needs of older people in Member States with a reinforced focus on preventive measures;
- To use the European Compass for Action on Mental Health and Well-being to share information about their activities and about good practices in promoting the mental health and well-being of older people and in supporting informal carers;
- To carry out advocacy activities across sectors for the introduction and implementation of measures to strengthen the mental health of older people and promote their well being;
- To ratify and implement the United Nations Convention on the Rights of Persons with Disabilities, taking into fully account the rights of older persons with disabilities and mental health problems. To review legislation and policies relevant for the mental health and wellbeing of older persons including those on anti-discrimination, health, social protection, accessibility of transport, ICT and built environment, in order them to fully comply with the obligations stemming from the Convention contributing to the successful implementation of the new European Disability strategy.





