Mental Health and Well-Being in Older People – Making it Happen

Thematic Conference on Mental Health and Well-Being in Older People, Organised by the European Commission and Spanish Ministry of Health and Social Affairs, under the auspices of the Spanish Presidency of the Council of the European Union.

CONCLUSIONS FROM THE CONFERENCE

Introduction:
Ageing in good physical and mental health is a right of all Europeans. Such rights extend to enjoying active and satisfying social lives, participation, having equitable access to good quality health care and social systems and providing adequate support to carers. The demographic change the European Union is facing means that in the coming decades there will be greater number of older workers, pensioners and very old people, while the number of young adults will be much lower. Changes in family structures, partnerships and gender roles are also expected, which could have a great impact on the quality of life of the European population and its older people. This aging shift will have profound consequences for the workforce, healthcare systems, informal and formal carer capacity and society, and will necessitate immediate and concrete policy response and actions in Member States including specific planning, increased support, and improved services.

During the conference, speakers and participants raised several points as **conclusions for the conference**:

- The **aging of the European population** in the coming decades will require more and better policies to ensure good mental health and wellbeing in this growing population**.**

- The **ageism**, negative stereotypes and negative attitudes against ageing and older people which still exists must be stopped. Furthermore a greater **public recognition** of elder abuse is needed.

- Older people as the target group for mental health promotion (MHP) must be recognised as a widely **heterogeneous and diverse** group. A definition of older people only by a certain age range is misleading.

- The balance between **vulnerability and resilience** is central in mental health promotion and (the combination of) certain groups with specific burden face a higher risk of poorer mental health (e.g. higher age groups, migrants/ethnic minorities, isolated, depressed and people with dementia).

- **Older women** often face specific risks which increase their vulnerability both as sufferers of mental health problems and care givers. Policies to support them and interventions to prevent mental health problems and isolation in older women must be strengthened.

- Interventions to **prevent social isolation and loneliness** can be effective MHP measures. In addition, personal strengths and resilience factors in older age must be taken into account in an integral policy strategy (e.g. women-only and gender sensitive services, interventions for informal carers).

- An increase in **social inclusion** and **participation** of older people must be a very high priority in order to promote active ageing and quality of life in a holistic way by addressing:
    - **Life-long learning**, training and education of older people
    - **Psychological and behavioural determinants** of health, such as self-efficacy and a positive view of life
    - **socio-economic determinants**
    - Taking **cultural activities and aspects** into account, e.g. dancing, singing, leisure, pleasure, laughter, etc.

- The promotion of active **partnerships**, collaboration and exchange networks between actors in the field should be supported and widened out
    - e.g. between research, health and social care sector (intersectoral approach) and policy level (national to local level) in a multi-professional, multi-disciplinary way
    - **consulting and including older people** themselves in developing policy and practice has an essential role

- **Dissemination of results**, social innovation and innovative ideas and approaches are needed in the field. A better visibility of practical relevance and social marketing could help to transfer results into the practice and policy field (e.g. by including powerful national ministries)

- **Mental health promotion research related to older people** should be strengthened in order to improve scientific evidence and should concentrate on issues where the **evidence base** is weakest:
    - The effectiveness of volunteering, one-to-one support measures, ICT (e.g. internet networking and eHealth), specific retirement policies (for older workers) in improving mental health outcomes needs to be demonstrated.
    - More scientifically proven information on **resilience factors** are needed (successful ageing, laughter, appreciation of beauty, humour, religion, etc.) and about specific groups in specific situations (e.g. older carers, older workers, consequences on mental health of elder abuse).
    - The demonstration of **economic value** (cost-benefit/effectiveness) of promotion and prevention interventions and of supporting informal carers.

- The **appropriate use of medication** is crucial for optimal mental health and functioning in all ages but especially among older people. This requires that correct prescription of medicines be prioritised and all logistics around medication issues well-organised to minimize adverse events. Interdisciplinary coordination and cooperation embedded in learning settings are vital.

Mental Health and Well-Being in Older People – Making it Happen

Thematic Conference on Mental Health and Well-Being in Older People, Organised by the European Commission and Spanish Ministry of Health and Social Affairs, under the auspices of the Spanish Presidency of the Council of the European Union.

CONFERENCE MINUTES

Monday 28th June 2010

13:00 – 13:30 | PLENARY SESSION 1
Opening Session

Antonyia Parvona, Member of the European Parliament, opened the conference with welcoming words. She highlighted the focus of the conference and the European perspective of the European Pact for Mental Health and Well-being. She mentioned the ageing of the population and the impact of the burden of mental disorders as background to the conference, and connected these issues with questions about the sustainability of national systems.
The topic of mental health and wellbeing of older people in Europe will be raised in the European Parliament mainly through several central issues: Firstly, how do diseases affect the lives of individuals (e.g. older people with dementia, anxiety, depression etc.)? - An integrated approach and a strategy are needed for each disease. Secondly, she raised the point of mental health care and how diseases are managed and diagnosed. In this context awareness is crucial, and early intervention is needed in order to increase well-being, provide information and to reduce stigmatisation. Last but not least, access to care and treatment must be provided. Here research is a key element, such as the exploration of the causal factors in mental health and the social dimension of mental health (e.g. gender, isolation).
In her concluding statement she highlighted that mental health issues are a challenge for the entire society and that solidarity is key. Therefore the topic of mental health is the common responsibility of Europe, without discrimination. The conference is a possibility to contribute to further policy implementation and collaboration.

Anne-Sophie Parent, Director of AGE, the European older people's platform, also thanked the Spanish Presidency for organising and reorganising the conference after the challenges in April 2010 (note: the conference was cancelled due to effects of volcano eruptions).
Parent shortly introduced the AGE platform, which is a network of members across Europe representing 28 million older people over 50. Mental health is an issue for all generations, and it affects the whole family. This implies a need to set priorities on national and European level, as mental health promotion is an investment in the future through crucial measures and policies. For this purpose it is necessary to learn from each other (e.g. about the isolation of older people and what can be done to combat social exclusion). AGE calls for increased awareness of mental health over the entire life-span. Greater awareness is also needed regarding elder abuse, which continues to be a problem in all Member States and all care settings, and which leads to depression and other mental health problems.
AGE wants to promote different approach to ageing such as an activating and a holistic approach which the conference and its background documents strongly support. Other related issues which require attention are the problem of over-medication of older people and the relation between mental health and alcohol consumption.
To promote and protect the human capital of Europe, Parent mentioned the idea of a "European Year of the Brain". All in all, ageing should be seen as a joy and a challenge, not a problem. More flexible working arrangements and supportive measures to enable people to stay active and to be involved in the society are needed in the future. The conference stands for a start of this process.

Jürgen Scheftlein welcomed to the 3rd Thematic Conference in the place of **Michael Hübel**, the Head of Unit "Health Determinants", Directorate General for Health and Consumers, European Commission.
He highlighted the importance of older people, ageing and demographic change in society and its impact on mental health. Related to this, the Euro 2020 Strategy was mentioned, in which older people

play an important role, for example through the issue of paid work in higher age groups. The European Union is dependent on the well-being of healthy older people and the promotion of their well-being is needed.
He made clear that the conference aims to help us respond to older people's needs, e.g. the problem of isolation in higher age groups. He also clarified how the European Thematic Conferences and related processes complement each other.
The key points mentioned were:

- Health and treatment systems
- Informal carers
- Attitudes in the society (e.g. age discrimination)
- Preventive action (e.g. of vulnerable groups)
- Member State (MS) and NGOs involvement
- Healthy ageing as a priority on the EU policy agenda (illustrated by various EU initiatives)

In addition, he mentioned the importance of healthy ageing and that the European Commission (EC) launched dementia issues in the French presidency.

13:30 – 14:45 | PLENARY SESSION 2
Promoting mental health and providing good care to older people

CHAIRS

The session Chairs, **Manuel Gómez-Beneyto** (Scientific Coordinator of the Spanish Strategy for Mental Health) and **José María Sánchez Monge** (President of Spanish Confederation of Associations of Persons with Mental Illness and their Families, FEAFES) introduced the session which aims to identify measures and actions in relation to key actions and to identify stakeholders who can implement them.
Each of the speakers was introduced before their speeches.

SPEAKERS

Jürgen Scheftlein, "Health Determinants" Unit, Directorate General Health and Consumers European Commission, outlined the key messages and actions for mental health and well-being among older people in the EU and summarizes the issues of the background document of the conference. Priority fields are mental health promotion; prevention of mental disorders; older people in vulnerable situations; care and treatment systems; and support for informal carers.
As rationale of the conference he mentioned demographic change in Europe and the consequences, needs and situation of the older age group. He cited a Eurobarometer study which will be published later this year about mental health in European people and presented some key results. In addition, he mentioned the Euro 2020 Strategy, the conference on "Active and Healthy Ageing" and the proposed European Year for Active Ageing (2012) as highly relevant policy contexts.
Finally he posited several possibilities for follow-up at the EU-level:

- Mainstreaming mental health and well-being of older people into health and social policy initiatives
- European Compass for Mental Health and Well-being – collecting and disseminating good practices
- European Year for Active Ageing
- Research on mental health in old age
- Synthesis Report from the Conference
- Demonstrate relevance for Europe 2020
- Inform Open Method of Coordination on Social Protection / Social Inclusion
- Improve health monitoring

Other possibilities for follow-up for MS, regional and local actors, professionals, (informal) carers, NGOs and others include:

- Taking action in their field of responsibility
- Moving from institutional to community-based care

- Building up the health workforce
- Ratifying and implementing the United Nations Convention on the Rights of Persons with Disabilities
- Advocacy activities across sectors

Antonio Lobo, University of Zaragoza, Department of Psychiatry, talked about the "Status of Mental Health in Older People in Europe". He started by stating strategies for successful ageing and the epidemiology of mental disorders. He pointed to various relevant studies in the field of mental disorders in older people in Europe such as the EURODEM and EURODEP Studies on dementia and depression in older people.
Based on the EURODEM II study the prevalence of dementia is 6.4 % in total but is rising in higher age groups. In addition he presented the project ZARADEMP (ZARAgoza-DEMentia-dePression) which addresses the incidence of dementia and depression as well as risk factors, relevant co-morbidity and their implications. Prevalence data and incidence rates of dementia in Europe across age groups were compared (e.g. by European macro-regions) and possible consequences of earlier and later onset were hypothesised: "a 5-year delay in the onset of dementia of Alzheimer's type would drastically reduce the prevalence of the disease". Lobo discussed several risk and protective factors which may be modifiable, offering possibilities to prevent Alzheimer's disease. The speaker pointed out that there is a lack of association between low-to-moderate alcohol consumption and a decreased risk for cognitive decline. In addition, data on risk factors of dementia across the life-span were presented, which present a different perspective, taking literacy and educational level into account.
In contrast, the prevalence of depression in older populations varies between 16.9 % in women and 10.9 % in men (EURODEP study). But, unlike dementia, the prevalence of depression does not increase with age. Depression is associated with negative events such as bereavement and dementia. The risk of dependency increases after the age of 75 years, in people with poor physical health, cognitive deterioration and major depression. Again modifiable risk factors in depression were presented. He highlighted a protective aspect of spirituality, citing findings that lower levels of depressive symptoms were found in Roman Catholic populations with regular church attendance.
The statistical association or "clustering phenomenon" between physical and psychiatric morbidity in older population was presented (e.g. the association between diabetes and depression).
He concluded by emphasising that the most serious threats to mental health in old-age are posed by dementia and depression. The association of physical and psychiatric morbidities highlights the key role of primary care physicians, geriatricians and medical teams.

Eija Stengård, Finnish National Institute for Health and Welfare (THL), spoke about "Key principles for Mental Health Promotion and Mental Disorder Prevention in Older People: ProMenPol and DataPrev projects".
She pointed out that mental health is a relatively new concept with many definitions and is frequently misused as referring to mental ill-health. Positive mental health is more than the absence of symptoms of mental disorders. It is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (WHO, 2001).
Mental health promotion (MHP) is concerned with achieving positive mental health and quality of life, e.g. by addressing the needs of those at risk from, or experiencing mental health problems. MHP focuses on improving the social, physical and economic environments that determine the mental health of populations and individuals. In the long run this leads to increased quality of life and well-being, increased physical, psychological and social functional ability but also to a decrease in mental health problems and memory disorders, as well as in a reduced number of suicides.
To achieve these outcomes, the knowledge base must be strengthened, public policies must be built up in terms of structures and capacities as well as by implementation and dissemination of programmes and services, and attitude towards ageing need to be changed.
In the DataPrev project systematically reviewed intervention programmes (such as skills training, physical exercise training, group support and individual support, social activities, reminiscence interventions, multi-component interventions) for MHP and mental disorder prevention with a special focus on older people. Results showed that:

- Interventions have small but statistically significant effect in reducing depressive symptoms and in increasing quality of life;
- Social activities are effective in reducing depressive symptoms and there is some evidence that they increase positive mental health/quality of life;

- Physical exercise, skills training, group support, reminiscence and multi-component interventions have no statistically significant effect on depressive symptoms;
- The current evidence-base of psychosocial interventions for primary prevention of depression and for MHP in older people is weak.

In contrast, the ProMenPol project dealt with promoting and protecting mental health by providing support of practices and policies for MHP by

- The production of an online tools database (structured and multi-language selection of approximately 460 MHP tools in three settings, 135 tools are available for older people's residences)
- an implementation manual (descriptions of steps to be taken when implanting MHP)
- field trials of MHP tools and
- an European network for MHP

Mental health is fundamental to good health and quality of life and is a resource to enable us to manage our lives successfully as individuals but it also contributes to the functioning of families, communities and society as well to the social, human and economic capital of society. Collective action depends on shared values as well as the quality of scientific evidence.

Lennart Levi, Member of the Swedish Parliament and Emeritus Professor of Psychosocial Medicine at the Karolinska Institute, Stockholm, discussed what old age is and should be, in terms of level of living and quality of life.

He posited that older age should be like a radiant sunset, but often is not. The European Pact presents mental health, well-being and quality of life as human rights. Mental health facilitates education, training, work participation and life-long learning and is a key resource for success, individually, nationally and on an EU level. Moreover, it is a political step. According to the Treaty of Amsterdam, "Human health protection shall be ensured in the definition and implementation of ALL community policies and activities." Based on similar considerations, the British Government (1998) described the determinants of health of individuals in five categories:

- Fixed factors (genes, sex, ageing),
- Social & Economic (poverty, employment, social exclusion)
- Environment (air and water quality, housing, social environment)
- Life style (nutrition, physical activity, smoking, alcohol, drugs), and
- Access to services (education, health care and social services, transport, leisure).

The four latter categories are all modifiable both individually and politically, and by many stakeholders. The key is to address all the relevant determinants in a systems approach, and not only one factor at a time, in the prevalent "silo" manner. In this way, level-of-living, quality of life, active aging and adequate care could and should be promoted.

The "WHO-5" instrument presents 5 items to define an individual's mental well-being in the last two weeks (see European Foundation 2010). Following on from this, well-being in older age requires:

- Healthy working conditions throughout life, allowing people to reach pensionable age with preserved health;
- An active third age, with free choice between some degree of gainful employment and stimulating leisure,
- Access to adequate and free choice between care options,
- Participation and social inclusion, and
- Access to community support for formal and informal care givers.

With all this in mind, we need to encourage and empower older people to shake off the restrictions that hold them back from enjoying later life, in line with Danish poet Piet Hein´s beautiful recommendation: "Love while you´ve got love to give / Live while you´ve got life to live!"

DISCUSSION

The discussion raised several points:

- Education and training: it is necessary to promote training of older people in aspects that NGOs find relevant to increase volunteering.
- In Greece there are several obstacles to implementing MHP: Firstly, policy makers are concerned with "managing illness", and therefore create more hospital beds, but they do not think about promotion. Secondly, there is not sufficient collaboration between the health and

social care sector; instead of a top-down approach (national strategy) a bottom-up approach is needed (communities, local organisations, universities). This would be helped by a network of services at the EU-level and a group of experts to evaluate this with respect to outcome indicators.

- It is necessary to fight against negative stereotypes of ageing, for example, against the attitude that older people cannot learn.
- It is essential not to look at older people as one age category but as diverse and heterogeneous group.
- The separation of health and social care does not favour good care practices. It creates differences, problems training the workforce and shortages (as staff need to go into rotation so that they can receive training).
- Interventions for older people in their retirement phase are important, but older workers are also very important to look at and MHP for older workers in a workplace context is essential.
- Care provision: the provision of mental health care must be done with a holistic approach including physical and mental aspects. Mental health and physical functioning are interrelated, with medication as a factor in this interrelation. Hence a holistic approach is needed.
- Innovation: Social innovation and innovative topics (e.g. benchmarking) are needed in the field, and lacking in the conference.
- European Psychiatric Association: to produce change in people is the main aim of all mental health interventions, spreading skills is more important than spreading information.

14:45 – 15:45 | PLENARY SESSION 3
Policies on mental health and older people

CHAIRS

Geoff Huggins, Head of Mental Health Division of the Scottish Executive Health Department, UK, and **Vappu Taipale**, National Institute for Health and Welfare, Finland, chaired this session. It was mentioned that our collective objective is to have good mental health. The background document is a working text for this for the coming years. The question addressed in this session is how to turn this into political action. Geoff Huggins highlighted the importance of that from the Scottish perspective and Vappu Taipale stated that mental health belongs to innovation policies.

SPEAKERS

Purificación Causapié Lopesino, Institute of Older Persons and Social Services (IMSERSO) and Ministry of Health and Social Policy (Spain), discussed mental health policies for older people by highlighting the importance of public interventions for active ageing and prevention of dependence. Active ageing in Europe can be measured in terms of healthy life years, community involvement, intergenerational bonds (solidarity) and perceptions of older people about their lives. Because of demographic change and the challenges it brings, there is a need for active and healthy ageing in the Member States of the EU. These trends lead to transformations in living conditions, for instance in family compositions. Active approaches to ageing bring together the positive outcomes for a future society and reduced levels of dependency.
In Spain, there tend to be strong intergenerational bonds and high levels of intergenerational support, with 70% of older people being involved in caring for grandchildren, and approximately 50% being cared for by their children (primarily daughters). Since December 2009, requests for assistance offered under the Law for the promotion of autonomy and dependency-related care have increased dramatically, with over 1m requests in the last month, mostly for benefits or services. The most frequent programmes used are the state provided social centres, the second most used being the IMSERSO holiday programmes.
In conclusion, active ageing was summarized as a guarantor for health by ensuring autonomous life of older people without dependencies, with access to health care services and by an acquisition of healthy habits. Keeping older people mentally active enables them to contribute to the social and economic aspects of society, e.g. through volunteering or informal care provision. In addition, ongoing training and education (lifelong learning), an increased flexibility in work life (employability of older people), social

activation (e.g. through volunteering) is needed. Furthermore, the diversity of older age must be taken into account (such as gender differences). We must encourage older people to participate in the year of active ageing. All will benefit from this and it will also contribute to a change of the image of older people.

Fiona Borrowman, Programme Manager, Mental Health and Well-being in Later Life and Dementia, NSH Health Scotland, UK) spoke about "Incorporating older people's perspectives in policy in Scotland". She raised the relevance of empowerment for policies and provided examples of how perspectives of older people are incorporated in policy in Scotland.
This is an important process for both sets of participants involved – older people and policy-makers. For policy-makers it provides and opportunity for feedback and to improve skills in working and consulting with older participants. For older participants it contributes to raised self-confidence, active participation and contribution and gives the positive feeling of having a function in society.
Key principles and experiences in involvement of older people from NHS Scotland are the involvement of older people through a partnership approach at the national and local levels (connecting policy makers, practitioners, NGOs, older people); capacity building for participation and an active engagement process. Facilitators from an older person's perspective are preparation for the meeting or focus groups and empowerment as well as the awareness of any potential practical or financial barriers to participation (e.g. transport, care, assistance etc.). In addition a facilitative process must be developed (e.g. room set up, facilitators, ground rules etc.)
National Standards for Community Engagement (2005) is a good practice tool providing guidelines for involvement. Borrowman also summarised factors which help to make such an initiative happen: political will; financial investment; partnership forming and visible positive effects and outcomes, both for public health and reported qualitatively by older people themselves. She ended with an example of this positive subjective report in the voice of an older person.

José Luis López Hernández, Director General of Planning and Evaluation, Regional Ministry of Health and Welfare of Castilla-La Mancha (Spain), presented the relevant policy context of the Spanish region Castilla-La Mancha. He introduced the region, its rich history and provided a population overview concerning population density, wealth, life-expectancy and mortality in the ageing population.
In addition, a detailed description of the regional health strategy was given. The causes for non-integration of older people in the system were explored, particularly with regards to barriers in the form of symptoms and stigmatisation. The mental health network of Castilla-La Mancha was built up with the aim of achieving better integration. At the heart of this initiative there is a unit for mental health which makes referrals to other units such as rehabilitation or residences for older people. In addition, the Mental Health Plan for the period 2011 to 2020 were presented, which includes: improvement of early detection of mental health problems; continuity of care and treatment; measures to support the autonomy and self-management of patients with mental disorders; combating stigma; support for studying and working; support for families of those with mental health problems; research into determinants and causes of mental disorders.

DISCUSSION

For the discussion the chair raised the question: What can we concretely do in the near future? Several contributions from the audience were made:

- Attention was drawn to the determinants of health. The psychological determinants of health such as self-efficacy, positive view on life, were felt to be lacking or missing from the presentations in the sessions and the background documents.
- It was evident that there is a greater emphasis in this field on programmes rather than policies, which should have been highlighted in this session.
- Transformation to policy: There is a certain frustration in research when involved in EU-projects since there are a lot of transferable policies/research results which could be translated into policy but at political level the door seems to be closed. Hence a greater visibility of practical relevance for policy is needed in research, as well as clearer routes between research and political developments.

15:50 – 17:20 | PARALLEL SESSION 1
Mental health promotion in old age: healthy ageing and well-being

CHAIRS

Teresa Di Fiandra, Governmental expert of Italy, and **José Manuel Ribera Casado**, European Union Geriatrics Medicine Society (EUGMS), chaired the first parallel session about mental health promotion in old age. It was mentioned that promotion and prevention are sometimes not seen as very close to each other but have something in common: both profit from earlier implementation. In this light, promotion for later life should start in childhood and be person-centred, rather than oriented towards disease.

PRESENTATION

Mima Cattan, Northumbria University (UK) introduced the parallel session with the presentation on "Mental health promotion in older people". She introduced the areas for MHP in the background document: social participation and inclusion, personal factors and life-style, living spaces/environment and neighbourhood and occupational issues/retirement policies.
She presented a model showing determinants of mental health from various domains and distinguishing between micro factors (e.g. genes, health behaviour, emotions, self-esteem, etc.), meso factors (family, social factors, settings, services), macro factors (societal structures & resources, economic, environmental factors, socio-cultural values) and global factors (resurces, climate, information flow, migration).
It was highlighted that older people are not a homogeneous group, but made up of people from different age ranges (from 50-120 years), gender, levels of affluence/poverty, cultural affinity and background, religious affinity, ethnic groups, health status, occupational status and level of vulnerability.
From the UK New Horizons report (2010) she cited "A" rated evidence for mental well-being initiatives and activities:

- Promotion of mentally healthy later years (psycho-social interventions, prevention of social isolation, walking & physical activity, volunteering)
- Developing sustainable connected communities (preventing social isolation & loneliness, providing peer support, enhancing individual & community empowerment, psycho-education interventions for carers.)

For each item, topics were presented which have been shown to have evidence of effectiveness. In addition, interventions with weak or no evidence were also mentioned. For instance, group interventions and activities have high level of evidence but there is still a lack of robust research results for the effectiveness of one-to-one support measures. MHP initiatives on the internet have contradictory findings. We have some evidence regarding the association between physical activity, exercise and mental health. However, not all the mechanisms are fully understood; for example, the impact of activities such as gardening and walking may be associated with additional factors. The mental health impact of living spaces, environment and neighbourhood requires further investigation. There is some evidence to suggest that housing impacts on mental health, but most of it is either qualitative, small-scale, exploratory or considers 'adults' rather than older people specifically. This is also the case regarding transport and the role of green spaces. Most transport research to date has focused on older drivers. Interventions addressing occupational issues and retirement policies have the least evidence-base. This said, we know that retirement and the transition into retirement has a major impact on mental health and that there is a strong association between financial security and life satisfaction.

RESPONSES

Caroline Costongs, Deputy Director, EuroHealthNet, talked about "Lessons from a European collaboration on healthy ageing". EuroHealthNet has a special interest group on healthy ageing which is defined as a "process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life". Key principles are that older people have an intrinsic value to society, that health promotion can extend the length and quality of life, that it is never too late to promote health (importance of life-cycle approach), that health equity is a core element of any healthy ageing strategy and that heterogeneity, autonomy and personal difference should be respected and involved in the adopted strategy.

Only 6 % of the members have mental health policy for older people. Key factors in developing policy areas for healthy ageing are equity in MHP, meaningful activities in old age and cost-benefit arguments. The EuroHealthNet lessons regarding equity are that health inequalities start early in life and persist into old age:

- MHP initiatives should be responsive to the unequal health outcomes in old age
- MHP should ensure that everyone gets equal chances on achieving good mental health

With regards to ensuring meaningful activities in old age it is proposed to:

- Promote participation for enhanced capacity and well-being
- Provide activities on "prescription" (referral to gym, arts, book clubs…) via General Practitioners or health centres
- Treat empowerment as key – foster a sense of personal control
- Attention to gender / socially excluded groups
- Life long learning… across the gradient!
- Ensure opportunities for volunteering AND paid work
- Address societal norms and values

Concerning the use of cost-benefit arguments, the importance and value of demonstrating the cost-benefits of 'prevention' vs. 'cure' was stressed, and suggested that the arguments be used for advocacy.

Richard Wynne, Director, Work Research Centre (Ireland) spoke about "Mental health and the extension of working life". He started the presentation with a definition of mental health and explained the relationship to the workplace. He pointed out that the workplace is a unique setting for promotion, with a two-way process between a positive and productive workplace and mental health.
He gave an overview of prevalence data on mental disorders and risk factors in the workplace. On average he concluded that work is good for mental health and that workers report increasing health with age (a healthy workers effect) but certain conditions in the workplace can represent risk factors for mental health problems (e.g. stress, toxins poor effort-reward balance). In his presentation he showed that the productivity costs associated with mental health problems are high and are increased by *presenteeism* due to poor mental health status. The paradox exists where improvements in physical and psychological working conditions with age do not translate into improved health status. Wynne showed that mental health problems and psychological disability are increasing and leading to an increase in early retirement.
The main problem of most data is that sick people leave the labour market by going to another system. They are by definition excluded from the work system and this yields to a healthy working effect: people in the labour force are healthier than those who are not there.
He concluded with recommendations for mentally healthy older workers:

- Efforts to retain or reintegrate older workers including those with health problems
- Working conditions must be adapted for older workers
- Develop alternative labour markets which increase mobility of older workers into and between jobs.

DISCUSSION

- The point was made that as mental health promotion is culturally sensitive and bounded, the transfer of promotion practices is difficult and values need to be distilled to be adapted to different contexts. This is particularly relevant given that most evidence comes from overseas (e.g., USA), and it is difficult to translate results it to Europe. For example, volunteering in the USA often means something different than in Europe, which needs to be taken on board for the development of interventions.
- It was posited that we should talk more about normal ageing, active ageing and successful ageing.
- Health care at home, such as fall prevention, often does not focus on mental health. It was proposed to concentrate on how to use technologies to reduce loneliness in older people, and to carry out randomised controlled trial studies on this.

- Cognitive activity: It is important to add the cognitive factor in the picture of psychological factors for older people's mental health, but evidence concerning the protective value of cognitive training/function and mental activity is lacking.
- It was highlighted that voluntary retirement is important in connection with mental health. Voluntary retirement must be safeguarded but there is a lot of involuntary retirement (e.g. forced to retire by legislation), which needs to be addressed.
- Effect of volunteering: surprise was expressed that there is lack of evidence for the effectiveness of volunteering on mental health outcomes. In this area the opportunities for research and promotion work were highlighted within the upcoming "European Year of Volunteering" - 2011.

In wrapping up the session, the Teresa Di Fiandra highlighted several key points:

- Promotion of positive attitudes should happen at every stage of life
- Empowerment and participation of older people can be achieved also by means of long life education and skill acquisition
- There is a need for equity in addressing ageing
- Integrated approach to ageing is key, inscribed in comprehensive policies

---

15:50 – 17:20 | PARALLEL SESSION 2
Older people in vulnerable situations

CHAIRS
Gerd Naegele, University of Dortmund, Institute of Gerontology (DE), and **Raluca Nica**, Director of the Romanian League for Mental Health, chaired the parallel session about "older people in vulnerable situations". The presenter welcomed the speakers of this session.

PRESENTATION

Trudi Nederland, Verwey-Jonker Institute (NL) opened the session with a presentation on the Dutch perspective of vulnerability in old age. The presentation was based on a clear two-fold concept of vulnerability, which stressed:

- personal burden (e.g. due to chronic illness, being single, magnitude of stressors, stamina, influenced by life circumstances) and
- personal strength (e.g. friends, income etc.)

An imbalance between burden and stress in older people leads to a situation of vulnerability. Vulnerability affects everyday life and the degree of self-management possible, where self-management is a form of participation in life (e.g. housekeeping, environment, contacts). The presenter differentiated between financial and physical self-management, as well as social self management (e.g. sports, political life, volunteering etc.). The presenter called for measures to meet the needs of older vulnerable people adequately. With this aim, we need an integral policy strategy (incl. income support and health promotion) to address the balance between self-management and personal burden. In practical terms this means reaching out to older vulnerable people, acknowledging and raising awareness of their needs and setting up innovative arrangements in partnership with them.

RESPONSES

Alisoun Milne, Senior Lecturer in Social Gerontology, University of Kent (UK) gave her presentation about older women at risk. Women are often off the radar of interventions and policies and there is limited recognition of gendered health issues in later life. Depression is more common in women for example (1 in 4 women suffer from depression in the UK and only 1 in 10 men) and this is accentuated in old age.
The presentation included three areas

- mental health risks
- resilience and protective factors
- responses of policies and services that address these needs

1. Mental health risks often occur throughout the life course and not always in later life. These risks compromise mental health being based on life-long inequalities (e.g. care giving strain, poverty, violence and abuse) which are experienced more often by women. These risks which are rooted in earlier life stages bring the risk of being a vulnerable population group in older age. Vulnerability in this case is a combination of factors: of being female, of being 75 years or older, of being isolated, and of being depressed or suffering from dementia. If these factors describe an older person, she is at the highest risk of vulnerability.

2. Resilience factors are under-researched and under-estimated. There is a stronger need to celebrate women's resilience and coping strategies and to build on these in promoting mental health (e.g. friendships often protect women's mental health). Importantly, having an adequate income has a positive impact on mental health.

3. The third part of the presentation tackled policy responses that would be needed in the future. One recommendation is to draw up more women-only services as well as gender-sensitive services.
The presentation concluded by saying that the evidence base from research has not been transferred to services and interventions at this point, and is sorely needed to do so.

Christof Eichert, Ministry for Intergenerational Affairs, Family, Women and Integration in the State of North Rhine-Westphalia (DE) gave a presentation on the AAMEE project, "Active Ageing of Migrant Elders across Europe" (www.aamee.eu) (2007-2009), funded by DG Employment.
The rationale for the project was demographic change and the fact that that more and more migrants aged 60+ remain in their host countries into old age, rather than returning to their country of origin. Migrants are increasingly subject to heterogeneity as well. One of the many findings of the AAMEE project was that lifetime achievements of migrants are not well-recognised.
A European research network on active ageing of older migrants across Europe was initiated within the project. There is the wish to include older migrants in the European Year of Active Ageing (2012) and to see older migrants as autonomous subjects with opinion and personal contribution to make, and not solely as objects of research or policy initiatives.

Francisco Torres-González, University of Granada (ES), presented aspects of human rights, elder abuse and mental health via video message. He started his presentation by introducing words about the UN and WHO policies on human dignity and referred to the Spanish Constitution, which also refers to older people and their equality before the law.
He presented empirical data from the ABUEL study, which will be concluded this year, on the quality of life of older people and the prevention of abuse. Elder abuse includes physical, sexual and emotional abuse, neglect, and/or financial mistreatment, and is a major cause for concern. No matter what type, abuse can lead to mental health problems in old age and definitely decrease the quality of life. At the moment there is no adequate prevention for elder abuse and its negative effects on mental health.
Another empirical study was presented which was conducted with older people 60 to 84 years living in the community and at home. A random sample from the population census in 4 EU countries (Germany, Italy, Lithuania and Spain) was drawn for the study. The quantitative questionnaire included basic information of the older person, life style factors, scale of social support, care services, diseases, and it surveyed forms of violence, abuse and neglect. The results of the (N=4467) study show that Spain and Germany have higher abuse rates in general than the other surveyed countries and higher prevalence rates.
Torres-González called for prevention policies: an increase in social support systems provided by professionals, trained volunteers, legal advice services, and accessibility for older people to home visiting psychological care.

DISCUSSION

- More information on resilience factors is clearly needed in this area. Not much is known about successful ageing, laughter, beauty, humour, religion etc. and their effects on mental health.
- Research: The question was raised: Are there any known good practices of mental health promotion targeting older women? The answer was that there is no practice that is well documented. Some research on quality of life aspects address this issue, but there is no research with a focus on older women. In fact, in general, effort on research about older women

is lacking. We do not know enough about resilience factors in older women's mental health or what they find valuable in mental health.
- It was raised that society is not ready to welcome older people and especially older migrants; mistrust dominates and the gratification of living in society is low for these groups. How can older people and older migrants get more positive recognition?
- Intervention strategies for mental health in older people are not enough, a policy strategy is needed.

15:50 – 17:20 | PARALLEL SESSION 3
Prevention of mental disorders

Gerd Naegele, University of Dortmund, Institute of Gerontology (DE), and **Raluca Nica**, Director of the Romanian League for Mental Health, chaired the parallel session about "older people in vulnerable situations". The presenter welcomed the speakers of this session.

Roland Van de Sande, General Secretary of the European Association for Psychiatric Nurses – HORATIO, and **Ivan Doci**, psychiatrist and governmental expert of the Slovak Republic, chaired the parallel session on "Prevention of mental disorders in older people".
Van de Sande talked briefly about the important role of nurses in Europe for prevention, through providing continuity of care, implementing psychosocial interventions and assisting in medication management. He also mentioned the increasing threat of workforce shortages for nurses in Europe. The chairs welcomed the speakers of this session.

PRESENTATION

Diana De Ronchi, Director of the School of Psychiatry, University of Bologna, Italy, gave an outline of the problem and rationale for the prevention of mental disorders and suicide among older people.
Given the ageing of the European population and the need and benefits of maintaining productivity in later life, disabling conditions such as cognitive decline, depression and anxiety need to be addressed. There is a high prevalence of mental health problems (especially symptoms of depression and anxiety) among older people, with figures over 30%, and an increase in onset of new problems with increasing age. Mild forms of depression and anxiety become progressively worse unless detected and treated, and there has been only moderate success in treating severe cases of these disorders in older age groups. Therefore, there is a pressing need for effective prevention and early intervention to avoid the negative consequences: reduced quality of life, severe disability, increased mortality, and high social and economic costs. Research has shown that incidence of suicide is also high in this age group and a cause of unnecessary suffering and loss.
The link and co-morbidity between physical/neurological and psychological disorders (for example, depression with coronary heart disease or dementia with depression) provide further reason to act to prevent mental disorders and reduce dependence.
Prevention of mental disorders in old age is possible, through interventions aimed at modifiable risk factors, but prevention efforts must be focused on the whole life-span, not only later life. Furthermore, it is important to negate claims that nothing can be done to alleviate the suffering of older people with mental health problems and to combat ideas that reduced well-being form a natural part of aging. Late-life depression remains under-recognised and undertreated. The use of guidelines and standardised screening instruments, for use in a number of different settings, may improve this. Mental health is everybody's business, including that in later life.

RESPONSES:

Constantinos Prouskas, from the Greek NGO "50plus Hellas", gave a presentation on the current situation in Greece and issues affecting implementation of action to prevent mental health problems. He started by highlighting that Greek women have particularly poor mental health status, with prevalence of mental disorders two times that found in Greek men. These inequalities persist into old age and are exacerbated by a number of factors.

The Greek services for mental health in this age group are under-developed and have been further affected by the economic crisis, with existing services needing to act as advocates to protect the rights of older people to autonomy and support. Some services, such as KAPI – social clubs for older people, are provided by the state. These are in high demand, but there is no evaluation of their impact or effect in reducing mental health problems. Families are largely supported by NGOs, for example, the Alzheimer's' association.
50+ Hellas, which participated in the European FP6 project INTERLINKS, provides information on healthy aging and services available to older people, as well as IT learning and first aid training, which are popular. In addition, 50+ Hellas tries to act as an umbrella organisation and foster greater cooperation between NGOs in the field.
There is a need in Greece to increase communication between service planners and elderly people or their carers, so that there needs can be met. This is hampered in part by the long tradition of home family caring in Greek culture, which means that the voice of families needs to be heard in lobbying for services and support from the state.

Mikkel Vas, General practitioner and researcher at the University of Copenhagen, Denmark, discussed the policy of obligatory home visits in Denmark as a means to early detection and prevention of mental health problems. Home visits have been offered to all people over 75 in Denmark since obliged by law in 1998, and have since then been found to be evidence-based as reducing disability in the Danish context through retrospective studies. In 2005, for financial reasons and to maximise returns, the law was amended to target only those older people who were not already disabled.
It was and is completely up to the municipality to decide the content of the visit, the type of professionals to carry out the visits, and how to organise the preventive programme. The visits are usually carried out by district nurses and take the form of a structured conversation, dealing with practical issues in daily functioning and how to manage everyday life. The visits are not medically oriented, although identification of warning signs (e.g. tiredness of daily living, reduced social activity) can result in referral to a GP.
With respect to mental health problems, home visits contribute to:

- Early recognition of dementia symptoms
- Recognition of depressive symptoms
- Recognition of symptoms related to adverse drug reactions and/or side effects
- Recognition of symptoms related to neuropsychiatric syndromes and somatic disease (delirum)
- Recognition of drinking problems and
- General health promotion initiatives stimulating social inclusion and participation preventing mental problems

In parallel, GPs receive training encouraging them to adopt certain principles with older patients: to take a referral from a preventive home visit seriously, to think twice before saying 'it is age', and to incorporate the 5 Ds (Disease, Depression, Dementia, Drugs, Drinks) into usual clinical practice. In 2006, a contract to provide GP home visits as follow-up was also obtained. This follow-up is vital to ensure success and lack of it caused similar UK scheme to be abandoned. Evaluation of the scheme has found it successful in reducing functional decline and as cost-neutral, but interdisciplinary education must be ongoing and based on simple messages and professional routines respecting local healthcare cultures.

Petronella. J. (Nelleke) Van 'T Veer-Tazelaar, from VU University Amsterdam, The Netherlands, presented the Dutch programme for stepped-care prevention of anxiety and depression in later life. She outlined the clinical and economic rationale for a stepped care approach: because less intensive forms of intervention are tried first, the stepped care approach is economically parsimonious and also often more acceptable than full-blown treatment as a first step. The approach also avoids over-medicating older patients. Assessment is carried out at 3-month intervals by district nurses, with options of placement in a 4 step algorithm of referral for treatment with a number of different professionals:

1. Watchful waiting
2. Bibliotherapy provided by a district nurses
3. Problem solving treatment with a community psychiatric nurse
4. Medication

The cumulative incidence rate of depressive or anxiety disorders was halved by the indicated prevention intervention, with effects sustained over 24 months. Furthermore, the programme is economically affordable, with Preventive Stepped Care costing an average of € 563 per participant in the Dutch health system.

DISCUSSION

Points raised in the discussion for this session included:

- There is a need for mental health programmes and action plans to include actions to focus on the recognition and correct treatment of people with dementia, given that only 10% receive correct drug treatments for their condition. Diagnosis of early phases of dementia and treatment of vascular dementia. also needs to be improved.
- Doctors' training: greater emphasis should be placed in curricula on prevention and holistic approaches to treating older people
- Whilst women are more susceptible to depression, there is a greater difficulty in interesting men in activities which might prevent loneliness and depression.
- Care homes: one aspect of prevention which has not been mentioned is love and affection in the attitudes of those who interact with older or very old people. This basic need for tenderness and affectionate contact is often overlooked and absent in care homes and could go a long way to preventing depression. The importance of affection and non-pharmaceutical interventions was emphasised.
- Prevention of loneliness: the home visits in Denmark are not intended to be the solution to problems of loneliness, although older people may be referred to social centred through the visits.
- It was highlighted that the cost-effectiveness rationale for preventive action is a strong political motivator and effective tool in advocating for programmes and policies financed by the state. Intersectoral dependence, initiated through a policy such as that for home visiting, also has a positive effect in keeping political will strong. A snowballing effect on the acceptance of the visits also means that it has gathered local support and reached good levels of acceptance (around 60% uptake). This also increases lobbying effect.

17:45 – 18:45 | PLENARY SESSION 4
Feedback from the parallel sessions

Dolores Gauci, President of GAMIAN Europe, and **Kevin McCarthy**, "Public Health" Sector, DG Research, European Commission, chaired the last session of the first conference day, in which feedback from the parallel sessions was provided to all conference participants. Three session rapporteurs summarised the preceding parallel sessions for the whole conference audience.

SPEAKERS: SESSION RAPPORTEURS

Gary Wilson (UK) reported back on parallel session 1 on mental health promotion.

Charles Pull (Luxembourg) reported back on parallel session 2 on vulnerable situations.

Raymond Xerri (Malta) reported back on parallel session 3 on prevention of mental disorders.

DISCUSSION

Which issues are in additionally important?

- Vulnerable groups: It was again highlighted that human mental health status and in particular that of men and of women is variable. Therefore different interventions must be created (e.g. concerning suicides of men and women) to accommodate these differences. We have to address the specific needs of the vulnerable groups. Human rights and the United Nations should form a part of the discussion.
- Culture: Cultural aspects such as dancing and singing, leisure and pleasure could be added to the discussion of prevention and promotion. A good laugh is healthy and can have profound beneficial effects.

- Working conditions: the retirement age will go up in the future and we need to work longer. Hence there are pressing reasons to provide good and healthy working conditions and it is important to maintain the functional capacity of workers and to maintain their mental health.

9:00 – 10:30 | PARALLEL SESSION 4
Care and treatment systems

CHAIRS

Stijn Jannes, Mental Health Europe (MHE), chaired the fourth parallel session on care and treatment systems. Unfortunately the co-chair **Johan Ten Geuzendam**, Head of Unit "Integration of People with Disabilities", DG Employment, Social Affairs and Equal Opportunities, European Commission, and one speaker **Andreas Winkler**, Medical Director of Rehabilitation Centre Pirawarth, Austria, were not able to attend the conference.

PRESENTATION

Raimundo Mateos, President of the Spanish Psychogeriatric Association (Spain), gave a presentation on "Principles of psychogeriatric care and community services. The perspective of Spain and Mediterranean countries". He talked about basic concepts in psychogeriatric services, the Spanish health and social services and about psychogeriatrics in Spain.
He drew on Article 14, 84, 86 of the UN Report of the Second World Assembly on Ageing (2002), as well as the WHPA/WHO Consensus Documents.
Basic concepts in psychogeriatric services should have a holistic character, building on a bio-psycho-social model. In addition, interdisciplinary teamwork must take place in which clinical activity should be based on a comprehensive evaluation and consider the caretaking of the patient. Moreover he highlighted that there should be professionals exclusively devoted to older people and that different services must be coordinated.
Talking about the Spanish system Dr Mateos showed basic demographics about ageing in the country. The development of 17 autonomous regions in the Spanish health system are described by several Spanish laws. Care for older people with mental disorders is provided by the health and social system, by the "welfare-health service" and by the private sector, with specific policy added in each autonomous region. Furthermore, the training of professionals in geriatric psychiatry in Spain was discussed.
In the conclusions the increasing need of psychogeriatric care in Spain and the progressive growth in geriatric psychiatry was mentioned. But psychogeriatric models exist only in few autonomous regions which indicate the need of a plan of coherent development including the provision of education in psychogeriatrics.

RESPONSES

Andrzej Kiejna, Department of Psychiatry, Wrocław Medical University (Poland) spoke about "Caring for older people with mental disorders in European new member states" and started his presentation with an short overview of the situation concerning older population in the EU-27 member states. Older people are the main consumers of health care and this – due to the demographic shift and the rapid increase of numbers of older people until 2060 – will rise in the future. In the coming decades the consequence will be a high prevalence of mental disorders in older people, and concurrently a weakening of the workforce and reduced resources for mental health. He foresaw an "upcoming crisis in geriatric mental health care".
The speaker analysed the reforms taken in mental health services in various new MS (Poland, Estonia, Latvia, Lithuania, Serbia) and deduced that none of the programmes make a direct reference to old age psychiatry.
For a better future for older people, increased efforts in ageing research and practice from various centres are needed. The consensus report of European Summit on Age Related Disease held under the French Presidency of the European Union (11-12.09.2009, Wroclaw, Poland) is an example and gives a brief overview of the European situation in research, health promotion, preventing actions and clinical care for older people.
The main recommendations for future actions were the following:

- training of public health professionals and academics should routinely incorporate clinical gerontology as a core component of undergraduate and postgraduate curricula

- multidimensional comprehensive geriatric assessment should be made available to older people with the objective of restoring and maintaining the highest possible level of independence (physical and mental autonomy)
- treatment should be based on needs assessment through bio-psycho-social model, informed by modern gerontology principles
- health care facilities should protect older people against discrimination, marginalisation and malpractice
- informal caregivers should be supported emotionally, socially, financially and should have access to support services

Collaboration on national and international levels should be prioritised, in order to jointly establish and promote new directions in older people's health care. The future collaboration between European countries might be achieved through: gathering information about the state-of-the-art with respect to epidemiology of mental disorders in older populations; information on the quality of services provided by Eastern and Central European countries; dissemination of information and good practices; development of formal regulations with respect to old age psychiatry and; preparation of guidelines on educational programmes for psychogeriatric personnel.

Gabriel Ivbijaro, from the World Organization of Family Doctors (Wonca) – Working Party on Mental Health, presented joint work between the UK NHS in Waltham Forest, East London, and NGO Age Concern in his presentation, "A partnership model addressing loneliness and developing social activities among older people".

There is a problem of isolation and loneliness in older people and there is a need to better use available resources by the local health providers collaborating with local NGOs. Primary care for mental health must be supported by other levels of care, and in this sense Age Concern and other NGOs can be a useful resource bridging informal community care and primary services for mental health.

The local NHS healthcare provider in Waltham Forest supports approx. 250,000 people with a high level of deprivation: 11 % are aged 65 and over, 36 % of the population are from black and minority ethnic communities (about 100 different languages), 31 % of pensioners live alone and about the same are income-deprived. 60 % of people over 65 report having a limiting long-term condition.

Severely excluded people aged 50-64 can be characterised as having a high probability of having longstanding illnesses or disabilities, high levels of depression, and mobility and memory problems which all worsen with increasing age. Moreover many excluded older people suffer from severe loneliness (17 % report having no-on to confide in).

Traditional general practice is unable to address this problem, resulting in the presented partnership. The case finding programme is a proactive approach to identify older people who are not necessarily in touch with health a social services. It is effective if questionnaire response is high. It is also preventative because it refers older people to appropriate services before a preventable deterioration, accident or crisis occurs. In addition it highlights the important role that the local voluntary sector can play in transformation.

A summary of the project (2002-2009) was presented: 44 % of all older people aged 65+ in Waltham Forest have been sent questionnaires and more than a quarter of those have been referred for Single Assessment. Over 3,000 older people received services following Single Assessment, over 70% of these were provided by the voluntary sector. The preliminary data collected so far indicate that social isolation is related to high consultation rates both, face-to-face, by telephone, using GP domiciliary consultations and attendance at local General Hospital A&E Departments. The social intervention provided by Age Concern is valued by the target population.

DISCUSSION

- Geriatric psychiatrists are much needed but the discipline is not seen as an attractive one and numbers are decreasing. There is also a lack of education in the field of psychogeriatrics and specialists in the countries and regions. There is a need to develop training and training programmes for all professionals in the field and to encourage universities to provide training programmes.
- Isolation: Social isolation is often related to alcohol abuse and this must also be addressed by the care and treatment systems.

- Manuals and guidelines for mental health in primary care exist and are still being further developed (e.g. by IMHPA and WHO). More GPs are needed in future and a team including social workers, geriatrics etc. are needed.
- Specialists are needed but a way also has to be found to apply the specialist knowledge in different care and service settings. This requires greater collaboration between NGOs and academics with the health authorities (e.g. professionals, stakeholders, NGOs, etc.) because there is much to be learnt from different approaches.
- Long-term care must include all disciplines but also family members.
- An important issue is an improved collaboration of EU countries for better dissemination of information and good-practices. Create formal regulations. Create EU guidelines on educational programmes for psychogeriatric professionals.
- There was a proposal to involve the ministries of finance, as the political actors most likely to bring about change, not only the health policy makers. We have to make the case and we have to show the productivity of older people in the society. Maybe then they will listen and a change is maybe possible. In addition we might consider social marketing as a technique which is about how to sell ideas instead of products which means to package the information in another way. We have to rethink the way and the approaches to how decisions are made.
- Access to mental health services: Most of the people do not make it to the mental health care services. The access is a problem. Should we not get more familiar with the needs of the older people themselves? Is it not more about social health which suggests a more holistic approach? An innovative approach is to allow older people to connect to the communities and with other professionals in the field. Very little research is there on how to implement the guidelines and the knowledge in the practice. Medication is a good example: it is easy to give older people pills but we need more to think about holistic approach (e.g. counselling).

9:00 – 10:30 | PARALLEL SESSION 5
Informal carers

CHAIRS

Jean Georges, Executive Director of Alzheimer Europe, and **Mojca Zvezdana Dernovsek**, WHO National Representative of Slovenia, chaired the parallel session 5 on informal carers.

PRESENTATION

Robert Anderson, president of EUROCARERS and head of Living Conditions research in EUROFOUND, gave a presentation on informal carers and how they manage relationships within the family. A main question was: What can other stakeholders do to support informal carers (e.g. government, employers, formal providers)? 80% of care is provided by unpaid carers, mainly women aged 45+. About 6 million informal carers provide care worth estimated 23 billion pounds in the UK alone ("economic value of care"). While the role of carers becomes more and more visible, action still has to be taken in terms of policies for:

- employment
- social protection
- equal opportunities
- health

The presenter talked about risk factors for burdening carers, like poor health, reduced hours for paid work and subsequent financial strain, lack of support from own networks and professional networks. He concluded by calling for more work on counselling, security of income, advocacy, and opportunities for social participation for informal carers.
Another question he raised was: Where are carers in EU policy? Which place do they have in the EU social protection agenda, in DG Research, or in social inequalities in health?

RESPONSES

Ursula Brand, Board Member of EUFAMI (DE), gave a presentation on the role of families in care-giving. She started by presenting EUFAMI which was founded in 1992, based in Belgium and established in 28 countries. One of the central aims of EUFAMI, amongst many others, is to increase the level of support to caregivers.
Many older people suffer from mental illness and are cared for by informal carers. The carers are mainly between 40 and 60 years old (i.e. in their working life, pre-retirement or early retirement). Every caregiver undergoes a certain journey as a caregiver, through the initial shock, fear, trying to cope, frustration, isolation, becoming active, seeking information, and new strength found through communication and personal experience.
The needs of informal carers are someone who gives hope, someone to turn to, emotional support, respect, and choice. Challenges are encountered daily, mainly in the disruption of family life, lack of information on support, stigma, and social isolation.
The speaker pointed out differences between caring for someone with mental health problems and neurological disorders such as dementia. Mental health problems often set in at an early stage of life, depriving the sufferer of a full and disability free life, whilst dementia, though also devastating, has a later onset and sufferer and carer may have more time to form resilience.
There is a strong need to nurture a culture of sibling carers, a better cooperation between psychiatrists and medical staff, and quality information for families.
In conclusion, the empowerment programme PROSPECT was presented which provides training courses for informal carers.

Matthias von Schwanenflügel, Head of Directorate “long term care” in the Federal Ministry of Health (DE), gave a presentation on the German long-term care system affecting approx. 1.7 million family caregivers. Family caregivers should have threefold benefits, namely: financial support, counselling and social support by interventions.
The presentation included interesting figures, such as that 45 % of informal care being rendered by spouses, 33 % by daughters and daughters-in-law, 21 % are over 65 years.
The presenter continued by addressing insurance coverage of informal carers and explaining the German “Caregiving Leave Act“ (implemented in 2008), which guarantees up to 6 months of social security coverage for informal carers in Germany.
The presentation concluded by saying that care without informal care is impossible and that low threshold services should be broadened and offered more widely, such as group care, circles of helpers for caregivers to take a few hours off, day time care and courses for informal caregivers.

Jesús Norberto Fernández, Dependency Law deployment Sub-Director, IMSERSO Spanish Ministry of Health and Social Affairs (ES), gave a presentation on the Spanish Dependency Law (2007). An entry question was how to find a good balance between formal and informal care. Of the 578.953 older people receiving informal care, 35% suffer from a mental illness and 50% are over 80 years old.
The presentation explained how informal carers are protected by the Spanish Dependency Act and social security. The conclusion was a clear call for better cooperation between health and social care in the future.

DISCUSSION

- Reaction from Spain: We have to get rid of the penal code in the Spanish law and include tax benefits and income protection for informal carers.
- One prevailing problem is that services and budgets for informal care have been cut back due to economic crisis.
- Example of good practice: In Austria there has been a political platform of informal carers since the beginning of 2010 which for the first time organises informal carers in the political arena.
- Professionalization of informal care: there was a doubt as to whether this would not have severe financial knock on effects in societies.
- The point was added that informal care cannot and should not replace or compete with professional care, both being necessary and complementary.

- Care-giving needs to be maintained, but it is increasingly difficult to maintain a job while care-giving. More work needs to be done on the work-life-balance of having a paid job and care giving at once, and how informal care can be sustainable.
- An additional point was the role of migrant workers in (informal) care. In a number of countries, care heavily relies on migrant workers. There is a need to tackle social inequalities resulting in inequalities in health and resources for care of older people.
  We need combined interventions for caregivers and the older person. We need to stop separating people from each other and offer more combined services and interventions for both.

11:00 – 11:45 | PLENARY SESSION 5
Feedback from the parallel sessions

CHAIRS

The plenary session was chaired by **Tamas Kurimay**, Member State Representative for Hungary. He introduced to the session which has one speaker and two session rapporteurs.

SPEAKERS

Fancisco Torres Gonzáles, University of Granada (ES), reported back from the conference on "Quality of Life and Maltreatment of Elderly in Europe" which was held on the 28th June 2010 in Madrid.
He reported first results from the ABUEL study, a multinational prevalence survey on elder abuse (n~4,500), which is supported by the Executive Agency for Health and Consumers (EAHC). The International Network for the Prevention of Elder Abuse defines "elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Abuse can be categorised by type as physical, psychological/emotional, financial/material, sexual abuse and neglect.
The preliminary findings show a prevalence rate of 20 % of any type of violence over the last year, of which psychological/emotional abuse is the highest. Experiences of sexual abuse and neglect are higher among women than men. In addition, the prevalence of psychological abuse varies by country. Prevalence rates are in southern European countries are between 10-13 % (exception is Portugal with 22 %) and in other countries (Germany, Lithuania, Sweden) between 25-30 % indicating cultural differences in Europe.
In addition the perpetrator's relation to the victim was analysed: Among psychological and physical abuse the partner very often the perpetrator whereas financial abuse and neglect is more often made by the child/children.
He concluded by saying that social support from family and friends, in terms of good quality of social relations, can promote healthy aging by strengthening resources of personal well-being and personal care in later life, thus providing also social integration and inclusion. However, abuse often occurs within the family, since care-giving can create multiple occasions for conflicts and, drawing also from existing difficulties in family relationships, sometimes can lead also to abusing episodes. Future studies on elder mistreatment should consider and try to detect this aspect in more depth.

SESSION RAPPORTEURS

Marco Trabucchi (Italy) reported back on parallel session 4 on Care and Treatment Systems.

María Jesús San Pío (Spain) reported back on parallel session 5 on informal carers.

DISCUSSION

There were no discussion points and therefore the chair closed the session.

11:45 – 13:15 | PLENARY SESSION 6
Round Table: Conclusions from the conference and actions to be taken

CHAIRS

The round table discussion was chaired by **Michael Hübel**, Head of the Unit "Health determinants", Directorate General for Health and Consumers (EC), and by **Concepción Colomer Revuelta**, Director, Office for Health Planning and Quality, Ministry of Health and Social Affairs (Spain).
It was mentioned that it was tried to bring together representatives of different areas and sectors in a round table discussion to cover the multi-faceted issue of mental health and well-being in older people. In the round table discussion each discussant was asked for one short statement about the next steps to be taken: What concretely can we do from your sector's perspective?

DISCUSSANTS

Jacques Van der Vliet, Chairman of the Standing Committee of European Doctors (CPME) Mental Health Working Group. The CPME has a membership of over 1 million doctors in Europe, and has a working group on mental health, which is developing position papers on mental health in the workplace and mental health among older people.
He highlighted the importance of social inclusion and participation of older people, and gave possible measures to increase this. He outlined the rationale behind the development of good working conditions and the need to raise retirement ages alongside functional capacity. He urged us to acknowledge the value of experience and put effort into sharing knowledge and experience as a means to maintain meaningful place and activity and increase intergenerational solidarity. Finally, he summarised the next steps for CPME: a position paper from the working group; support and implement (inter)national policies and initiatives; increase pre- and postgraduate training in older people's mental health to stimulate active role for doctors; try to bring about a change from a defensive reactive to proactive and positive approach to mental health and its promotion.

Rocío Fernández-Ballesteros, European Federation of Psychologist's Associations (EFPA) raised following relevant issues: we need a change in attitude against older people, such as negative stereotypes (ageism). In addition, concerning ageing and development retirement themes, the prolongation of active life, forms of non-paid work of older people must be promoted. The psychological and behavioural determinants of active ageing (e.g. cognitive training and coping skills) – which should be more fully addressed by the background document – are listed in the WHO document. Last but not least, assessment and evaluation is needed. She pointed out that un-mandatory retirement will be needed in the future, since mandatory retirement is a threat to healthy and active ageing.

Nessa Childers, Member of the European Parliament, said that she had made many new contacts and learnt new information at the event. In future she will attend as many meetings and conferences as possible. As the chair of the Committee in the European Parliament in the mental health area she will promote the issue in the future. She will also advocate it in her own country (Ireland) by using her relationships in the media work but also as a politician in a political environment something different must happen. She mentioned that many politicians do not do advocacy, unfortunately. Her party is currently in opposition "but this will change in future". She promised to influence the national government and the EU parliament. She pointed out that greater liaison with the media has to take place in the future.

Robert Anderson, Head of Living Conditions research at the European Foundation for the Improvement of Living and Working Conditions, highlighted that research must be strengthened to show the evidence base for practice. Awareness and commitment is needed along with specific information for specific situations encountered by the variety of older people. There is still a lack of information about specific groups, e.g. about the situation of older spouse carers. Also, he mentioned that mental health specifically of older people and their carers are not topics covered in the EU 2020 Strategy. Information on the economic value of care is needed. Furthermore, we should ask what works for older carers, since there is a catalogue of missed opportunities of not reaching them at the right time and place. The bottom line is that we need the experience of older people and their carers and we need to exchange knowledge between actors. Which kind of research is needed? Europe can

be seen as a social laboratory and address questions on what works under specific conditions in the member states. We can learn much more from the evaluations at member states level.

John Halloran, President of European Social Network, was asked for his conclusions about the question what the impact for a service provider would be. In answering the question he mentioned several points by wondering: What makes the difference at the local level? What is the role of national and European level? How to promote collaboration between services in the future? One has to recognise the complex picture of different roles, expertises and responsibilities. In addition, there are structural issue which have to be taken into account in local implementation, e.g. finances, structures, collaborations and partnerships. In total there must be a much more ambitious plan how to proceed in future. We need local plans which involve local actors, for instance in education, housing, etc. At the moment there is little cooperation, often due to the fact that organisations hold on to their limited budgets and cooperation with others does not take place. The question will be how to put our resources together because if we do not invest we have to pose the question: what are the opportunity costs not to invest? Challenges are increasing, but budgets are not. How will this be resolved? He emphasised again that a strategic plan is needed at local level, e.g. by including older people as consultants of their own services. This should be addressed in the next years. Concluding: We do not need more expensive services but services older people will want to use.

Aurelio Fernández-López, Chairman of the Social Protection Committee, commented in the statement with two points: First, mental health issues must be fixed part of an integrated approach which means intersectoral action. Secondly, we need to reduce health inequalities in the coming years which also mean to ensure access to high quality care for all. In addition, professionals and carers need to be fully recognised. The way forward is also in strengthening the coordination of policies and promoting integrated and comprehensive strategies. Mental health must be included in these approaches. Moreover gender inequalities need to be addressed more, e.g. careers and the consequences for care giving.

Elisabeth Mastheneos, President of the AGE Platform Europe, concluded that there is much talk but little action. For instance the topic of age discrimination plus mental health is a recipe of inactivity at the moment. You have to empower people. Services can only work with a cooperating target group. Good quality employment is also a key issue. In addition, a charter for older people, e.g. including frail and dependent older people, was mentioned. What are their rights? What are their responsibilities? It should be a book on good cases and how to avoid abuse. How to empower older people and their carers? A concern was mentioned about general practitioners, who are generally not very interested in prevention and promotion. How can this be changed?

DISCUSSION POINTS FROM THE AUDIENCE

- There is a need for research of the problems. More sociological complex points are needed but this is a difficult task. We need multidisciplinary research that supports comprehensive strategies.
- The aim of the conference is to draw experts together, so that work can continue in parallel across Europe. This is the responsibility of all participants.
- The absence of several sectors was noted: occupational therapists, marketing experts, who could provide a valuable contribution.
- The link between elder abuse and the high stress load of carers was raised.
- It is important to highlight the mental promotion aspect again. There is the general trend to focus more and more on mental illness-preventing services. But how does the implementation of evidence-based mental health promotion services work? How could physical and mental health promotion work together and not separately? What about partnerships?
- We need better ways of disseminating information (about the conference etc.).

13:15 – 13:45 | PLENARY SESSION 7
Closing Session

SPEAKERS

Pablo Rivero Corte, General Director of the Quality Agency for the National Health System, Ministry of Health and Social Affairs (Spain), concluded by expressing his pride in the conference results and the conclusions paper. He mentioned the role of the health and social sector in the field of mental health and thanked the European Commission for the Process of the European Pact on Mental Health and Well-Being and also thanked the entire Spanish team. The conference is a good example on how to carry out an integrated approach.

Michael Hübel, Head of the Unit "Health determinants", Directorate General for Health and Consumers (EC), also thanked all participants of the third thematic conference in the course of the Pact implementation process. His message after the conference is very clear: mental health and well-being of older people is an interesting area where several mainstreaming processes are crossing: ageing, demography and the promotion of mental health as well as the prevention of mental disorders. He highlighted again that the target group is very heterogeneous which implies that we have different situations to look at rather than the elderly as an age group. Our action must based on evidence. So we continue to work on the research agenda with a strong commitment and investment from DG research. Results should be disseminated and spread across all actors and sectors in the field which can be promoted by the mental health Compass database as one element to promote good-practices.
In closing the conference Michael Hübel thanked all people involved and announced the up-coming conferences in Lisbon about stigmatisation and social exclusion (November 2010) and in Berlin about mental health in the workplace (March 2011).