MENTAL HEALTH PROMOTION

OLDER PEOPLE'S RESIDENTIAL SETTING HANDBOOK

MHP handbook

MHP Hands Team

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"It is intended that this Mental Health Promotion Handbook will be of benefit to users. It is suitable for professionals and trained persons. However, please note that all persons using the handbook and its materials and exercises on the website do so at their own risk (www.mentalhealthpromotion.net/?i=handbook.en.resources). Users of the handbook and the exercises are liable for any harm occurring as a result of misuse or inappropriate use. The authors cannot accept any responsibility for any harm caused to anyone using this material."

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Preface

The issue of mental health is becoming increasingly important in modern society. Psychological problems and mental illness are becoming more prevalent across much of Europe and there is an emerging realisation that we must, as a society, promote good mental health and wellbeing, as well as improve mental health services.

We now know that good mental health and wellbeing is a function of the settings and environments that we interact with, the way in which we behave and the supports that are available to us. These settings include the schools that we attend, the workplaces we work in and the residences that we live in.

However, many people have difficulty understanding how an environment can promote mental wellbeing. These Mental Health Promotion Handbooks address that gap in knowledge. They provide users in the schools, workplace and older people's settings with a set of validated tools to promote mental health, as well as providing methods by which to implement actions to promote mental wellbeing.

The Handbooks are targeted at people with responsibilities in each of these settings, for example, teachers and educators; managers and health and safety staff; nurses and carers. No prior knowledge of mental health issues is assumed – you will find that all necessary materials are available through the handbooks and that these are supplemented by mental health promotion tools and training that are available through the European Network for mental Health Promotion Network website .

These Handbooks have been developed with the support of the European Commission's Public Health programme. The work has been done by leading experts from some of Europe's leading mental health promotion institutes. These include teams from the German Federal Institute for Occupational Safety and Health, led by Jörg Michel; eWorx in Greece, led by Tilia Boussios; from the Austrian Research Institute of the Red Cross led by Almut Bachinger; from the Estonian-Swedish Institute Mental Health and Suicidology Institute led by Merike Sisask; the Finnish National Institute for Health and Welfare led by Pia Solin; the Polish NOFER Institute of Occupational Medicine led by Elżbieta Korzeniowska; and by our own team at the Work Research Centre in Ireland, led by Richard Wynne. The project has been evaluated by a team from Romtens in Romania led by Theodor Haratau. My sincerest thanks are due to all of the team.

Richard Wynne, Project Manager, January 2013

Foreword

Mental health is a renewable resource

The history of health care shows different stages of development in which major challenges have been confronted and solved in different ways. At first, there were huge epidemics and infectious diseases that killed large numbers of people and whose causes were unknown. The general increase in wellbeing and improvements in hygiene skills tamed most of these diseases, until bacteria and viruses became known, and large-scale vaccinations started. Now we know a large amount about these diseases, and even though new epidemics continue to raise their heads, the range of methods for preventing and treating them is growing all the time.

During the last few decades, cardiovascular diseases have constituted a major proportion of serious diseases affecting Europeans. Know-how, however, has grown rapidly. Today, we know how to tackle these diseases at population level, and at the same time drugs and treatment skills have been developed, right down to heart transplantation.

The current wave of health problems is related to mental health and its challenges. Knowledge and research is greatly needed, and the development of activities is at an early stage. The solutions are not yet at hand; a lot of work is needed, and also general attitudes must be changed. In Europe, mental health issues and the promotion of mental health have been recognised as important. The slogan "There is no health without mental health" is widespread in the European Union.

Mental health is becoming increasingly important in the face of economic transformation while the whole of society is changing into an information society. The information society does not consist of machinery, equipment, cables or web connections, but is entirely a mental process. The information society requires people flexibility, innovation, learning ability, social skills, networking, creativity ... and all of these are mental abilities, mental skills. Development on the one hand emphasises the importance of mental health, while mental vulnerability on the other hand, for example, depression or substance abuse problems, threatens to undermine the success and competitiveness of developed countries.

Mental health is a renewable resource. It is consumed and renewed all the time. People used to think incorrectly that mental health is like a packed lunch: it is eaten until it runs out. Now, the renewable nature of mental health is understood. Everyday, small positive experiences enhance mental health, while little nuisances consume it. The important cornerstones of mental health are other people, relationships and positive experiences of success in life. Each person needs another person at all stages of their lives. Humanity is best achieved through a sense of community.

Health and well-being are very important values for people of all ages. The way mental health is built upon everyday life is clearly visible in the older person's life. Mental health promotion actions become at the same time closer and simpler. Addressing the familiar elements and affairs of everyday life, and supporting activities that may take place in everyday life. Whether the older person lives at home or in a residential setting, mental health promotion actions do not require expensive tools or scientific preparation. What is required is a systematic approach and the careful planning and execution of actions. There is no health without mental health, as mental health really is health! The way an older person experiences himself or herself and his or her own health, affects his or her life expectancy.

This handbook is designed to inspire all to promote mental health. The book provides tools for action and for monitoring the promotion of mental health in various projects. It also demonstrates the successful initiatives that encourage all in their own work.

Professor Vappu Taipale,
Chairperson of VALLI - The Union for Senior Services, Finland

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1.1 The importance of mental health and wellbeing

Mental health and wellbeing is increasingly recognised as an important component of general health throughout the lifespan. Mental health in this context refers to positive mental health as opposed to mental illness. Good health and wellbeing is associated with the ability to function well at emotional, cognitive and social levels.

1.2 Settings and target groups

The settings in which we live and work play a major role in maintaining and promoting mental wellbeing and preventing the emergence of mental health problems. These are the places where we spend our time and the features of these environments strongly influences mental health and wellbeing. Of course, mental wellbeing is not only affected by the external environment, it is also associated with how we act, think and feel. To some extent, individuals can promote their own mental health and wellbeing. Although individuals experience a wide number of environments, this handbook aims to promote the mental health of older people, who are residents either in their own homes or in residential settings.

1.3 Who should use the handbooks?

While workers and possibly students in the area of older people residences are the ultimate target groups for the handbook – the ultimate aim is that older people will benefit from the interventions described in the handbooks – it is not expected that these groups will undertake mental health promoting interventions alone. The direct target group for the handbooks are front line care workers, home helps, nurses, family caregivers, etc.

1.4 The content of the handbook

This handbook aims to facilitate changes in individual behaviour that will support and promote mental health. The user can learn about how to implement interventions that are designed to improve the wellbeing of older people. The handbook contains examples of suitable interventions and easy to implement exercises for promoting mental health and provides a broad description of the tools and processes that could be followed.

The handbook consists of four main sections:

- A short introduction
- A description of the basics of mental health promotion
- Topics, methods and tools for mental health promotion
- Exercises

The handbook has a number of specific topics that are relevant to older people's residential setting. The handbook addresses 9 such topics including physical health and exercise, socialising, learning and studying.

Within each of these topics there is also a common structure. Firstly, the topic is defined. Secondly, the importance and relevance of this topic in relation to mental health promotion is outlined, followed by a description of how mental health promotion may be implemented in relation to topics. Each of the topic areas also have a set of associated exercises, tools and instruments to support the user, as well as some examples and suggestions for further reading.

Much of the supporting material that the user will need can be found on the MHP-Hands website: www.mentalhealthpromotion.net/?i=handbook.en.resources

Specifically, information on tools, examples and exercises is presented on this site.

More generally, the website contains useful back-up material and links to appropriate resources – this includes the ProMenPol website, which contains more than 400 tools for mental health promotion and the MindHealth website, which contains an online training course on mental health promotion. This training course should be seen as an addition to the handbook. The handbook focuses particularly on interventions targeted at individuals, while the e-learning course targets the structural features of the settings.

1.5 Field testing of the handbook

The materials and exercises in the MHP Handbook were field tested both in Austria and Finland. The participants of these field trials represented variety of professions working in the older people residences. The final product is an outcome of the results from these field trials.

1.6 Acknowledgements

The Mental Health Promotion Handbooks have been produced by a multinational team from Ireland (Work Research Centre Ltd.), Germany (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAUA), Federal Institute for Occupational Safety and Health BAUA), Estonia (Estonian-Swedish Mental Health and Suicidology Institute ERSI), Austria (Forschungsinstitut des Roten Kreuzes, Research Institute of the Red Cross FRK), Finland (National Institute for Health and Welfare THL), Poland (NOFER Institute of Occupational Medicine), Romania (Fundatia Romtens, Romtens Foundation) and Greece (EWORX S.A.). The project has been part-funded by the EU Health Programme 2008-2013 Agreements number: 2009 12 13.

Basics in Mental Health Promotion

Section 2

2.1 Understanding Mental Health Promotion – Concepts, Benefits, General Principles

The World Health Organisation (WHO) has proposed the most well-known and most commonly applied definition of health. According to WHO "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". This definition recognises the mental, physical and social dimensions of health. Moreover, it recognises that health is not merely the absence of disease or illness, but also the presence of wellness or wellbeing. In terms of mental health, WHO offers the following definition:

> *"Mental health can be understood as a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community".*

2.1.1 Positive Mental Health

Mental health influences an individual's ability to think, communicate, learn and mature. Perceived wellbeing strengthens a person's resilience and enhances self-esteem. These are the ingredients for successful contribution to community and society, in professional life, in relationships and in parenting.

Mental health and mental illness have often been described as points on a continuum. However, research investigating the dimensions of mental health suggests that there are instead two continuums to be considered and the absence of mental illness may not always reflect good mental health (see Figure 1). The continuum of flourishing and languishing takes a positive approach to mental health and suggests that even in the absence of full mental health, a person may flourish. It is important to take into account these dimensions, as they have been found to have an effect on health and wellbeing. Flourishing in older people is associated with a lower prevalence of mental illness, fewer chronic conditions, lower risk for cardiovascular-disease and fewer healthcare consultations.

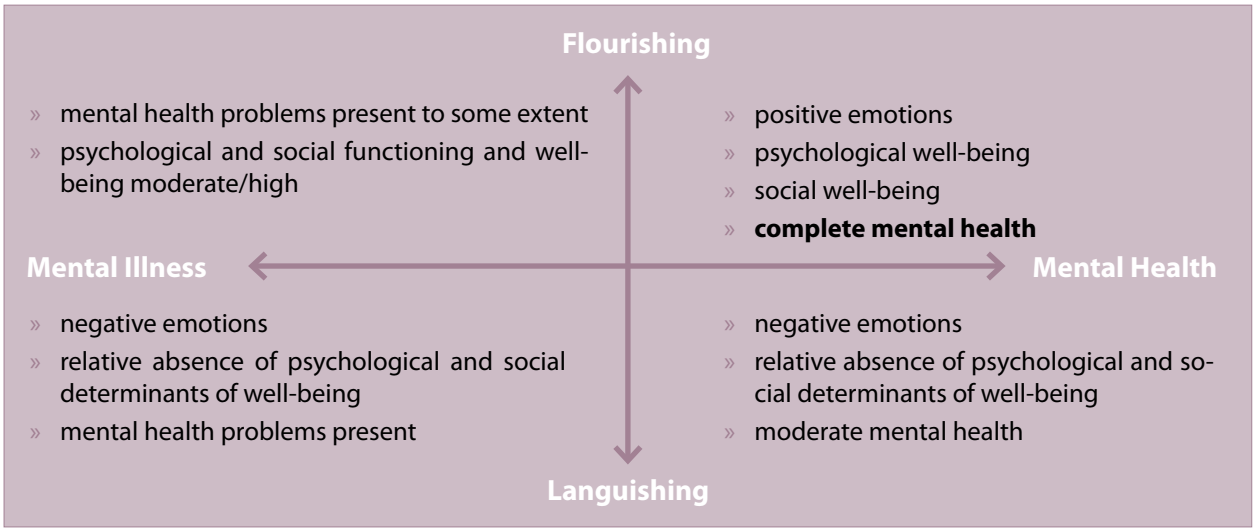


Figure 1: Continuums of mental health (adapted from Keyes, 2002)

Mental health problems, as compared to mental health disorders, are fairly common and are often experienced during periods of high stress or following upsetting events. For example, bereavement symptoms of less than two months duration do not qualify as mental disorders. Nevertheless, bereavement can precipitate the development of a mental illness, particularly if the individual does not receive the appropriate support or counselling. Older people are at increased risk for depression, which in turn is linked to death from suicide, heart attack and other physical health problems. Active efforts in mental health promotion, prevention and treatment can significantly reduce the prevalence of mental disorders. Older people with bereavement symptoms may benefit from visiting a support group. Early intervention can alleviate mental health problems, reducing the likelihood that a mental disorder will develop.

2.1.2 The Concept of Mental Health Promotion

The definition of mental health promotion is very similar to the general description of health promotion as defined by the WHO. Similarly, strategies used in mental health promotion are also similar to health promotion strategies in general. Several interconnecting factors affect mental health and thus "mental health status is determined by a complex interplay of individual characteristics, along with cultural, social, economic and family circumstances at both the macro (society) and micro (community and family) levels" (Commonwealth Department of Health and Aged Care, 2000). Health promotion and mental health promotion have common elements. They both focus on the enhancement of wellbeing rather than curing illness and they address the population as a whole, including high risk people, in the context of everyday life. Furthermore they take action in relation to the factors associated with the determinants of health, such as income and housing and they also broaden the focus to include protective factors, rather than simply focusing on risk factors and conditions. Promotion of health as well as promotion of mental health includes a wide range of strategies such as communication, education, policy development, organisational change, community development and local activities. They also acknowledge and reinforce the competences of the population and encompass the health and social fields as well as medical services.

At this point it is necessary to distinguish between mental health promotion and mental disorder prevention, as the meanings of these concepts often become blurred. WHO defines the interface between the two terms as follows:

> *"Mental health promotion aims to promote positive mental health by increasing psychological well-being, competence and resilience, and by creating supporting living conditions and environments. Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders. It uses mental health promotion strategies as one of the means to achieve these goals. Mental health promotion when aiming to enhance positive mental health in the community may also have the secondary outcome of decreasing the incidence of mental disorders."*

The goals of mental health promotion also include increasing protective factors, decreasing risk factors and reducing inequities. These goals can be achieved by focusing on several issues. Increasing resilience and protective factors may be assisted by:

- increasing an individual's or community's resilience,
- increasing coping skills,
- improving quality of life and feelings of satisfaction,
- increasing self-esteem, and/or sense of wellbeing,
- strengthening social support and/or the balance of physical, social, emotional, spiritual and psychological health.

Reducing the factors that place individuals, families and communities at risk of diminishing mental health can be achieved by:

- focusing on diminishing anxiety, depression, stress and distress, sense of helplessness, abuse and violence, problematic substance use and suicidal ideation particularly in those with a or history of suicide attempts.

Inequalities are often associated with gender, age, poverty, physical or mental disability, etc. Therefore, mental health promotion attempts to reduce this disparity by implementing diversity policies, providing diversity training, creating transitional programmes for identified groups, or promoting anti-stigma initiatives/campaigns.

2.1.3 What is Meant by "Older People"?

The definition of 'old' varies culturally. It is also dependent upon a person's circumstances. Chronological age is used as a general reference point, thus most countries have chosen to use the age of 60 or 65 years to define an 'older person'. However, an individual's functional or health age is a more accurate indicator of age, when considered in addition to actual age in years. For the purposes of this handbook when referred to an older person we use the chronological age of 65+ as a reference point.

2.1.4 Heterogeneity among Ageing Populations

It should be remembered that ageing populations are heterogeneous as there are social, educational, financial and health-related diversities among members of the older population. In addition to these differences, the elderly population also includes several minority groups, namely: black and other ethnic older people, older lesbians, gay men, bisexual or transsexual men and women, older prisoners, older homeless people, grandparents, caregivers and older substance users. It is important to acknowledge that if an older person belongs to one or more of the groups mentioned above it will add another dimension to ones vulnerability and also potentially to their resilience when encountered mental health problems. Thus, it is essential to be aware of these where mental health promotion is concerned.

Furthermore, the heterogeneity of older people extends in the residences they live. Most often they live at home and may avail of supportive services. Elderly people may also reside in a nursing home or in 'transitory' homes such as hospitals or rehabilitation centres. When an older person moves into inpatient care, it means that this institution becomes her/his physical home. This change can affect a person's mental wellbeing, particularly if older people feel unwanted or rejected by family members. Furthermore, expense both in terms of public and private finances and admission to institutions (i.e. nursing homes), is associated with several negative outcomes, e.g. increased mortality and restricted quality of life, often connected to poor quality of care.

2.1.5 The Benefits of Mental Health Promotion in Older People's Residences

Mental health and wellbeing in later life is important for everyone. Good mental health and wellbeing in older age benefits each one of us by ensuring that we are able to lead active, enjoyable and healthy lives. Promoting good mental health in older people helps to utilise the underused contributions that older people have. A healthy, high quality life also minimises the financial costs of mental illness in

the old age population. Depression, anxiety and suicide are all serious problems which are particularly prevalent among older people. For example, the healthcare costs of older people with depression may be 50% higher than that for non-depressed elderly. One of the key benefits of mental health promotion initiatives is that most of these interventions also assist in the prevention of mental illness.

2.1.6 Ethical Issues in Mental Health Promotion

The issue of ethics in mental health promotion is very important. In the older people's setting, especially in regards to residential care, the staff members are responsible for promoting a professional care giving relationship and have a duty of care towards their clients. When mental health promotion programmes are implemented, they often involve issues of confidentiality and anonymity, which must be guaranteed. The implementer of the mental health promotion initiative also has an obligation to ensure that no harm comes to anyone through implementation of the project. Thus issues of beneficence and non-malfeasance (do no harm) are important. It is also necessary to obtain informed consent from all those involved in the project.

2.1.7 Needs of the Population

Ageing is a natural part of life that is influenced by individual and cultural differences. Ageing itself does not cause mental health problems, but particular issues associated with growing older can be uniquely challenging. Widowhood, the death of loved ones and friends, loneliness and declining physical and cognitive ability are challenges and stressful life events that the majority of older people experience later in life. The most prevalent mental health disorder among older people is depression. Memory disorder Alzheimer's disease and attention-deficit/hyperactivity disorder (ADHD, ADD) also cause psychological symptoms. These conditions produce alterations in thinking, mood and behaviour. Mental health disorders also have a negative effect on physical health. For example, depression has been linked with medical disorders including the development of cardiovascular diseases. Consequently, there is also a higher prevalence of depression among people who have experienced heart attacks.

2.1.8 Factors for Success: Evidence-based practice and practice based evidence

Research evidence and the feedback from mental health promotion programme developers have assisted in identifying the following features of successful mental health promotion programmes:

- Programme development based on underpinning theory, research principles of efficacy and needs assessment of the target population and setting
- A focused and targeted approach to programme planning, implementation and evaluation. Use of comprehensive approaches that intervene at a number of different time periods rather than a once-off occasion
- A competence enhancement approach and an implementation process that is empowering, collaborative and participatory, carried out in partnership with key stakeholders
- Address a range of protective and risk factors and employ a combination of intervention methods operating at different levels
- Include provision of training and support mechanisms that will ensure high-quality implementation and sustainability

2.1.9 FURTHER READING

— Hyman, S. (2004) Mental Health in an Aging Population: The NIMH Perspective. In FOCUS 2004(2): pp. 282-287. http://focus.psychiatryonline.org/cgi/content/full/2/2/282.

2.2 Implementing MHP Initiatives

The approach taken in this handbook acknowledges the time constraints of staff working in older people's residences and recommends simple mental health promotion (MHP) initiatives that are quick and easy to implement such as exercises found in section 4 of this handbook. In addition, the aim of the handbook is to support those professionals who wish to design and implement a slightly larger MHP initiative such as a project or a programme. This handbook provides a clear idea of how to design, organise and implement a MHP initiative. While implementation of the MHP project is the main activity there are also some important aspects to be addressed before and after the procedure.

2.2.1 MHP Initiatives: How to get started and how to run project activities

MHP in residential settings for older people, including institutional care or home care settings, should be introduced and integrated as part of the daily activities with older people. Hence, it may be useful to start by estimating how and how long the implementation process will take and which steps need to be involved during the planning process. In Figure 2, a four steps approach is presented consisting of making preparations, needs analysis, implementation, and follow-up and evaluation. An advantage of the diagram is that it highlights associated activities within each step. Moreover, it emphasises the cyclical nature of the process, the interrelationships between each of the steps and the importance of taking all aspects into account early in the process.

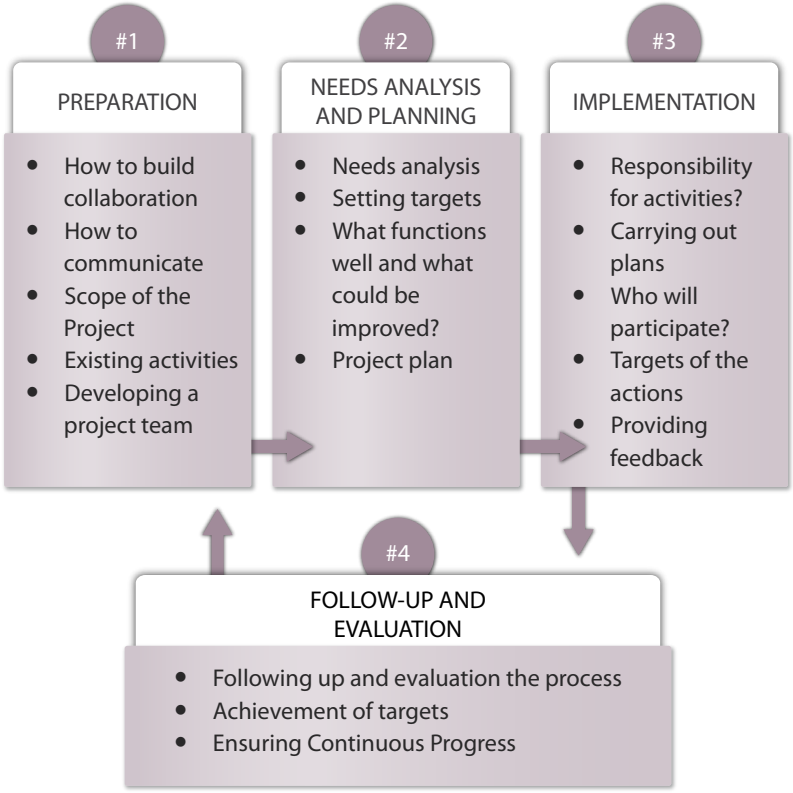


Figure 2: The Step Approach for Implementing MHP
(see www.mentalhealthpromotion.net/?i=promenpol.en.promenpol-tool-kit).

STEP 1: MAKING PREPARATIONS

This first step involves getting ready to embark upon a MHP initiative within an organisation (e.g. in a nursing home, a day care centre or home care). It helps to get the MHP project off to a good start and it is desirable that the initiative is integrated in on-going organisational activities and routines (e.g. the care plan). Setting up the process involves the utilisation of established good practices from the project and process management. Important areas include building collaboration and communication, and scoping the project and existing activities. It is useful to develop a project team which include various representatives of the major stakeholders from the setting (e.g. case and care manager, GPs, care staff), people with the expertise to contribute meaningfully to the development of the project (e.g. psychologists, geriatricians, health and social services) and clients.

It is essential that the project team motivate older people to become involved in the activities, so that they participate in promoting and enhancing their own health. Thus, ethical issues (e.g. confidentiality, anonymity and security), expectations, information, feedback, communications and transparency of activities should be addressed.

STEP 2: NEEDS ANALYSIS AND PLANNING

A thorough needs analysis provides the basis for the MHP initiative. Ideally, it should combine information that already exists within the organisation (e.g. care plan, perceptions, skills of staff members) with new data collected from clients on their specific MHP needs. Moreover, it is advised to consider clients'

past interests, experiences and living conditions (cultural and social), health conditions (cognitive, mental and physical) and their current medical (physical) treatment. Take into account that the group of older people may be diverse in terms of ethnicity (ethnic minorities), sexual orientation (lesbians, gay and bisexual) or in other characteristics (see chapters 2.1.3 and 2.1.4). Therefore, when conducting a needs assessment it is important to clarify the various sub-groups in the client population and to develop appropriate activities for each group.

A needs analysis can be carried out in several ways: Establish the scope of the MHP initiative (e.g. ask questions like: In which areas will it operate? Is there time and are the necessary resources available? How should this project be integrated with other health initiatives?), establish where the proposed MHP project fits into existing health promoting activities that can have an impact on mental wellbeing (e.g. nutrition and physical activities), establish what kinds of MHP interventions are possible (plus: Which documentation and reporting relationships for the intervention are needed?), involve the project team (i.e. the care staff of an older person) in the use or adaptation of an existing needs analysis instrument or in the development of a new one (e.g. a checklist, questionnaire, interview schedule, focus group instrument), ensure high standards of anonymity and confidentiality (and abide by all ethical rules) and communicate the results of the needs analysis to all relevant stakeholders (e.g. the case and care management team, colleagues, family members, etc.).

A needs analysis focusing on the clients' demands requires that you explore biographical knowledge/memories, consult expertises of involved staff (e.g. nurses and general practitioners) and become aware of the target group and the clients' current health conditions. Try to be very empathetic and listen carefully!

Based on the results of the needs analysis, you and the project team will be in a position to identify the short and long-term targets of the MHP initiative. This activity should consider the constraints of the project and the likelihood of being able to meet targets. It is essential that the project team avoids setting unrealistic targets.

Therefore, targets should be specific, measurable, achievable, relevant and timely (so called SMART objectives). Set targets in relation to the implementation process and with respect to expected outcomes. Effective targeting of activities relates to both communications, i.e. reaching target groups (e.g. isolated and lonely older women), and to setting targets for the outcomes of each MHP activity (e.g. participation and socialising). Hence, ensure that the communications system can effectively reach the entire target group, consider using multiple methods, use the communication channels that are commonly used and any special barriers that may exist for the target group, e.g. access to electronic communications, levels of literacy, difficulties in cognitive functions and physical abilities, the need for a transport service or a personal assistant. Finally, the importance of providing feedback to participants is clear – it encourages participation and it helps to maintain momentum for the project. Feedback also involves obtaining the views of participants in the MHP activities.

STEP 3: IMPLEMENTATION

This phase deals with the issues relating to the implementation of mental health activities. Before an activity can be implemented it is necessary to assess which resources, facilities and personnel are needed. It must be clear what the aims are, and how these aims are to be met. Who is going to do what, when and how? At the same time, the project team should consider how they will cope with potential resistance to activities and how to encourage staff and older people to participate.

The more the major stakeholders (potential partners) are involved in the MHP initiatives, the easier it will be to implement these activities and the more likely they will prove successful. Therefore, it is recommended that the project team gain support, build collaboration and obtain agreement from those involved in the MHP initiative. Stakeholders can be within or external to the organisation, and might include the management (e.g. CEO, case and care manager, team leader), nurses, care assistants, home helpers, health professionals (e.g. GPs, therapists, psychologists), social care workers and others (e.g. human resources personnel, occupational health and safety representatives, trade unions representatives, trainers). Furthermore you may need to involve older people in need of care and assistance, and their relatives (e.g. family members) and external health and social services (e.g. support groups for older people, pensioners clubs, sport and exercise associations, psychosocial services, charities, religious services, NGO's, pharmacies, hospitals, psychiatrists).

To ensure that implementation runs as smoothly as possible, it is necessary to inform people about the activities that have been selected, when the activities will be introduced and the procedures that they need to follow in order to participate in the activity. Often it is helpful to develop a communication plan for the project. The plan should include a schedule, details on the project materials and communication channels to be used.

One of best ways to obtain support for MHP is to successfully establish a project team. It is essential to ensure that the team works efficiently, that it is representative and that it is strongly led. In addition, the roles of participants should be clear. Hence select members for the project team (e.g. care professionals, care assistants), ensure representation of the major stakeholder groups (e.g. case management personnel, team leaders), develop a preliminary project plan to cover the early stages of the MHP process, assign roles to the members of the project team (e.g. project manager, communications and reporting officer, liaison with external stakeholders (where envisaged), data analyst), and manage any ethical issues that apply (e.g. by consulting the service's ethics checklist).

STEP 4: FOLLOW-UP AND EVALUATION

Evaluation of the MHP project is important in order to determine whether the intervention fulfilled its aims. Both qualitative data (e.g. interviews, discussions, self-reflection) and quantitative (e.g. statistics, questionnaires) data are useful in this analysis. MHP is not a single activity, it is a process. Continuous observation of its progress and its effects are therefore important. In other words, monitoring and evaluation are necessary steps in this process. The evaluation results will provide the basis for revising future MHP plans and activities.

A protocol and procedure for monitoring the progress of the MHP project needs to be established, e.g. to redirect programme activities. The monitoring protocol should contain the following elements: Target indicators (e.g. health status, functional ability, participation rates, participants' satisfaction, costs of the programme) a schedule of monitoring activities, feedback mechanisms/ schedules and both qualitative (e.g. oral feedback) and quantitative approaches (e.g. questionnaire).

Evaluation refers to the process of analysing the data from the monitoring process and using it to address questions such as: Has the process worked? Has it worked efficiently? Has it improved the mental health and quality of life of the residents? Evaluation may include reflection on the implemented MHP initiatives or discussing the process with clients and collecting feedback from those involved. Some of these approaches are focused on exercises which are available in this handbook.

Further information about the entire implementation process of MHP can be obtained from the Mind Health and ProMenPol (e.g. toolbox) websites which can be accessed through www.mentalhealthpromotion.net.

2.3 Roles and Skills in MHP Initiatives

2.3.1 MHP as a Multidisciplinary Effort

MHP strategies are more effective and sustainable if networks and partnerships are developed, which are comprised of a broad range of different stakeholders. In other words it requires multi-professional collaboration. This approach is necessary in order to utilise the potentials, knowledge and skills of the various experts and it is possible to use their strengths and resources to introduce integrated MHP.

Proven strategies and methods enhance the quality of the interventions. Because health promotion aims to develop sustainable solutions, they are oriented on several key principles and methods such as: salutogenesis (development of health), the determinants of health, participatory methods and empowerment. These initiatives can be introduced in different sectors, across different disciplines and integrated within a variety of professional approaches. Furthermore, MHP for older people involves several pre-requisites, such as a positive attitude, engagement, social support, and appropriate resources. The following sections discuss the issues of empowerment, autonomy and dignity, as well as the challenges associated with MHP interventions.

Empowerment

Research investigating this area suggests that some strategies have the potential to both create empowerment and to have health impacts. Effective empowerment strategies are those which combine macro-economic and policy focussed framework conditions to generate increased equity (see topic 5 "Engagement to Society"). Dignity and respect are crucial elements in achieving equity. Dignity and respect can be created by recognising and taking account of the needs and wishes of clients. This is essential because there can often be an imbalance of power in the relationship between the care recipient and the care professional. The client is dependent on the support and help of professionals and with such a power imbalance in the care relationship, respecting the dignity of the client is paramount. Dignity is connected with autonomy in terms of self-determination around issues that affect a person's way of life and wellbeing. Self-determination is part of being independent. It is essential that the older person is able to maintain and enjoy past interests and routines within the care relationship. Dignity has an impact on wellbeing and mental health and it is important that a concern for maintaining the dignity of clients is incorporated into daily tasks and structures. Dignity also extends to the client having control over issues such as their appearance, for example by being able to choose what they wish to wear in accordance with their own style and preferences. Likewise, nutrition plays a central role in the lives of older people. The way in which meals are prepared and provided can assist in creating a respectful and inclusive environment. There will be some clients who are not interested in participating in activities or in staying active. In these instances, it is important to treat clients respectfully and to encourage and empower them to be and remain active. The point here is to be able to distinguish between constructive and destructive autonomy and to adopt an appropriate approach in either circumstance.

Challenges with interventions

It can be the case that although issues of empowerment, dignity or autonomy are included, clients do not initially welcome all interventions or supports. There can be various reasons underlying a client's resistance to change, such as deteriorating physical health (pain, problems with mobility) or mental health problems (e.g. depression). Furthermore, personal beliefs and values (which can be related to structural/societal inequalities) might have an impact on why individual clients do not accept an intervention.

Some potential reasons for resistance to interventions could be a wish to avoid being a burden or to appear in need of 'charity', a lack of confidence, a worry about what the other older people in the residence would think, a mistrust or a dislike of the services provided, a lack of transport, the stigma attached to loneliness and ageing or despondency – feeling that it is not possible to change the negatives associated with getting older.

Financial problems, such as poor social welfare payments/allowances or reduced pensions can also be a reason why clients may reject any further services. Poverty is one of the risks for social exclusion, isolation, and/or loss of autonomy. Women are more likely to have a lower social status than men and they tend to have less access to services, education, food and employment. This in turn has the potential to result in poverty and deprivation particularly among women in old age. These circumstances have a negative impact on mental health and should be considered when interacting with and undertaking activities with clients. Creativity from care professionals is needed to address these issues and a policy around the quality of life, dignity, and living circumstances of disadvantaged older people is required. The key issue is to be aware of the reasons that may underlie resistance and to try to overcome these with clients in a respectful way.

Some strategies that might be helpful when conducting MHP initiatives include:

- Good practice interventions which are based on some form of evidence and/or substantial knowledge and experience in the provision of long-term care and support to older people.
- Find out how the older person approaches activities: Explore the cultural and social background of the older person and try to get a picture of his/her attitudes, beliefs and motivations.
- Many of the interventions are generalisable and can be transferred to other settings and groups. Nevertheless, the specific cultural, social context and environment should be taken into account.
- Improved geriatric training for professionals who work with older adults is recommended, e.g. psychotherapists, nurses, care assistants.
- Ensure that high standards are employed in the selection, training and support of the facilitators or co-ordinators of the interventions. This approach is helpful to the success of the intervention.

2.3.2 Key Skills in MHP

The skills necessary for MHP relate to the implementation of target-oriented interventions. These interventions are concerned with promoting healthy conditions, individual preferences and social interaction for the client, and they require technical, social (communication) and personal skills. The following table presents various skills and characteristics that may be needed for successful MHP in residential settings for older people.

Table 1: Skills for Mental Health Promotion (MHP)

Skill category	Specific skills	Description and examples
Technical skills	**Professional competence and expertise**	
	Core skills (of the concerned professional)	e.g. nurse, physical therapist, social worker, physician, such as examination skills, detection skills
	Specialist skills	e.g. regarding dementia, abuse, etc.
	Knowledge	e.g. legal and ethical issues
	Process skills	e.g. for managing the overall interaction, creative and critical thinking skills, problem solving skills
	Management skills	Planning and organising skills; decision making skills: assessment, diagnosis, outcome identification, implementation, evaluation, e.g. skills possessed by trained head nurses
	Leadership skills	e.g. delegation of tasks, organising work, assertiveness
Social skills	**Any skill facilitating interaction and communication with others**	
	Expressive skills	ability to express oneself and communicate clearly
	Communication skills	verbal and non-verbal, e.g. listening skills for learning another's point of view, networking, team working, skills to motivate and support, commissioning, procurement and negotiation skills
	Teaching skills	e.g. the ability to summarise information and explain things clearly; choosing a presentation style appropriate for the particular audience
Personal skills	**Self-management and emotional skills**	
	Time management	e.g. managing time
	Stress management	e.g. looking after one's own physical and mental health
	Self-responsibility	e.g. react to responsibilities and challenges in work and life, adapt to changing situations and adjust to plans and priorities
	Emotional skills	e.g. sensitivity, empathy, sense of self, self-reflection and interpersonal skills such as effective communication with patients, families and professionals in the care team (family communication skills)

Source: www.lifelongearning.science.usyd.edu.au/glossary.html

Technical skills

Technical skills include professional competences and expertise. For instance these are required or are included in various care concepts. For instance, congruent care relationships refer to the rapport between the professional carer and the client in which the professional should maintain a balance between what the client actually needs or desires and what the professional feels is best for him/her. The care professional plans, leads and implements interventions and may be enhanced when positive past experiences and emotions are taken into account. Furthermore, mental health status (e.g. wellbeing or depression) influences the format and the duration of interventions (i.e. a client's preference for individual vs. group interventions). In addition, a client's circumstances must be taken into account when choosing an appropriate communication style.

In addition from a person-centred (individual) point of view care and treatment predominantly focuses on the social circumstances of the client, such as their family or social networks, rather than on diseases.

The aim is to develop an impression of clients' reference frames so as to better understand their personality, their interests and their preferences, and to consider all information which might influence their care and treatment. When communicating with and helping older people it is practical to reduce stress, enhance dignity and increase happiness. For instance validation therapy builds on an empathetic attitude and a holistic view of individuals.

Personal skills

Personal skills required for MHP in residential settings for older people include good interpersonal and communication skills, sensitivity and empathy (e.g. in interpreting emotions), and conflict resolution skills (e.g. intervening in and defusing a conflict situation). Treating people with respect requires acceptance of the demands and needs of clients. Thus, individualised care is often needed which could mean to speak to clients in an informal way, treat them equally and support them fully with consideration of their feelings and wishes.

For instance older people wish to remain independent and able to care for themselves. In situations where they require care services, there is often a fear that they will become dependent and lose their autonomy. Dealing with these issues is essential for the implementation process.

Social skills

In the area of social skills the communication competences are of highest importance. It is related in the process of introducing older people in the MHP initiative and when you actively identify their wishes and preferences (e.g. reminiscing about the past). It includes good listening skills but also good communication with relatives, friends and neighbours of the clients.

All in all communication is a vital factor for the success of MHP. It is often difficult to reach agreement on a newly introduced intervention and therefore it may take repeated attempts to convince people of its benefits. Again, the needs of the specific target group(s) should be taken into account in all interpersonal interactions: older people with dementia, hearing impairments or other disadvantages (e.g. physical disability, poverty, learning disability, black and ethnic minority groups). Integrating biographic knowledge of clients as part of communication skills in the care setting might be very helpful for creating a successful care relationship. This involves reminiscing with older people about the past and focussing on their personal histories to remember events and life experiences such as their childhood and family background or their educational or professional background.

It is also recommended that the team addresses specific problems and suggests solutions as required (e.g. to arrange further care services). Being open and transparent when communicating with people is another important factor. It is advised that the team obtains clients' agreement to introduce something new or to make any changes regarding how things are done. This establishes trust and forms the basis of a collaborative relationship.

2.3.3 Key Roles in MHP

While the professionals and stakeholder groups involved may vary, the roles that need to be fulfilled in MHP are very similar. In MHP projects and programmes various competences and skills are required and these may be held by individuals undertaking different roles. The main roles that are involved in implementing MHP are outlined in the table below.

Table 2: Roles in implementing MHP

Role	Description
Expert	This refers to the person who has the technical knowledge to implement the MHP initiative. They are typically (health and social) professionals.
Decision maker	This refers to the person who makes decisions about the extent, scope duration and other parameters of the MHP initiative. Typically, they are the client/paymaster/senior management.
Implementer	This refers to the person who implements the activities of the programme or initiative. Typically, they would be someone on the front line. Such as a line manager or a care worker.
Developer	This refers to the role of developing or planning the MHP initiative. Typically, they could be an external consultant or a project manager.
Change manager	This refers to the person responsible for implementing any organisational change that is needed as part of the initiative. Typically, they would be a senior manager or external consultant.
Marketer	This refers to the person who is responsible for 'marketing' or persuading people to take part in or support the initiative.
Monitor	This refers to the person who is responsible for monitoring, evaluating and consolidating the initiative.

In preparation of this MHP handbook, several professionals in institutional and home care settings for older people were interviewed in order to identify the knowledge and skills that are required for different MHP roles mentioned above:

- According to the results the Implementer plays the most central and operative role in MHP initiatives for older people. Carers, care assistants and home helps are the prominent professionals who take on this role. The role is to coordinate the central activities in MHP as she/he is in contact with the beneficiary group, i.e. older people. This person is responsible for a range of steps including preparing and planning the MHP intervention, the needs analysis, the implementation of an MHP action, and evaluation. These steps involve many different essential activities such as communication (contacting), observation (monitoring), and networking (clients, relatives, staff members).
- The role of the Decision Maker is often taken by professionals such as the chief executive officer (CEO) or the department leader of a residential care institution. The CEO and the department leader often take on the role of the marketer of MHP as well as already holding managerial positions. However, other professional groups can also take on this role (e.g. team leader, nurses, GPs). Decision makers need to contribute with advocacy activities for the MHP initiative in order to guarantee participation, cooperation and networking with relevant stakeholders.
- The Expert role is often held by healthcare professions and trainers mainly in relation to communication, motivation and support activities. In contrast, the role of the Developer for MHP refers to all professional groups. They take on activities in relation to the development and implementation of an MHP projects. Hence, planning activities are required such as budgeting, resource planning, etc.
- Marketers are often responsible for comprehensive communication activities, networking and PR work. Furthermore, the role includes to balance different interests, demands and resources (e.g. financial) for the MHP intervention.

- Finally, the Monitor or Evaluator of MHP initiatives is often assigned to team leaders (case and care management) or to nurses. They conduct an analysis of the data collected during the MHP intervention (e.g. via assessment tools and process indicators) whereas account managers deal with cost-benefit calculations and budget controlling issues.

In summary, the knowledge and skill requirements for roles in MHP vary substantially depending on different aspects or elements of the intervention. Effective and sustainable MHP requires the involvement of a number of stakeholders available in the specific setting. Implementers and related roles hold the most important position in MHP interventions and therefore need the broadest range of knowledge and skills across several content areas and topics in every step of the MHP process.

2.3.4 FURTHER READING

— Bartlett, Ruth (2009) Working with older people who have dementia, p. 69-78. In Williams, Toby: Older people's mental health today: a handbook. Pages 69-78.

Outlines the clinical picture of dementia and points out which challenges people who work with older demented people have to face.

— DOH (2010) New Horizons: Confident communities, brighter futures. A framework for developing wellbeing, London, HMSO, Department of Health.

Publication that aims to improve the wellbeing of the whole population by presenting information and different strategies like for example to develop sustainable and connected communities with good physical and mental health.

Topics, Methods and Tools for MHP in Residences for Older People

This section of the handbook introduces the key areas that need to be addressed when promoting and protecting the mental health and wellbeing of older people in residential settings. **Chapter 3.1** provides an introduction to the key areas and related topics and these are described further in sections 3.1.1 to 3.1.4. The section 3.1.5 provides an overview of nine related topics which can be selected when implementing MHP in residential settings for older people. **Chapters 3.2 to 3.10** go into detail on the nine topics and provide a definition for each. The chapters also explain the importance and relevance of the topics, the required implementation procedures and the appropriate roles and skills necessary for introducing MHP in relation to a particular topic. Furthermore, exercises, tools, instruments and good-practice examples related to each of the nine topics are provided. Where exercises are available, links are provided to the relevant section and chapter.

Section 3

3.1 Introduction: Key Areas/Topics for MHP Interventions in the Setting

3.1.1 Key Areas for MHP Interventions

Among members of the older population, there is a great deal of diversity in terms of social, educational, financial, and health status. To accommodate this diversity, the promotion of mental health should include a wide range of approaches and activities. In general, older people benefit from efforts to promote mental health as much as other age groups. Activities such as physical exercise, creative pursuits and spiritual events have been shown to promote mental health. Access to social support and social networks, and the strengthening of social, coping or life skills, have also been shown to promote mental health. In addition, generic health promotion interventions have shown positive effects on mental health.

Older people themselves have identified several key factors that promote mental health and wellbeing in later life. For many older people, a good relationship with family is the most important factor contributing to positive mental health. Maintaining a positive attitude, valuing life, being open and tolerant of change, and possessing a willingness to learn can contribute to wellbeing. Keeping physically, mentally and socially active and interacting with others, are seen as essential activities for maintaining mental health. In addition, retaining independence and having a choice in relation to issues such as retirement and accommodation are important for promoting wellbeing.

However, older people also encounter specific risks to their mental health. Therefore, it is important to have tailored interventions that enhance the mental health of this age group. For the purpose of this handbook, three key areas relating to the promotion and protection of the mental health of older people in residential care settings have been identified from the literature. These are:

- **Key Area 1:** Lifestyle choice, physical activity, and exercise
- **Key Area 2:** Relationships, participation, and meaningful activities
- **Key Area 3:** Early detection of mental health problems, support for caregivers and housing conditions

Each key area is described in the next three sections and topics relating to each area are also outlined. It should be noted that some of the areas are interconnected with other areas or topics, so that many topics cannot be viewed in isolation.

3.1.2 **Area 1:** Lifestyle Choice, Physical Activity, and Exercise

1. Promoting a healthy lifestyle

Many older people identify good health as the most important determinant of quality of life. Older people who suffer from long-term illnesses which restrict their daily activities often still consider themselves to be in good health. Many of the chronic conditions that affect people in later life can be prevented or delayed if a healthy lifestyle is adopted, for example through exercise, maintaining a healthy diet, not smoking and reducing alcohol intake. The use of aids and adaptations of the dwelling can help people to remain mobile. Providing information, encouragement and opportunities for older people to make healthy lifestyle choices helps to promote positive mental health.

2. Providing opportunities for physical activity and exercise

Regular exercise results in improved mental wellbeing, as well as better physical health and functional ability. Different types of exercise have benefits for mood, self-esteem, stress and sleep, and these activities also help prevent or alleviate symptoms of depression and anxiety. To participate safely in physical activity, older people need access to safe and healthy indoor and outdoor environments.

3.1.3 **Area 2:** Relationships, Participation, and Meaningful Activities

3. Strengthening positive relationships (socialising)

Positive and secure relationships with family members, friends and neighbours are important for ensuring good mental health. Having a pet can also positively influence wellbeing. The importance of spiritual belief and involvement in faith communities should also be recognised and access to these activities ensured. A satisfying sexual life is also a component of good mental health for older people. Living alone is a positive experience for some older people, because it means independence, self-support, and autonomy. However, for others it might entail loneliness, especially if the person has difficulty getting out of the house. Social isolation is a strong predictive risk factor for poor mental health. Therefore, befriending programmes to help the older person in his or her everyday life should be organised by the community or voluntary sector. Different kinds of clubs, recreation centres and social networks can help prevent loneliness and isolation. Recognising the skills and knowledge that older people can contribute to their communities and to society, and providing opportunities in which they can share these with people of all ages, will help to prevent isolation.

4. Enhancing community participation (engaging with society)

Facilitating participation in social activities within the residential setting is one way in which older people's mental wellbeing can be supported. The social participation of older people can also be facilitated by providing them with opportunities to participate in the political, economic and cultural decision-making of the community and to participate in lifelong learning. Involvement in community development initiatives or with voluntary groups can also contribute to the positive wellbeing of older people.

5. Providing opportunities for learning and studying (learning)

Learning and studying has beneficial effects on the mental health of older people. When learning takes place in social settings, it can promote wellbeing indirectly through social networking. Lifelong learning programmes foster the realisation of personal and social goals. Lifelong learning contributes to ones self-esteem, social confidence, self-understanding, and sense of hope and purpose.

6. Providing opportunities for creative activities

Art and other creative activities can promote health and wellbeing and improve quality of life. Participation in cultural and creative social life can help older people to avoid isolation and exclusion. A sense of community and shared experience helps to alleviate loneliness and prevent depression in older people. Opportunities to participate in creative activities and cultural events may diminish with age and the on-

set of illness. However, older people can participate in art, culture and recreational activities in a variety of different ways. The art experiences provided by care homes and care services are an important means of creating new contacts and encouraging a sense of community.

3.1.4 **Area 3:** Early Detection of Mental Health Problems, Support for Caregivers and Housing Conditions

7. Early Detection of mental health problems

Early detection involves identifying signs and symptoms of mental health problems at their earliest onset and manifestation. They can be seen as an indication that the individual may be developing a mental health disorder. Even though these symptoms may be less severe, they can easily disrupt an individual's social interactions and result in a diminished state of mental health. This topic emphasises that it is better to consult a mental health professional at an early stage, rather than waiting for the symptoms to become more serious.

8. Supporting caregivers

The majority of care for older and ill people is delivered informally in the home by family carers. Often family carers are older people and they often suffer from illnesses or functional disabilities themselves, which makes the caring role even more difficult. Family carers do an enormous amount of unpaid, full time and long term work. Even though they are usually motivated by love and a sense of responsibility, the family carers often suffer from social isolation and loneliness and many of them may be permanently sick or disabled themselves. They may also need treatment for depression, chronic stress and anger. Furthermore, the loss of sleep, chronic fatigue, muscle pain, irregular mealtimes and lack of leisure time are other common stressors experienced by family carers. Therefore, the provision of support to family carers is extremely valuable as it can help prevent them from becoming ill or their condition worsening. Encouraging and facilitating carers to pursue their own personal interests and to take some respite from their caring responsibilities, is important to helping them fulfil their caring role.

9. Providing opportunities for safe and independent living (housing)

Feelings of independence and autonomy are important for older people and many of them want to live in their own homes for as long as possible. This can be enhanced by, for example, supporting the provision of so-called smart-home solutions and equipment to help with communication and mobility. In addition, the provision of home help and other domiciliary services, and assistance with home improvements and housing adaptations, are all ways of facilitating independent living. It is also important to recognise and tackle any abuse or violence directed at older people and to support those who have been victims of crime or violence in coping with any consequent physical or psychological effects.

3.1.5 Topics for MHP Interventions

There are a number of topics associated with the three key areas involved in promoting and protecting the mental health and wellbeing of older people. Table 3 presents an overview of the three key areas (**A**) and the related topics (**T**) for each. Furthermore, the table makes cross-references to exercises elsewhere in the handbook which are relevant to the area or topic.

Table 3: Key Areas, Topics, and Exercises in this Handbook

Areas (**A**)	Topics (**T**)	Exercises (**E**)
A1. Lifestyle choice, Physical activity, and Exercise		
	T1 Healthy lifestyles and healthy behaviour	E1, E2, E3, E4, E7,E9 (E12, E13)
	T2 Physical health and exercise	E1, E2, E3, E4, E5, (E15)
A2. Relationships, Participation, and Meaningful Activities		
	T3 Socialising and meaningful activities	E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, (E12, E13, E14, E15, E16)
	T4 Engagement in society	E1, E5, E6, E7, (E12, E17)
	T5 Learning and studying	E5, E6, E8 (E14, E15, E17)
	T6 Art and Creativity	E3, E8 (E14, E15, E16)
A3. Early Detection of Mental Health Problems, Support for Caregivers, and Housing Conditions		
	T7 Early detection and interventions	E7, E9, E11 (E13, E17)
	T8 Supporting caregivers	E10, E11 (E13, E17)
	T9 Housing	E11, (E13)

Note: Exercises in brackets can be found on the web-based support of the handbook.

3.1.6 Structure of the Topics and How to Work with Them

Each of the topics presented in this handbook are structured in the same way. This should make it easier for the reader to follow and apply. The learning objective of the topics is to provide the necessary background information and knowledge needed to implement related exercises along key intervention areas for residences for older people.

The following aspects will be described in relation to each topic:

- **Definitions**: This is the introduction which gives a generic overview and definition of the topic. Sometimes related issues will be highlighted and the concept behind the topic will be explained. When appropriate, the aims and learning objectives will be outlined.
- **Importance**: This section highlights the rationale behind the topic and outlines the benefits and expected outcomes that result from implementation of activities. The contribution of the topic to the overall goals of MHP are discussed (e.g. self-determination, independence, happiness) and any challenges (population/societal) are addressed.
- **Implementation**: The steps for implementation of the activities associated with the topic will be described in this section.
- **Exercises, Tools and Instruments**: This section describes and lists potential exercises, tools and instruments – e.g. worksheets, checklists, and screening tools – which may help with implementation of topic activities. The exercises are described very briefly but in many cases, a description of the full exercise can be found in section 4 of this handbook.
- **Examples**: To get an insight regarding examples of good practice, topic specific examples are mentioned. Furthermore, links to the ProMenPol MHP toolbox are noted.
- **Further Reading**: Lists recommended reading for the section.

3.2 Topic 1 | Healthy Lifestyles and Healthy Behaviour

3.2.1 Definitions

A healthy lifestyle is important throughout the lifespan. It is well known that physical health and mental health are closely associated. For example, there is a link between depression and cardiovascular disease (see also section 2.1). The interaction between physical and mental health operates both ways; poor physical health affects mental health and poor mental health leads to poor physical health. Consequently, it is important to have a good understanding of the determinants of health behaviour, such as tobacco and alcohol use, poor diet, etc.

In older age, when physical disabilities and diseases start to appear, for example; musculoskeletal and cardiovascular diseases, maintaining a healthy lifestyle is even more crucial for physical and mental health. One of the myths of ageing is that it is too late to adopt a healthy lifestyle in later years. On the contrary, engaging in healthy habits in older age can prevent disease and functional decline, extend longevity and enhance one's quality of life. It has been suggested that health may be valued more highly by older people than other age groups because ill health may lead to loss of control, autonomy and independence. Lack of perceived control in particular is associated with reduced confidence, social isolation and depression. Furthermore, having a sense of control is linked to feelings of being valued and having a purpose in life.

Disability in old age is influenced by a variety of background factors such as physiological, psychological and social risk factors. Individual behaviours are also factors in active ageing.

Thus, a healthy lifestyle includes:

- non-smoking
- moderate use of alcohol
- healthy diet (avoiding eating too much fat, sugar and salt)
- regular exercise
- appropriate use of medication
- sufficient amount of sleep

3.2.2 Importance

By affecting the determinants of long-term illnesses and lifestyle behaviours, it is possible to improve the health and quality of life of older people. However, studies show that having a long-term illness is not always associated with perceived poor health or quality of life. These results seem to suggest that older people do accept some degree of poor health as part of the natural ageing process. Nonetheless, from an individual as well as a societal perspective, maintaining and promoting healthy lifestyles and healthy behaviour in older age is important.

Alcohol

The use of alcohol can be more problematic for older people than for other age groups. Older people often take more medication, and the combination of alcohol with medication can have increased negative effects.

The factors that influence heavy drinking may include:

- bereavement and widowhood
- mental distress
- physical ill health
- social isolation and loneliness
- loss of independence
- discrimination, ageism
- social pressure from the family

There are differing opinions regarding whether social isolation leads to heavy drinking or conversely, whether alcoholism leads to isolation. In a study conducted in Finland, it was shown that older people's drinking habits related more to cultural habits and norms relating to drinking rather than to ageing. Another study suggested that there is a modest relationship between the alcohol use of older people and poor psychological wellbeing.

Healthy diet

The direct link between nutrition and mental health remains unclear. However, it has been found that older people at risk of malnutrition also had significantly lower levels of social support and higher depression scores than those who were not at risk. Without social support, older people may be unable to eat healthy food. Healthy eating provides essential nutrients and maintains body function, thus supporting independence and activeness. Poor diet may lead, for example, to an increase in bone loss, heart disease, diabetes or arthritis. With healthy eating habits one may avoid these illnesses and maintain a good resistance to infections. Furthermore, eating healthily and having regular meals helps offset weakness and dizziness, which may increase the risk of falls.

Sleep

In order to maintain physical and emotional wellbeing, it is important to have enough sleep. Sleep improves concentration and memory formation, particularly in older age. It also helps the body to repair cell damage and refresh the immune system. Insufficient sleep may increase the risk of many physical diseases, such as cardiovascular disease. It may also increase the risk of mental health problems like depression, or attention and memory problems.

The amount of sleep needed varies between individuals. It is estimated that healthy older people need approximately 7.5 hours of sleep per night. However, the tendency of older people to fall and stay asleep during the day may cause problems in their overall sleeping patterns. The best way to estimate whether the amount of sleep is sufficient is to ask the person if they feel rested after a night's sleep.

Medication

As older people have a higher risk for physical illnesses, they may also use a lot of different medicines. As people age, the amount of prescription and non-prescription medication they take increases. Certain medicines may have an effect on memory and sleep pattern or may cause agitation and confusion. The ageing body is more sensitive to the multiple effects of drugs, and medications should be regularly checked by a health professional. The care provider should ensure that an older person has understood the prescription instructions correctly and is able to follow them. Clear written instructions detailing the maximum and minimum dosages are required.

Taking alcohol with medication can have additional negative effects. For example, tranquillizers, sleeping pills, cold and allergy medicines, high blood pressure pills as well as pain medication react negatively with alcohol. In short, the misuse of medication and/or of alcohol may result in mental health problems.

Smoking

Non-smoking is linked with healthy ageing. Conversely, smoking increases the risk of lung cancer and it reduces bone density, muscular strength and respiratory function. The effects are cumulative as well as long lasting. Smoking may also have negative effects on essential medication. Smoking-induced diseases and smoking related deaths increase as people get older. This is partly due to the length of time spent smoking, but poorer physical condition is also a contributing factor. Even though older smokers are less likely to attempt to quit smoking, they are more likely to succeed when they do attempt to do so. Stopping smoking is still the most effective way of decreasing the risk of smoking-induced illnesses for all age groups.

Exercise

The importance of physical exercise and suggestions for interventions focused on active ageing are described in more detail in the section on physical health and exercise.

3.2.3 Implementation

A healthy lifestyle has a positive impact on wellbeing, while good mental health helps support healthy behaviours. Lifestyle habits are related to an individual's cultural, societal and economic background of each individual. Thus influencing lifestyle habits requires a subtle and incremental approach. Interventions that target the lifestyle and health behaviour of older people should be tailored to suit each individual's abilities, preferences and needs.

3.2.4 Exercises, Tools and Instruments

In any intervention programme aimed at promoting healthy lifestyles, it should be remembered that individuals are responsible for their own lifestyle habits. Multi-functional interventions which consider all the aspects of a healthy lifestyle; healthy eating, exercise, non-smoking, etc., may be the most effective as each of these aspects are strongly related.

There are several tools for promoting and maintaining healthy lifestyles. For example, A Guide to home safety for seniors is a simple handbook on safety and healthy lifestyle for older people. It also provides easy to use checklists on healthy nutrition, medication and physical activity. (The Guide can be found at www.mentalhealthpromotion.net/resources/the-safe.pdf).

Box 1

Some simple ways to support an older person's eating habit.

- Encourage an older person to take part in or be active in preparing food when possible.
- Ensure that mealtimes are enjoyable; make sure that food, place settings and eating surroundings are appealing.
- Ensure regular mealtimes. However, remember individual flexibility in eating habits.
- Encourage the older person to take physical exercise and spend time outside the house. Even small amounts of exercise improve appetite.
- Inform the older person of the importance of nutrition on health and dietary condition. Inform the family members also.
- Be aware of special diets and help the person to follow it by finding recipes, providing choices, etc.
- Find out the older person's favourite food and encourage eating by offering healthy alternatives if necessary. Use familiar ingredients.
- Make sure that the older person has the skills to prepare healthy meals and that he/she has the necessary equipment for it.
- Keep an eye out for possible changes in the older person's weight.
- Respect his/her own preferences and autonomy.
- Make sure that an older person drinks sufficient fluids.
- Support adequate nutrition by providing snacks and encouraging the older person to eat them.
- If necessary, inform the older person of meal services and help him/her to access these services.
- Make sure that other care providers are familiar with the older person's dietary habits and possible changes in it.
- Use MNA (Mini Nutritional Assessment) tool to assess the screening of nutritional condition and malnutrition. More details about the MNA tool can be found from the exercise number 2 Nutrition.

The following exercises in relation to older people's healthy lifestyles and healthy behaviour are available in section 4 of this Handbook:

- Exercise 1: Starting Physical Activity
- Exercise 2: Nutrition
- Exercise 3: Dance and Movement
- Exercise 4: Gardening for Health
- Exercise 7: Steps in Friendship Enrichment
- Exercise 9: Screening Mental Wellbeing

The following exercises can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 12: Visiting Schemes (i.e. animal-assisted)
- Exercise 13: Assessing Emotional and Social Loneliness

3.2.5 Examples

The information box contains an example of a healthy lifestyle intervention. More examples can be found from webpage support.

Box 2

AgeUK. Healthy living. Maintaining a healthy body and mind.

www.ageuk.org.uk/Documents/EN-GB/Information-guides/AgeUKIG24_healthy_living_inf.pdf?dtrk=true

The aim of this guide is to promote the independence of older people by providing information about their own lifestyles. The guide provides easy-to-use tips about exercise, healthy eating, benefits of non-smoking and moderate use of alcohol, etc.

3.2.6 FURTHER READING

— Raphael, B., Schmolke, M. & Wooding, S. (2005) Links Between Mental and Physical Health and Illness. In WHO: Promoting Mental Health: concepts, emerging evidence, practice.

A report of the World Health Organisation, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne.

3.3 Topic 2 | Physical Health and Exercise

3.3.1 Definitions

The holistic view of health (see Figure 3) considers physical health, mental health and mental illness to be interlinked. Both physical and mental health affects each other continuously. Research supports the relationship between mental illness and physical health problems. Studies have suggested that positive mental health may be linked with positive physical fitness. Physical exercise and the sense of achievement in accomplishing certain goals results in a feelings of wellbeing. This is also evident in studies investigating the health of older people.

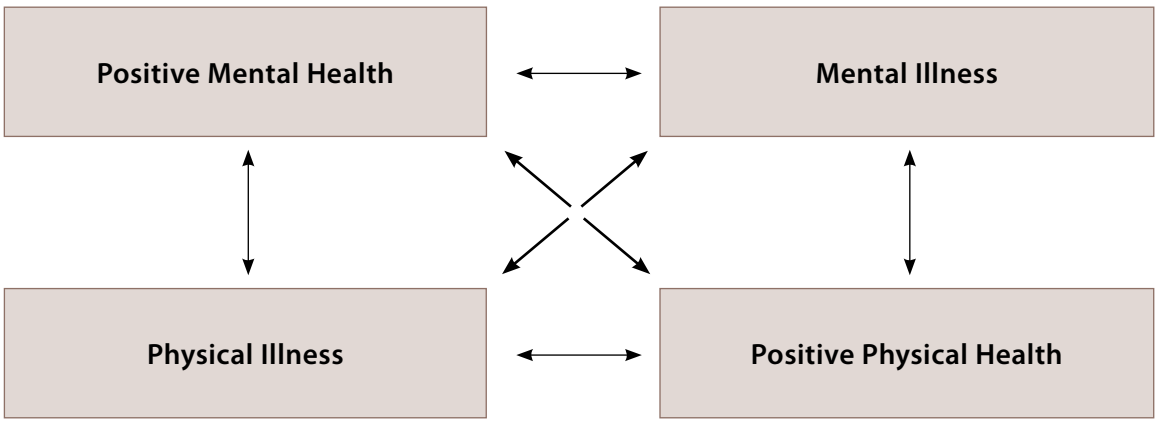


Figure 3: A holistic view of health (Raphael et al, 2005)

The term 'active ageing' was adopted by the WHO in the late 1990's. It refers to a process that allows people to realise and optimise their potential for physical, social, and mental wellbeing throughout the lifespan. Active ageing enables participation in society according to older peoples' needs, desires and capacities, while providing them with adequate protection, security and care when it is needed. Active ageing strives to extend the healthy life expectancy and the quality of life of all older people, including those who are frail or disabled and in need of care.

Under this term, the word "active" refers not just to physical activity or the ability to be part of the labour force. It also refers to continuous participation in social, economic, cultural, spiritual and civic life. Active ageing includes autonomy, independence and control, which are important for the enhancement of quality of life and are relevant aspects in relation to growing older. In all MHP activities for older people, it should be remembered that measures which aim to help older people remain healthy and active, are a necessity rather than a luxury.

3.3.2 Importance

Physical activity is linked with mental health. There are studies which propose that exercise provides psychological benefits such as increased mental wellbeing and a reduction in the symptoms of depression and anxiety. Also, there is evidence that good physical health and functional ability are the most frequently reported associations with wellbeing and quality of life in older age. It has been found that the incidence rate of dementia was remarkably lower in a group of older people who exercised three times a week. There are also positive results associated with regular exercise in people who have been diagnosed with Alzheimer's disease.

The amount of physical activity that should be undertaken depends on an older person's current state of health and physical condition. Overall, it is suggested that a person should do moderate intensity exercise for 30 minutes per day. However, this can also be achieved by exercising in smaller sessions several times per day. The exercise can be any physical activity, such as gardening, housework, climbing stairs, etc. Physical health and exercise reduce the risk of developing chronic diseases, aid the management of chronic diseases and improve one's ability to function and remain independent. These factors, in turn, have a positive effect on mental wellbeing.

Remaining physically healthy by taking daily exercise also has other benefits. The risk of falling is reduced by improved joint flexibility and by stronger bones and muscles. Exercise makes the individual feel more energetic and less fatigued, and it builds endurance and balance. Thus, it improves sleep and diminishes the symptoms of depression and anxiety. Active living promotes social contact and it raises self-confidence and feelings of independence and self-efficacy. Furthermore, there are also financial benefits as medical costs are remarkably lower for older people who are active.

3.3.3 Implementation

Before implementing interventions which focus on increasing exercise for older people, certain aspects should be remembered. Make sure that you identify the wishes and preferences of the older person in relation to taking exercise and remember that daily activities such as housework, gardening, climbing stairs or shopping are also good ways to exercise. Make also sure that the state of health of the older person is such that they can exercise and that there are no restrictions the types of exercise they can do. You can always ask the older person to check with their GP. Daily exercise can have major impact, even if the exercise is done in small steps, so be supportive and encourage the older person. It is also important

to ensure a slow start and that facilities and surroundings are suitable. They should be easy and safe to use. They should also be attractive as this makes exercising more appealing and enjoyable.

When possible, try to include family members, friends or neighbours in exercise activities; encourage them to take walks or to do shopping together, etc. Find out if the older person can join activities outside of their home; do they have the necessary transportation? Do suitable recreational services exist? Would the older person need assistance to join the activity? Does the older person have the financial resources to join the activity? Finally, remember that physical activity is most beneficial when it is seen as meaningful and enjoyable.

3.3.4 Exercises, Tools and Instruments

Linking music with exercise has proved to have tremendous effect on improving mental wellbeing. Music in itself provides a medium by which to understand and express emotions and feelings, perceive self-identity in relation to others and maintain a sense of wellbeing. When combined with low intensity exercise it produces significant improvements in happiness and wellbeing and has other social and psychological benefits.

Research has found that older people tend to spend several hours watching TV. Therefore, exercise DVD's could be a good way of getting them involved in exercise. Gardening can also be a good way to exercise and has been found to enhance mental stimulation. Communal gardening provides opportunities for social contact which has a positive effect on an older person's sense of worth and mental wellbeing.

There are several guides and toolkits that can be used to help design and implement exercise interventions for older people. They also provide tips on motivating older people to be more physically active.

Box 3

Active for Later Life.

www.bhfactive.org.uk/older-adults-resources-and-publications-item/78/index.html

The toolkit gives insight into various aspects of exercise and older people; e.g. the possible barriers to exercise for older people. These tips can help to get an older person interested and active.

The following exercises in relation to older people's physical health and exercise are available in section 4 of this Handbook:

- Exercise 1: Starting Physical Activity
- Exercise 2: Nutrition
- Exercise 3: Dance and Movement
- Exercise 4: Gardening for Health
- Exercise 5: Mapping Participative Activities

The following exercise can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 15: Symphony of Art Forms

3.3.5 Examples

The information box contains an example of a physical health and exercise intervention. More examples can be found from the webpage support.

Box 4

Strength in old age - Health exercise Programme for older adults.

www.voimaavanhuuteen.fi/en/frontpage/

This programme aimed to promote the autonomy and quality of life of independently living older adults with decreased functional capacity. This aim was to provide knowledge of the benefits of the exercise to older people, their families as well as health care professionals. The exercises aimed to increase the leg muscle strength and balance exercise of older people. The programme also aimed to develop services.

Several local third sector projects were included and they organized various forms of exercise. Also the actors in public, private and third sectors were encouraged to form networks, develop exercise services for older adults, and improve conditions of exercise and everyday mobility.

3.3.6 FURTHER READING

— Page, P., Rogers, M., Topp, R., Rimmer, J. et al (2004) The Active Aging Toolkit: Promoting Physical Activity in Older Adults for Healthcare Providers.

www.silverinnings.com/docs/Health%20n%20Fitness/Physical/Toolkit%20-%20White%20paper%20on%20Active%20Ageing.pdf

3.4 Topic 3 | Socialising and Meaningful Activities

3.4.1 Definitions

Most of the disadvantages that affect people in older age, including diminished health, are not directly caused by the ageing process itself. They are a co-product of people's individual abilities and needs, but are also influenced by the living conditions and the social environment of the older person. Many of these disadvantages can be influenced and changed in a positive way.

There are several factors which influence the mental health and wellbeing in older age groups. Social determinants such as the participation in meaningful activities, social activities, relationships, and social networks are especially important in this regard as they have a positive effect on the mental health of older people.

3.4.2 Importance

In a recent project, researchers concluded that meaningful social activities should be considered in interventions aiming to improve mental health among older adults. Scientific literature delivers evidence

for the effectiveness of psychosocial interventions in the prevention of social isolation. For instance, group-based social support activities are likely to reduce social distress, social isolation and loneliness in older people.

The aim of such implementation measures and programmes is to improve the mental health and well-being of older adults through the promotion of social contacts and socialising, and engagement in meaningful social activities.

3.4.3 Implementation

From an intervention perspective, mental wellbeing can promote good health and healthy behaviours that have sustainable effects for later years. The interventions should be tailored to the older individual's ability, preferences, and needs.

During implementation, several strategies can be followed:

- Psychosocial interventions: examples such as interventions which enhance an older person's control, Cognitive Behaviour Therapy (CBT), and relaxation and group interventions (e.g. with educational input or social support) are especially recommended with older adults. They have the potential to reduce depression and increase mental wellbeing.
- Strengthening social networks and supporting meaningful activities: these are likely to prevent social isolation and loneliness. For instance, group programmes strengthen social networks and social support. Peer support programmes, e.g. self-help groups, are effective in reducing social isolation and loneliness, and in improving quality of life. Meaningful participation in interesting social activities helps prevent and reduce depressive symptoms.

In preparing, conducting and evaluating the intervention it is recommended that the following steps and aspects are considered:

- It may take time for the positive effects to become clear. Longer intervention times are often required.
- Make the particular intervention visible (e.g. publicise it). Give the older person a social role and an important task that makes him or her feel useful and needed.
- Success is more likely if the intervention is tailored to a specific group such as older women, caregivers, those who are widowed, those who are physically inactive, or people with mental health problems. A needs analysis may be required.
- When you want to foster social networking, (e.g. to reduce loneliness and isolation), choose a group intervention rather than a one-to-one intervention. Try to include the older person in a group, e.g. with relatives, friends, neighbours, etc.
- Enable the older person and involve him/her in the planning, development and delivery of the activities. Enhance participants' level of control over the intervention.
- Greater success is achieved if existing community resources are utilised and if the intervention aims to build community capacity.
- Try to conduct a process evaluation to assess the quality of the intervention. This should shed further light on the findings. Record activities, feelings and 'hidden' changes that occurred during the intervention. Try to learn from these findings and try to improve the intervention.

3.4.4 Exercises, Tools and Instruments

Isolation and loneliness are risk factors for older (dependent) people. In the preparation phase, you should identify the particular issues that need to be taken into account when planning a mental health promotion intervention for older people.

For an appropriate intervention, try to get a picture of the cultural and social context/environment of the older person. Explore the older person's social network, perceived loneliness and identify specific needs.

There are several simple tools which can help you:

- Screening Mental Wellbeing: The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is a newly developed scale for assessing positive mental health and mental wellbeing. It is an easy-to-use instrument (a scale with 14 positively worded items and five response categories). It covers most aspects of positive mental health (positive thoughts and feelings). A shorter version of the scale is also available (the Short Warwick-Edinburgh Mental Well-Being Scale/ SWEMWBS).
- Assessing Emotional and Social Loneliness: A short 6-Item Scale can be used to get information about emotional and social loneliness in older people.
- Tools to assess social isolation and social support.

The following specific activities may be helpful when designing a mental health promotion intervention:

- Befriending, friendship enrichment or empowerment measures
- Arranging family style mealtimes
- Singing and musical activities
- Establishing a self-help or a discussion group
- Tele-conferencing or telephone support services
- Engaging with home-visiting services

The following exercises in relation to older people's socialising and meaningful activities are available in section 4 of this Handbook:

- Exercise 1: Starting Physical Activity
- Exercise 2: Nutrition
- Exercise 3: Dance and Movement
- Exercise 4: Gardening for Health
- Exercise 5: Mapping Participative Activities
- Exercise 6: Skills Profile and Action Plan for Learning and Engagement
- Exercise 7: Steps in Friendship Enrichment
- Exercise 8: Strengthening Self-image through Art
- Exercise 9: Screening Mental Wellbeing

The following exercises can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 12: Visiting schemes (i.e. animal-assisted)
- Exercise 13: Assessing Emotional and Social Loneliness and
- Exercise 14: Music Panel

- Exercise 15: Symphony of Art Forms
- Exercise 16: Picture Cards/ Photographs as a Means of Positive Reminiscing

3.4.5 Examples

Box 5

From Isolation to Inclusion – (Re)integration of isolated seniors into community life.

www.i2i-project.net/

The i2i project identified measures which enable older people to fully participate in community life, in particular older people with high risk of social exclusion (single, ethnic minority groups, disabled older persons, chronically ill, older women, etc.). These initiatives involved other older people in the community supporting their more isolated peers. By using a combination of political drive, expert know-how, and direct links into practice, the i2i-project increased the chances for successful implementation of socio-political measures in favour of isolated older persons.

Further Examples:

- Good Neighbour Scheme, UK: Supporting independence, e.g. www.ageuk.org.uk/dudley/Our-services/Good-neighbour-scheme/
- Silver song clubs – Sing for your life. www.singforyourlife.org.uk/silver-song-clubs

3.4.6 FURTHER READING

— Lang, G., Resch, K., Hofer, K., Braddick, F. & Gabilondo, A. (2010) Background document and key messages for the EU thematic conference: "Mental Health and Well-being in Older People - Making it Happen"

Summary of the EU Thematic Conference on mental health of older people which includes key messages, key actions, and supporting background information to promote healthy ageing and prevent older people from getting mentally ill.

— Lis, K., Reichert, M., Cosack, A., Billings, J. & Brown, P. (2008) Evidence-Based Guidelines on Health Promotion for Older People. www.healthproelderly.com/pdf/HPE-Guidelines_Online.pdf, Vienna, Austrian Red Cross.

Report on the healthPROelderly project that presents evidence-based guidelines for health promotion for older people which were designed for use by health promotion practitioners.

— Step-by-Step Guide: How to Create and Coordinate a Contact the Elderly Group, www.mental-healthpromotion.net/resources/ste-by-step-guide---how-to-create-and-coodinate-a-contact-the-elderly-group.pdf

In order to recognise that older people have a different culture and are different than other age groups, this publication presents some guidelines on making contact with older people, for example to establish regular companionship groups for lonely elderly people.

3.5 Topic 4 | Engagement in Society

3.5.1 Definitions

Engagement in society refers to participation in leisure, social, cultural, political and spiritual activities in the community, as well as with the family. Participation and engagement implies having a role and making a contribution to society. Engagement and participation in social life are strongly connected to good mental health and wellbeing and to reducing social exclusion. Participating actively in the community allows older people to continue to use their knowledge and skills, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships.

3.5.2 Importance

Active participation in social life and social roles derive from personal relationships with family and friends. Family and friends remain a key factor in quality of life in old age. It is often forgotten that, irrespective of the attentiveness of staff, the company of one's peers is a very important aspect of mental wellbeing. The same applies to relationships with people from other age groups. Older people have a valuable role to play in working with other frail and isolated older people, participating in intergenerational activities, and in peer mentoring.

Enjoyable activities provide a way of feeling alive and connected to the world. Leisure activities, such as dining with friends or travelling, are important aspects of enjoying life. Engaging in leisure pursuits and maintaining involvement in meaningful activities helps older people to retain autonomy.

There is some evidence that people who are engaged in society tend to be happier and less prone to physical and mental decline. Volunteering improves participation in society and is therefore relevant to mental health promotion. In particular, peer mentoring is seen as an effective means by which to promote wellbeing. Volunteering can provide a sense of purpose. Moreover it can potentially moderate the demise of a sense of purpose in older adults who have experienced the loss of their role identity (e.g. wage earner, parent). Volunteering prevents social isolation and serves as a social network, which can provide support in difficult times and crisis situations.

Participation in wider social and civic activities:

Collective participative engagement can include activities such as:

- Social activities and social engagement, volunteering.
- Environmental engagement: Physical activity is an additional benefit of environmental engagement.
- Engagement in special interest groups: e.g. book clubs, computing, sailing, writing; see www.ageuk.org.uk/get-involved/social-groups/special-interest-groups
- Civic engagement and political engagement: Civic engagement involves individual and collective actions designed to identify and address community issues and needs.

As you can see in the Figure below there is a wide range of potential participative activities.

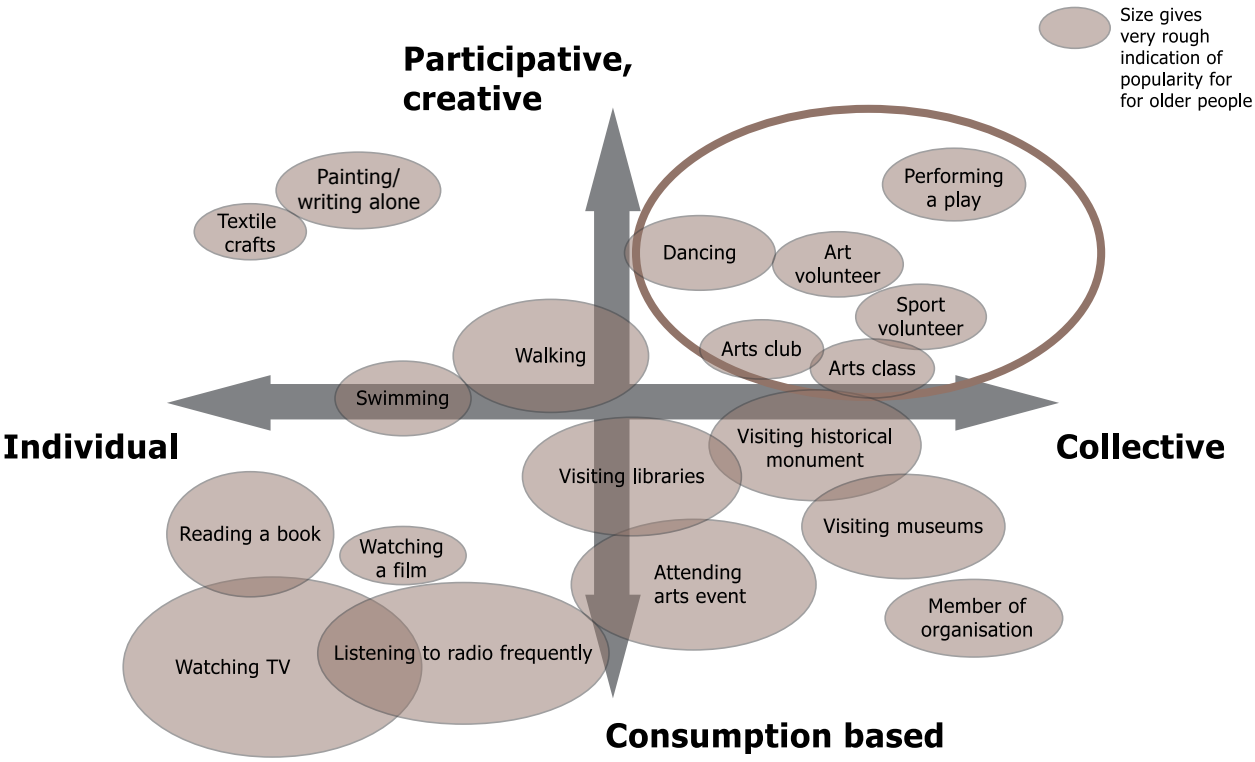


Figure 4: Range of participative activities

Source: Adapted from Jamie Cowling (2005) Mapping Culture and Civil Reneval

Participation and engagement in society is a way of fighting stereotyping and ageism. Older people might face particular challenges in relation to participating and engaging actively in society. Engagement in formal and informal social life depends on having adequate access to transportation and leisure facilities and on obtaining information about activities. Older people might also come up against negative attitudes to their engagement in social life, or may experience negative attitudes in general. Older people are at increased risk of being labelled with ageist stereotypes. They are frequently believed to be dependent upon those still in the work force and are often characterised as being sick, frail, lonely and incompetent. Negative stereotypes may result in the isolation of older people.

3.5.3 Implementation

Experience has demonstrated that older people from a variety of backgrounds could be attracted into volunteering if efforts were made to recruit them. In particular, older people from black and minority ethnic communities with little or no tradition of formal volunteering are more likely to volunteer within their own communities than in mainstream organisations.

Steps to be taken include:

- Increase peoples' skills, access to information and resources in order enable participation and engagement.
- Use participatory methods but not limiting the involvement of older people to be informants only. Genuine participation implies the redistribution of power: "While participation forms the backbone of empowering strategies, participation alone is insufficient and can be manipulative and passive, rather than active, empowering and based on community con-

trol." (Wallerstein, 2006).

- Empowerment means enhancing people's perceived and actual control over their life and wellbeing. Empowerment implies
  - expressing needs and concerns
  - devising strategies
  - decision making.
- Prerequisites for empowerment and participation are:
  - access to information
  - exchange of experiences and learning
  - promotion of independence and autonomy
  - self-worth and self-esteem
  - enhancement of practical skills and provision of assistance.
- Raise Awareness about ageist stereotyping and promote a positive and realistic image of old age.
- Promote decision-making and participation.
- Ensure a real transfer of decision-making authority to clients.
- Involve peer mentors and lay helpers.
- Build on documented successful strategies, good practice and supporting partnerships and coalitions (family, friends, care and nursing staff).
- Build on successful patient and family caregiver strategies, to re-orient services towards improving their wellbeing.

3.5.4 Exercises, Tools and Instruments

The following five exercises in relation to older people's engagement in society are available:

- Exercise 1: Starting Physical Activity
- Exercise 5: Mapping Participative Activities
- Exercise 6: Skills Profile and Action Plan for Learning and Engagement
- Exercise 7: Steps in Friendship Enrichment

Exercise 5, 6 and 7 can be found in section 4 of this Handbook.

The following exercises can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 12: Visiting Schemes (i.e. animal-assisted)
- Exercise 17: Needs Analysis

3.5.5 Examples

Box 6

Volunteering, Peer Mentors: Case Study: Partnerships for Older People.

Project: local active age centres in Somerset (UK)

This project involves the establishment of 50 local 'Active Age Centres' providing a range of services for older people in a café style environment, based in existing local facilities (such as village halls, sheltered housing schemes, etc.). The centres will be a source of information and a direct route into the full range of preventative services in the area. Some of these will be provided at the centre and others will be provided through signposting to partner organisations.

Examples of innovative services operating from or linking to the centres include:

- Adult learning and leisure - with each centre having internet facilities.
- A new co-ordination service that will proactively identify older people at risk of falling with the aid of a very simple screening tool.
- Crime reduction initiatives (e.g. security and Victim Support).
- Healthy living and ageing well services (e.g. Flexercise, Activage, healthy eating).
- Fuel poverty and energy efficiency services and advice.
- Access to assistive technology.
- Specialist groups and networks (e.g. carers, mental health, sensory loss).
- Access to volunteering (e.g. Time Bank), and pathways to work.

Since transport is a key issue in Somerset, there are outreach facilities for older people who are unable to, or do not wish to, physically attend a centre. Older volunteers are a central feature of this project. They training so that they are able to provide a range of information, advice and support services (e.g. providing healthy lifestyle advice, or support to those people who want to assess their own needs for services). Above and beyond this, they serve as a vehicle for empowering the local community of older people, with older people identifying ways in which their local communities might be improved. Promoting independence and well-being is much more than providing a range of preventative services. Key to this project is the notion that older people's active citizenship is a form of prevention in itself. Older people need to be at the forefront of organising and even delivering support to their peers.

Further Examples:

- Active Living Network; www.somersetactiveliving.org.uk/welcome/fun/

3.5.6 FURTHER READING

— Arnstein, S. R. (1969) A Ladder of Citizen Participation. Journal of the American Institute of Planners, Vol. 35(4), 216-224.

This easy-to-read article introduces eight levels of participation and describes the different types of participation and "Non-Participation".

— Cantley, C., Woodhouse, J., & Smith, M. (2005) Listen to Us Dementia North Northumbria University.

Because of the fact that people with dementia are a socially marginalised group, this article highlights why and how people with dementia should be involved in planning and developing services and shows the key tasks for managers and for practice.

— Wallerstein, N. (2006) What is the evidence for the effectiveness of empowerment to improve health?

This report on the effectiveness of empowerment shows that empowering is a suitable public health strategy and that initiatives can lead to health outcomes such as the reduction in health disparities. The report also noted that empowerment is a complex strategy the effectiveness of which depends on several different factors.

3.6 Topic 5 | Learning and Studying

3.6.1 Definitions

Previous employment and work history determines the income and social protection of older people. Some older people in less favourable financial positions are left vulnerable to poverty, social exclusion, and poor housing; these are risk factors for mental illness.

Extended working lives and the later retirement of older workers has had a positive impact on economic growth and competitiveness. Older people who remain in employment for longer should be recognised for their important contributions and be considered valuable to the community. Several studies have demonstrated that continuous occupational activity may be associated with the development of specific skills and knowledge, which can be used to compensate for age-related cognitive decline. In addition, the retirement phase is perceived as an important life transition in older age groups and it may have positive or negative health effects due to changing roles, decreased independence and one's sense of self-worth.

Learning and studying has beneficial effects on the mental health of older people, irrespective of whether they are retired or are dependent on someone else. Currently there is some indication that lifelong learning has a positive impact on the mental health of older people and that it can reduce the prevalence of mental illness. The evidence suggests that participation in interesting and stimulating activities can protect against cognitive decline, e.g. the risk of Alzheimer's disease. Lifelong learning contributes to ones self-esteem, social confidence, self-understanding, and sense of hope and purpose. However, lifelong learning can have negative effects for some people if the targets or goals are unrealistic.

When learning takes place in social settings, it can promote wellbeing indirectly through social networking. The promotion of innovative partnerships with care facilities such as residential care homes should be encouraged, in order to provide learning opportunities for vulnerable elderly who are unable to travel to public, private or voluntary services in the community.

3.6.2 Importance

Lifelong learning initiatives are effective ways to increase (mental) activity, responsibility and to reduce dependency. Community, local and national policies provide the institutional framework conditions and learning environments. Individuals working with older people can actively promote the development of knowledge and skills.

Nevertheless, older peoples' mental capacities have to be taken into account. Ageing is often accompanied by some measure of cognitive decline, in areas such as:

- speed of processing information (e.g. recall information, complete tasks)
- cognitive flexibility (e.g. ability to change judgments or to generate alternatives)
- capacity to draw conclusions and inferences
- working memory (e.g. to manipulate different types of information)
- ability to focus on special information and eliminating distractions.

But it is important to realise that many cognitive skills remain intact even in very old age, and that older people can have highly efficient cognitive functioning, for example;

- Knowledge is retained across the life span and provides older individuals with an extensive knowledge base which is – for instance – used when solving problems.
- Older people are as knowledgeable and insightful as they ever were: older adults are as accurate as younger adults in deciding whether two concepts are related or whether they share particular aspects of meaning.
- The difference between younger and older people is how the two groups come to their conclusions, the methods are quite different. In the decision-making process, compared to younger adults, older individuals
  - review much less information,
  - eliminate choices or possibilities more quickly,
  - analyse information less stringently and make decisions more quickly,
  - refer to prior life experience rather than objective data.

3.6.3 Implementation

During implementation of learning initiatives for older people, several aspects should be taken into account:

- **People vary in their level of cognitive functioning**: ageing is different, older people differ depending on their circumstances, such as their education and occupation, and the extent to which they have had on-going engagement in mental challenges (e.g. generated through reading, participation in continued education activities).
- **Different aspects of cognitive abilities**: Differentiation should be made between the ability to understand ideas expressed in words (verbal ability) and the ability to understand numerical relationships and work with figures (numerical skills).
- **Cognitive decline is often not consequential**: It is generally not until the age of 80 years or older that a healthy older adult scores below average in cognitive performance.

When promoting on-going learning with older adults, several techniques have been suggested around teaching and presenting information which are supportive to their cognitive processing. The basic principle is to build on the strengths of older people, e.g. their extensive knowledge base and life experiences. When developing or reviewing learning material or types of learning, it is essential to reflect on essential aspects such as:

- **Organisation of the content**: Provide user-friendly and useful rather than general information to older adults. You need to know your audience and the special characteristics, needs and priorities of the individuals. It is also advised to limit the amount of information presented to some key messages and divide it into modules at different time points or with

different topics/content. Try to tailor the learning aspects to compliment the older peoples' experiences and knowledge rather than on abstract texts. Present information as specifically as possible and preferably as narratives or stories. These have several advantages, e.g. they are more concrete and understandable, and they allow people to tap into their own experiences to see the relevance of the information to their lives.

- Written information: Written material has some great advantages because individuals can read it at their own pace, it can be consulted several times, and the information can be formatted and organised in a user-friendly way. When preparing written material, several key points should be taken into account: key messages should be summarised frequently, text should be broken into clear sections, large font and headings should be used for main sections, gaps should be left in the text between sections, key points should be highlighted, and the active voice, pictures and diagrams should be utilised.
- Oral presentation: When holding group or one-to-one consultations several techniques are useful. For instance, present ideas at a moderate pace of speech, encourage participants to bring along others (e.g. spouse, family member, friends, neighbour), use a variety of teaching techniques and methods (e.g. writing, hearing, thinking, discussing), distribute written material, and provide follow-up sessions (e.g. this allows you to go back over the content, provide support and ask for help).

Important factors that support the lifelong learning process for older people include:

- The learning possibilities need to be meaningful and relevant to the older person.
- Older participants should be actively involved in the learning process. In particular, take steps to ensure that older people from excluded groups (low education groups or those who normally do not take part in learning opportunities) can participate. In addition, involve participants in the design and implementation of the programme.
- Establish learning opportunities in a social group or networks (e.g. through technologies).
- Provide learning consultation and other forms of self-directed learning (e.g. learning festivals, internet cafés, or educational breakfasts).
- Effective learning approaches are those which consider the knowledge and skills of older people.

3.6.4 Exercises, Tools and Instruments

There are many exercises and instruments available relating to older peoples' continued learning. A number of useful tools are outlined below. These can be used when planning and implementing a learning input to meet the educational needs of older people and to contribute to their mental wellbeing.

- **LARA: Learning - A Response to Ageing**: This is a multi-language training package on active learning. The package includes a guide, a manual and a toolkit in several languages such as English, German, French, Slovenian, Portuguese, and Czech (LARA, 2011). The guide provides information on; the background of the material, the content, the principles of the learning needs of older adults, development methods, and the broad target groups of the training package, e.g. group leaders, adult teachers, trainers, strategic planners and managers, and people interested in the area of ageing and adult learning. In summary, the package provides a context in which people gain new skills and knowledge. The manual has three stand-alone core chapters with key contents and sections directed to additional activities and tasks (toolkit). In addition, links are provided to an online training framework, an online resource and training sessions (www.laraproject.net). The toolkit includes a selection of useful resources and further information designed for individual learners or those participating in face-to-face training.

- **SLIC - Sustainable Learning In the Community**: see examples below.
- **Additional tools and exercises can be found from the ProMenPol-website** www.mental-healthpromotion.net/?i=promenpol, such as:
  - Am I Still Needed? Guidance and Learning for Older Adults
  - Helping Older Adults Search for Health Information Online: A Toolkit for Trainers

The following exercises in relation to older people's learning and studying are available in section 4 of this Handbook:

- Exercise 5: Mapping Participative Activities
- Exercise 6: Skills Profile and Action Plan for Learning and Engagement
- Exercise 8: Strengthening Self-image through Art

The following exercises can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 14: Music Panel
- Exercise 15: Symphony of Art Forms
- Exercise 17: Needs Analysis

3.6.5 Examples

Box 7

Sustainable Learning in the Community (SLIC).

www.slic-project.eu

SLIC addresses the issue of increasingly ageing societies and the promotion of active ageing. The initiative aims to develop new and practical ways to help older adults review their past experiences and personal skills and to explore potential new opportunities for learning and community engagement. This was achieved through developing an innovative workshop model which is set out in the project handbook. The main objectives of the two-day workshops are to create an individual skills profile from past experience and learning, and to create a personal action plan based on identifying and prioritising areas of new interest. The workshop format offers a high degree of interactivity in a secure and confidential environment which addresses diverse needs. The workshops worked well with groups of volunteers sourced from established programmes and with other groups of participants. Older people who were not previously engaged in learning or volunteering, but who were looking for new activities and older people from local ethnic minority communities, all successfully took part in the workshops.

All resources are available in English, Finnish, German, Hungarian, and Italian. A workshop handbook is freely available online on the project website. The project homepage offers a large amount of information and presentation material, which is also freely available in different languages.

Further Examples:

- Senior-Guides - Informal Learning in Later Life, www.senior-guides.eu/
- LISA - Learning in Senior Age, www.bia-net.org/en/lisa.html
- LENA - Learning in the post-professional and empty-nest phase, www.bia-net.org/en/lena.html
- www.mentalhealthpromotion.net/?i=handbook.en.bibliography.2896

3.6.6 FURTHER READING

— Kurz, R. & Hinterberger, M. (2011) Learning in Senior Age (booklet), www.bia-net.org/images/stories/lisa/lisabroschuere_fertig_cover_web.pdf [20. Jun. 2011]. Graz, Austria, GEFAS Steiermark.

Booklet about Lifelong Learning projects conducted in different European countries. The booklet describes the concept of lifelong learning, presents what has been done in the project, and the lessons learned.

— SLIC (2011) SLIC - Sustainable Learning In the Community, www.slic-project.eu/ [20. Jun. 2011].

The aim of the SLIC-project was to support active aging by helping older adults to explore new opportunities for learning as well as community engagement. The various materials that were developed within the project like handbooks, booklets and project reports are available on the SLIC project website.

— Stevens, B. (2003) How Seniors Learn. Center for Medicare Education, Issue Brief, 4, 1-8.

This is an easy-to-read text about how seniors learn and what should be taken into account. It includes practical tips on how to adapt educational programmes and materials so as to build on an individual's cognitive strengths and compensate for cognitive decline that occurs naturally with aging.

3.7 Topic 6 | Art and Creativity

3.7.1 Description

Art can help people express themselves and satisfy their creative needs. In this section, art is described in relation to specific activities such as fine art, literature and music. The section aims to describe how art, recreational and cultural activities can be introduced in older people's care services and residences in order to promote mental health and wellbeing. Activities include music, theatre, literature, fine arts, recreational activities and other related events.

The wellbeing of individuals and the community as a whole is affected by physical, emotional and social factors. Thus, several aspects relating to health and wellbeing reach beyond the health and social spheres. As a result, the popularity of cultural and art activities is growing.

3.7.2 Importance

Art and creativity can promote health and wellbeing and improve quality of life. Participation in cultural and creative social life can help people to avoid isolation and exclusion. A sense of community and shared experience helps to alleviate loneliness and prevent depression in older people. Several studies investigating the ability to function have demonstrated that cultural and artistic activities promote health and wellbeing. Cultural activities are also associated with good mental health. Living in an environment that is rich in art and culture has been found to increase serotonin levels in the brain – the hormone associated with happiness. These "wellbeing" hormones are also linked to stress and depression and therefore by engaging in cultural and artistic activities, one can reduce the chances of developing these illnesses. The participation of older people in cultural endeavours has also been found to prevent and reduce the risk of memory disorders. In addition, many art forms are used for therapeutic interventions (art therapy). In regard to care work, art forms include literature, fine arts, music, dance, videos, photographs and theatre.

Culture and creativity have been found to have positive effects on the quality of life of older people. The reasons for which are as follows:

1. Creative experience is a vital element in receiving and participating in culture and art, and this also creates joy and strengthens an individual's self-identity
2. New experiences, increased communication, open interaction and enhanced empathy in cultural and artistic activities support and improve self esteem
3. Participatory culture improves social wellbeing and prevents social exclusion. Art can evoke experiences and stimulate memory in many ways.

Opportunities to participate in creative activities and cultural events may diminish with age and the onset of illness. However, older people can participate in art, culture and recreational activities in a variety of different ways. The art experiences provided by care homes and care services are an important means of creating new contacts and encouraging a sense of community. Art can also be important for people who live alone. Experiences can be applied and brought outside formal art establishments into care homes and other services for older people.

3.7.3 Implementation

Various art forms and creative practices can be introduced in the residential sector for older people. One of the easiest ways to implement art in this setting is to make music available. Music can be utilised in many ways to promote mental health. Using music therapeutically can reduce depression, increase social interaction and improve one's quality of life. Music also helps to stimulate memory, improves self-esteem and promotes a sense of worth. It also helps older people to work through their feelings and increases independence. Music can be introduced to support the older person's rehabilitation and to promote wellbeing and maintain functional ability. Music is also a good way to maintain activity among older people.

It is also beneficial to listen to music, to play music and to sing together with a care worker or in a group. Even modest ability is enough to make this activity enjoyable. When listening to music or having a sing-song it is best to choose music that is important to the listeners and relates to their lives and the "good old times". Usually older people prefer music that was popular when they were young (such as folk songs, old children's songs, spiritual and classical music). Music can also be introduced according to themes such as the seasons. In addition, it is beneficial to listen to music while carrying out daily activities, i.e. while getting dressed and bathing, so that these activities are enlivened and less monotonous.

The visual expression of an older person involves conceiving and illustrating one's own life journey and understanding the present. With this kind of work, expressing one's feelings together with inner reflection is more important than the actual outcome. Visual expression is one form of expression for reminiscing work; in group work, visual expression has many social aims. For example, the objectives of visual expression in an older people's group might be telling one's life story, structuring experiences, rousing creativity, the joy of experiencing, sensory experiences and solidarity deriving from activities and interacting with others. Stimuli used may include artistic paintings, photographs, objects, fabrics and colours. Visual expression also involves crafting and handcrafts. Any materials can be included (paper, clay, photographs, rags, etc.). It should be emphasised that artistic ability or competence level need not be high because all kinds of expressions are acceptable. The art work created can be presented on the walls, in art exhibitions or a personal book can be produced. An older person who is confined to a bed can also participate in visual expression, for example by viewing pictures, art books and works of art, and discussing them.

Literature can also be used to promote the mental health of older people. Literature helps to generate mental pictures, feelings and social relations (e.g. reading clubs). The aim is to strengthen an individual's self-understanding, self-knowledge and self appreciation. In addition, introducing therapeutic reading and writing in practical work with older people has produced favourable results. Literature work can be conducted in a group, e.g. a reading circle in a location which is easily accessible for all (e.g. escort service, arrangements for mobility and transportation); or with a care worker, in which case the aid instruments of the older person need to be checked (eyeglasses, lighting, reading stands) and he/she may need assistance when choosing the reading material. The care worker can also read for the older person/group, or form reading pairs. The literature used may include short stories, novels, poems, magazines and newspapers.

Other cultural and artistic activities which can help promote wellbeing among older people include drama, dancing and movies.

3.7.4 Exercises, Tools and Instruments

The art and creativity topic includes the following exercises:

- Exercise 3: Dance and Movement
- Exercise 8: Strengthening Self-image Through Art
- Exercise 14: Music Panel
- Exercise 15: Symphony of Art Forms
- Exercise 16: Picture Cards/ Photographs as a Means of Positive Reminiscing

Exercises number 3 and 8 can be found in section 4 of this Handbook and exercises 14-16 on the MHP Handbook website www.mentalhealthpromotion.net/?=hanbook.

3.7.5 Examples

The information box below presents an example of a project that offers culture and art to older people. More examples can be found in the web support section of the project website.

Box 8

Capital Age Festival.

www.capitalagefestival.org.uk/

London's annual arts festival is organised by older people. The festival showcases and celebrates the art created by older people. The festival aims to:

1. Encourage older people to take part in the arts
2. Improve mental, emotional and physical health
3. Decrease loneliness and isolation and increase feelings of belonging
4. Promote learning of new skills
5. Increase self esteem and confidence
6. Encourage the contribution of older people

3.7.6 FURTHER READING

— http://ageandopportunity.ie/

Irish not-for-profit organisation that promotes opportunities for greater participation by older people in society through partnerships and collaborative programmes.

— www.age-exchange.org.uk/index.html

Age Exchange works with older people to improve their quality of life by valuing their reminiscences and giving them opportunities for wider appreciation in the form of visual and performance arts projects, intergenerational projects, exhibitions, publications and documentary film.

3.8 Topic 7 | Early Detection and Interventions

3.8.1 Definitions

Early detection involves identifying the first signs and symptoms which indicate that an individual may be developing a mental health disorder. Early intervention comprises those interventions that are appropriate for, and specifically target, people displaying the early signs and symptoms of a mental health problem or mental disorder, and people developing or experiencing a first episode of a mental disorder. Early intervention may occur at any stage of life and its most distinguishing feature is that it occurs early in the developmental pathway to mental health disorders.

The key elements of early intervention include:

- the awareness and the ability to recognise the early signs and symptoms of mental health problems and mental disorders (e.g. in homes, community, sporting clubs and community health and social services).
- the availability of and access to appropriate services for assessment and treatment (e.g. mental health services, NGO's, general practice).

Effective early intervention also includes effective referral pathways, an understanding of and sensitivity to cultural and age-related issues, and co-operation across sectors.

The early signs and symptoms of a developing disorder are:

- fewer than those required to diagnose a disorder.
- present for a shorter period of time than is required to diagnose a disorder.
- less intense and disruptive than those of a diagnosed disorder.

Even though these symptoms may be less severe, they can easily disrupt an individual's social interactions and result in a diminished state of mental health. Early detection involves identifying signs and symptoms at their earliest onset and manifestation, as an indication that the individual may be developing a mental health disorder.

Some potential early signs and symptoms include:

» withdrawal
» tension
» depressed mood
» anxiety
» deterioration of daily routines and activities
» anger
» sleep disturbances
» memory difficulties
» headaches
» loss of energy

It has to be acknowledged that these signs and symptoms are nonspecific and are also experienced by people who will never develop a mental disorder. The probability of whether or not a particular set of signs and symptoms indicates the development of a disorder is unknown, yet critical. If the probability is low, interventions may be undertaken unnecessarily; conversely, if the probability is high, intervention is clearly warranted. In individual cases, it is usually better to consult a mental health professional at an early stage, rather than wait for the symptoms to become more serious.

Mental illness can be defined as a broad term which refers to diagnosable mental disorders. These disorders are health conditions that are characterised by alterations in thinking, mood, or behaviour. They are associated with distress, anxiety, impaired functioning or a heightened risk of physical health problems, pain and disability. The most common mental health disorders among older people are depression and anxiety. Memory disorder, Alzheimer's disease and attention-deficit/hyperactivity disorder (ADHD, ADD) also cause psychological symptoms. These illnesses may co-exist or overlap with each other. Prevention of the most common mental disorders involves addressing the risk factors, early detection and intervention; all of which should be in place before mental health problems emerge. Early detection for mental health problems in older people is extremely relevant, as it has been shown that mental disorders, especially depression and anxiety, are a common cause of reduced quality of life and increased mortality among older people. However, only a small proportion of mental disorders are detected or treated. This is partly because the symptoms are often confused with somatic problems. Symptoms can also go unnoticed as many older people live alone. Furthermore, some of the symptoms are also perceived as natural phenomena associated with getting old. However, as part of the natural process of ageing there will be a gradual decline in some cognitive functions, such as memory. It is extremely important to separate natural ageing processes from the symptoms of a mental health problem.

The severity of the cognitive changes can be evaluated through three criteria:

- a dramatic change in the person's level of cognitive functioning over a relatively short period of time (i.e. several months, a few years).
- the person's level of performance compared to their peers, especially if prior levels of performance were considerably higher
- if the changes affect normal activities and it is difficult to maintain functioning in daily life

It is important not to confuse mental health disorders with mental health difficulties which are commonly experienced during periods of high stress or following upsetting events, such as grief or bereavement. If these symptoms last less than two months, they are not considered to be due to a mental health disorder. However, unless high stress or upsetting events are not dealt with or treated, they increase the risk of depression and thus increase the risk physical illness or suicide.

3.8.2 Importance

The prevalence of mental health problems among the elderly population has only slightly increased in recent years. This may be due to a reduction in the stigma associated with mental illness and an increased awareness about mental health, which has encouraged people to seek help. Mental health disorders have a negative effect on physical health. For example, older people with depression are 2-3 times more likely to have two or more chronic illnesses and 2-6 times more likely to have at least one limitation with regard to their daily life activities when compared to younger groups. However, good physical health has a strong impact on the mental wellbeing of older people.

Mental ill health in older people has several implications. It not only affects the sufferer themselves, but their carers and families as well. Mental illnesses in older people will become a significant financial bur-

den in the future years. The healthcare costs of older people with depression may be 50% higher than for non-depressed older people. Nursing home admissions tend to occur earlier and additional professional help is often required. It should be acknowledged at this point that old age itself should not be associated with increased medical spending; it is the disability and poor health features connected to old age that often increases medical expenditure. As noted earlier, mental health problems are linked with physical health and a person's ability to function. Thus, mental health problems have a negative effect on the independence and activity of older people. The opportunity to live at home, to take care of oneself and to be socially active in the community, are threatened by the potential development of mental illness.

Depression

The most common causes of reduced quality of life and excess mortality in old age are depression and anxiety. Approximately 15% of older people suffer from severe depressive symptoms. The same percentage suffers from an anxiety disorder.

Several factors can increase the risk for depression and/or anxiety:

- living with a functional impairment
- being bereaved or unmarried
- having a number of chronic illnesses
- Having had a mental disorder in the past
- living in a long term care facility
- being female

Furthermore, among nursing home patients the risk of depression has specific elements that should be considered:

- health related factors such as pain, visual impairment, stroke and functional limitations
- lack of social support and loneliness
- perceived inadequacy of care around negative life events
- sub-threshold depression
- age less than 80 years

The Geriatric Depression Scale is an easy tool to assess the symptoms whish may appear depressive. It can be found on www.positiveaging.org/provider/pdfs/depression_geriatric-long.pdf.

3.8.3 Implementation

The interventions that aim to promote mental health also assist in the prevention of mental illness as the environmental factors are closely linked. When choosing and planning an intervention to be implemented, all aspects should be considered e.g. cost effectiveness or expected outcomes. For example, selective and targeted preventive interventions for depression may be worthwhile as they are more cost-effective and have shown good results, with reductions of up to 22% in the incidence of depression.

One should also consider:

- implementing evidence based, brief, and low-threshold psychological interventions to prevent depression and anxiety, such as 1) individual therapy for those bereaved, 2) educational interventions for those with chronic illness, 3) cognitive behaviour interventions to reduce

negative thinking or 4) life review.

- targeting high-risk groups, such as the bereaved, those with functional impairments, etc.
- making the interventions available for a number of accessible settings, including primary care, community centres, day hospitals, long term care facilities or homes.
- Providing resources for the adequate formal clinical supervision and continuing professional development of professionals involved.

3.8.4 Exercises, Tools and Instruments

Detecting mental health problems involves the careful monitoring of symptoms, interviewing the person, and observing his/her physical appearance and behaviour. Furthermore, medication used for treating physical diseases (or for assisting rehabilitation) may have negative effects which cause similar symptoms to those associated with depression or long-term alcohol abuse. When making a diagnosis it should be remembered that physical pains and aches do not automatically indicate a physical illness, but that they can also be symptoms of depression. There are a number of physical diseases which may produce similar symptoms to those experienced by people with depression, for example tiredness or feeling low

.

The carers, family members and friends of an older person who is suffering from depression can support them in simple yet practical ways:

- take time and listen
- allow expressions of grief
- try to understand the person's feelings
- highlight the positive sides of the older person's current situation
- look back at the positive things in the older person's past
- show him/her that they play a valued role in their family, circle of friends, and/or community
- respect the older person's opinions and his/her decisions, i.e. with regards to appearance, clothing, etc.
- highlight the important role that the older person has as a spouse or a parent, friend, work colleague, or other valuable roles in her/his life
- encourage the person to become involved in activities, to exercise, to eat, and to take care of himself/herself
- involve him/her in daily tasks and routines
- help him/her to participate by offering transport
- help him/her in daily tasks
- show physical affection towards the older person if he/she seems to enjoy it (e.g. holding hands with them)
- encourage him/her to see the doctor and follow the instructions for care
- keep in touch by telephone and send cards
- reassure the person that their depression will ease or pass
- take care of your own wellbeing

Identifying people in the early stages of developing a mental health disorder can be difficult. It is essential that general practitioners are able to recognise older people who are at increased risk of mental illness (i.e. genetic factors, substance abuse) and the early signs and symptoms for possible mental illness. A general practice is the most likely setting where someone displaying the early signs and symptoms of

mental health problems will attend. Mental health problems may be disguised as a physiological symptom such as trouble with sleeping, tiredness or pain. Many people are not able to articulate their mental state; some are uncomfortable discussing how they feel. In particular, older adults and people from diverse cultural and linguistic backgrounds are likely to present with physical complaints, when in fact it is their mental health which is the real issue. It is essential that interventions are implemented in a sensitive and ethical manner in order to avoid any negative outcomes that may result from identifying and labelling people as "at risk". Stigma is a serious issue which has a negative impact on the progression of mental illness. One strategy to prevent potential negative consequences for people identified for early intervention is to provide mental health assessments in 'low stigma' settings. Home-based assessments are of particular value in this regard.

The following exercises in relation to Early Detection and Interventions are available in section 4 of this Handbook:

- Exercise 7: Steps in Friendship Enrichment
- Exercise 9: Screening Mental Wellbeing
- Exercise 11: What Makes You Feel at Home?

The following exercises that are also related to this topic can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 13: Assessing Emotional and Social Loneliness
- Exercise 17: Needs Analysis

3.8.5 Examples

Prevention focused interventions take place at the earliest sign of a problem and involve early identification, screening processes and immediate access to assessment and treatment. Box 9 outlines an example of such intervention.

Box 9

PEARLS.

www.pearlsprogram.org/

This is a home-based programme for managing minor depression in medically ill, housebound older people. In the programme, trained therapists administered a small number of problem-solving therapies which focused on the development of both social and physical activity. The therapists received case-by-case supervision. Also the primary care physician was asked to visit the patient if there were no improvements in the older person's condition after one month of therapy. Patients were followed up with brief telephone calls, through which the therapist monitored the patient's progress and reinforced the use of problem solving strategies.

When a randomised controlled trial of PEARLS was conducted, the results showed that the PEARLS programme produced significant reductions in depressive symptoms, as well as improvements in functional and emotional wellbeing, when compared to the usual treatment given.

3.8.6 FURTHER READING

— Parham, J. & Patterson, A. (2008) Understanding Mental Health and Wellbeing: An introduction to mental health, mental health promotion, prevention of mental ill-health and early intervention: Participant booklet. Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet): Adelaide.

3.9 Topic 8 | Supporting Caregivers

3.9.1 Definitions

The world is ageing and the numbers of older people who become dependent on care has increased. The majority of care for older and ill people is delivered informally in the home by family carers.

The perception of who is regarded as a family caregiver often varies. Even though caring may be continuous and regular, it can be perceived by some as routine help rather than care giving. Thus, definitions of the terms involved are necessary. The term family member refers to parents, children, spouses, relatives or others who are closely connected to the family. In this handbook, the terms family caregiver, family carer or informal carer/caregiver refer to someone who is close to the receiver of care. In contrast to professional formal caregivers, these carers are often unpaid and have a personal commitment to the care recipient.

Often family carers are themselves older people; consequently, they often suffer from illnesses or functional disabilities themselves, which makes the caring role even more difficult.

Being a family carer typically involves working full time and long term in the caring role. Family carers are usually motivated by love, a sense of responsibility, the satisfaction that they derive from helping a loved-one, feelings of being needed and appreciated, or a desire to reciprocate. However, family carers often suffer from social isolation and loneliness and many of them may be permanently sick or disabled themselves. They may also need treatment for depression, chronic stress and anger. The caregivers of people with dementias are sometimes referred to as "hidden patients", as the care recipient's plight is visible but the mental and physical suffering of the caregiver can go unnoticed. Therefore, the provision of support to family carers is extremely valuable as it can help prevent them from becoming ill or their condition worsening.

3.9.2 Importance

Family carers do an enormous amount of un-paid work. Informal carers spend about 8.5 times more time providing care than formal services. The burdens of family caregivers are outlined in Box 10. As can be seen from the list, caring can have a range of negative impacts. It has been found that approximately half of the family caregivers are depressed. The figure is even higher if the care recipient also suffers from depression. In particular, female carers have a higher risk of developing mental illnesses, such as depression. Thus, maintaining and promoting the mental health and wellbeing of family carers is extremely important. Encouraging and facilitating carers to pursue their own personal interests and to take some respite from their caring responsibilities, is important to helping them fulfil their caring role.

Loss of sleep, chronic fatigue, muscle pain, irregular mealtimes and lack of leisure time are other common stressors experienced by family carers (see also Box 10). Carers of those who have progressive or long term-illnesses such as dementia, experience even more stress. These carers may require different types of support than those who care for older people with a physical illness. It has been found that informal carers have poorer psychological health than the average population. Thus, family carers may be at increased risk of self-harm or suicidal thoughts.

Box 10

Family carers may suffer from:

- frustration
- guilt
- anxiety
- anger
- sadness
- hopelessness
- bitterness
- isolation
- loneliness
- social exclusion
- depression
- loss of sleep
- physical and emotional exhaustion
- physical stress
- psychological stress
- physical illnesses
- financial distress
- loss of formal professional occupation
- social problems

Ways in which family carers can help protect or maintain mental wellbeing and caring capacity

The positive aspects of care giving help support family carers. The caregiver may, for example, derive satisfaction from their own care giving skills, feel a sense of self-respect in their work, or receive recognition from others. Focusing on and drawing from their own inner resources may assist family carers' capacity to cope and enhance their sense of wellbeing. In addition, when professionals recognise and acknowledge the value of the work that family carers do, it can improve the collaborative process. Box 11 presents examples of the factors, qualities and skills that may have a positive impact on the role of family carers.

Box 11

Features and skills that may protect or maintain mental wellbeing in family carers.

- satisfaction from own care giving skills
- feelings of self-respect
- recognition from others
- feelings of love and affection
- feeling needed
- being able to forgive old conflicts
- transparent interaction
- problem-solving skills
- resilience
- flexibility
- cohesion
- willingness to use public services
- shared family values, principles and expectations
- mutual trust
- optimistic view of life
- adaptability and acceptance of a variety of situations

Elder Abuse

In extreme cases, the burden of care may be such that it leads to the abuse of the care recipient by the care giver. Elder abuse has been defined as "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" (International Network for the Prevention of Elder Abuse, 1995). It may include physical, sexual, psychological and financial abuse as well as neglect. Neglect includes social exclusion as well as abandonment. In addition, the violation of human, legal or medical rights and depriving an older person of choice, decision making, status or respect are considered to be forms of elder abuse. The most common form of elder abuse is violence, particularly against women. Elder abuse is usually committed by someone who is well-known to the older person, such as family member or a formal caregiver in an institution. Elder abuse occurs across all socio-economic groups.

According to a European survey, 47% of people over 65 years reported that they needed some regular help and long-term care over the last ten years. A large proportion of this help will be received from another older person. According to European Commission 13-16% of Europeans over 65 years of age reported caring for ill, disabled or elderly in the home in 2002. More women than men in the 50 to 64 year age group are family carers. However, in older age groups this trend changes with more men providing informal care than women.

3.9.3 Implementation

Providing knowledge and support to family carers has direct effects on the lives of the carers and on the lives of their families. The provision of support to family carers requires the cooperation of several partners. The network of support may include; non-governmental organisations, voluntary workers, social and healthcare professionals, churches and congregations, pensioner organisations, social and healthcare providers, and schools and centres.

Collaboration should be based on:

- active collaboration with the family as a whole
- an empowering approach
- flexibility
- a client/family carer centred approach

There has been concern that providing more formal care services will lessen the involvement of families. However, this assumption has been proven incorrect. When formal services are provided, informal care remains the key partner. The main issue is to find a balance between providing support for self-care, informal and formal care.

3.9.4 Exercises, Tools and Instruments

There are a variety of evaluated interventions, which aim to improve the mental wellbeing of those who care for older people. The main types are 1) respite care, 2) psycho-social interventions, 3) whole-family-interventions, 4) group education and 5) support (mutual, self-help groups).

Day-hospitals or respite care centres may provide free-time and a break from daily routines for family carers. However, these facilities are not always fully utilised. For example, if the care recipient is reluctant

to leave their home, it can be very difficult for the carer avail of the service. It has also been found that carers can be reluctant to leave the person they care for in an unfamiliar setting. Home respite, is a potential solution to this dilemma as it allows the older person to remain in their homes while the family carer can take a break. There are other reasons why support services are not utilised; the caregiver may deny or feel embarrassed that they need support, they may feel guilty about leaving the person they care for, or they may have concerns about how the illness/condition of the person they care for will be managed by someone else. The financial cost of respite care is also an important factor. Financial support and social security benefits are also important when informal carers are unable to work because of their care giving responsibilities.

Peer groups can provide support, counselling and education. They can also form a therapeutic environment for support and problem solving. Group or individual therapies are other approaches to relieving stress or depression. Although there is little evidence that the interventions presented here result in long-term improvements in stress, coping skills, depression or anxiety, they may offer immediate relief from caring duties. When training is provided, it should help carers to recognise and manage mental health disorders in the person(s) they care for. Carers should also be shown ways in which to improve their own physical, mental and social behaviour, coping styles, sense of control and self-control.

It is also important that symptoms of depression in the carer are identified as early as possible and that, where necessary, they are referred to the appropriate services. The Geriatric Depression Scale (www.positiveaging.org/provider/pdfs/depression_geriatric-long.pdf) can be used to ascertain if the carer is experiencing symptoms of depression. As family carers may often experience social isolation, the following scale may also be useful:

A 6-Item Scale for Overall, Emotional, and Social Loneliness: This scale is a reliable and valid instrument for measuring overall, emotional, and social loneliness. http://home.planet.nl/~gierv005/ResonAging.pdf

Multi-component interventions may have the greatest effect on caregiver burden in terms of providing support to carers. These interventions consist of multiple techniques and they target multiple outcome domains. Thus, they address a variety of caregivers' needs. In short, the interventions should be based on carers' needs, and they should be flexible and versatile. The group interventions seem to be more effective than individual interventions, as groups provide a platform for the exchange of experiences and techniques which enables mutual learning. Implementation of the intervention also requires a strong and confidential relationship between the carer and support provider.

When designing an intervention, it should be remembered that:

- the carer will require continuous help while he/she is caring for someone
- the support service should be flexible and accessible – where necessary the support service should be provided in the carers own home and at times that suit them
- the needs of care givers must be taken into consideration
- support should be provided to help resolve family conflicts when they occur
- an enabling approach should be adopted – to make the caregivers more aware of the patients' behaviour and to teach them techniques for management and interaction
- the intervention should aim to provide a network of support for the carer

The following exercises in relation to supporting caregivers are available in section 4 of this Handbook:

- Exercise 10: Testing and Recognising Individual Borders
- Exercise 11: What Makes You Feel at Home?

Exercise 13: Assessing Emotional and Social Loneliness and exercise 17: Needs Analysis are also related to this topic and can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook.

3.9.5 Examples

The Box below contains an example of an intervention focusing on the care giver. More examples can be found from the webpage support: www.mentalhealthpromotion.net/?i=handbook

Box 12

Caregivers out of Isolation.

www.seniorsresource.ca/caregivers/about.htm

This project aims to support caregivers in the community through a variety of support programmes such as support groups, workshops, caregiver activities and open panel discussions. There is also a focus on empowering the individual, increasing self-efficacy and promoting awareness of the issues faced by caregivers and seniors. It also strives to build local supports for caregivers and to train volunteers to work with caregivers and older adults.

3.9.6 FURTHER READING

— Grunfeld, E., Glossop, R., McDowell, I & Danbrook, C. (1997) Caring for elderly people at home: the consequences to caregivers. Canadian Medical Association 157 (8) 1101-1105.

3.10 Topic 9 | Housing

3.10.1 Definitions

The quality of housing conditions is a key determinant of health in general and it is also a key determinant of mental health and wellbeing. The majority of older people wish to stay in their own homes for as long as possible. In general, only a small percentage of older people live in institutional housing (e.g. nursing homes), although it is likely that the need for alternative housing options will increase with ageing of the population.

Housing refers to aspects of the design and construction of buildings and of the immediate environment, such as space between buildings, parks and associated infrastructures, and their maintenance and regeneration. Appropriate housing is also connected to a person's ability to participate in social, cultural and community life and to have access to transport, local supply and services (e.g. health and social services).

Homes often require adaptations so that they are can accommodate people who have a disability. Home adaptations, such as handrails or wheelchair access and stair lifts, promote independence and reduce the likelihood of falls and other accidents.

The cost of housing can have a significant impact on peoples' disposable income. Many older people

have low incomes and live in low-standard and unsafe homes. Older people often worry about the costs of heating and often they will choose to live without heating in cold, damp housing. In addition, the expense associated with maintenance and making adaptations can be very high. Older people tend to avoid such costs. Therefore, it is important to raise awareness regarding the importance of safe and adequate accommodation.

Relevant issues regarding housing include:

- Safety and security of housing
- Barrier-free living, access and mobility (access to transport, services and the community)
- Decent housing: quality of housing, heating, design and comfort
- Modification and maintenance
- Affordability

3.10.2 Importance

Preventative Focus

Resources and services provided for older people tend to focus on those with the most urgent and greatest need. In relation to housing issues, preventative measures around quality and safety taken early on, help to ensure that older people do not fall into a situation where they will require this type of urgent assistance later on.

Home care and Housing

Housing is increasingly seen as an important factor that influences the wellbeing of older people. In recent years, the trend in long term care has shifted from institutional care to home care. Therefore, the private homes of older people have increasingly become work environments for care staff. As such they become sites for occupational health and safety and risk management. In addition, the increasing trend towards long term care in the home means that there is intrusion into the private space of the older person. This requires a sensitive approach by the care staff.

Housing as a source of Wellbeing

Older people spend between 70-90% of their lifetime in their own home. Living space and the design of these areas is associated with reported life satisfaction among older people. Even small inconveniences in a person's life can contribute to stress, producing feelings of discomfort and poor mental health. If this situation continues, this stress has the potential to develop into a mental health disorder.

Private Space

One's own home is not just a physical building; it is an important part of a person's identity and, therefore an important factor in determining quality of life. For an older person, it may be the place where he or she raised family, and where they have spent a considerable proportion of their life. As a result, this environment is full of memories.

Safety and Independence

Appropriate housing and services which allow an older person to remain independent and live life to

the full are critical. Barrier free housing and access to public space can help prevent social isolation. Access to nature or having a view of nature, enjoying natural sunlight and introducing plants into the home reduces stress and promotes mental wellbeing. Good quality housing, which is safe and comfortable, makes it less likely that the older person will have a fall or another accident. Safety is one of the most important housing issues for older people. Poor housing is a risk factor that can affect an older person's resilience and sense of safety and security. Consequently this impacts upon their quality of life, self-esteem, and mental wellbeing.

3.10.3 Implementation

Raise awareness and argue the benefits

- Raise awareness about the importance of safe and adequate living conditions
- Raise awareness about the negative impacts of poor quality and inappropriate housing
- Argue the benefits of good quality, safe and barrier-free housing.

Needs and financial assessment

As housing is a personal issue it is important to assess and respect the needs of the client. In relation to financial resources, affordability is a main concern with respect to the modification and repair of homes. Modifications and even services (such as repair) can be very expensive. Therefore, a good financial assessment is critical.

Participation

Conducting a risk or a needs assessment in the older person's home can be problematic as it can be perceived as an intrusion into their personal space. Therefore, it is important to involve everyone concerned (stakeholders) in the planning and implementation of a measure while assuring that the interests and wishes of the client remain protected. Make sure that the older person has a voice and is not dominated by other family members or carers. Sometimes the risk or disadvantage is proportionate to the benefits for the client, which is more important to his or her mental wellbeing.

Preparation

- Provide information about services and funding
- Make an inventory of services and funding schemes
- Make a realistic implementation plan with your client

Implementation

When repairs or modifications are being carried out in a home, it can be stressful for the client. If possible, provide support during this process.

Evaluation

After completion of each measure, evaluate the outcomes.

- What worked well?

- What has not worked so well?
- What has to be improved further?

3.10.4 Exercises, Tools and Instruments

Exercise 11: What Makes You Feel at Home?

The first step to improve housing conditions is to clarify what are the actual needs and what is important to the client regarding his or her own home and living conditions. New challenges associated with health and mobility difficulties may have arisen for the person, such as difficulties in managing household tasks, personal hygiene, or safety risks.

The assessment should help the client to reflect on his or her current living conditions and make them aware of potential problems and of options to cope with them. The assessment can help the client to decide whether to stay in his or her current home and carry out modifications and repair or whether he/she should consider other housing options.

The following exercise, worksheets and checklists in relation to Housing is available in section 4 of this Handbook:

- Exercise 11: What Makes You Feel at Home?

The following exercise can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

- Exercise 13: Assessing Emotional and Social Loneliness

3.10.5 Examples

Box 13

Oxfordshire Falls Prevention Service.

www.oxfordhealth.nhs.uk/?service_description=falls-service

The Oxfordshire Falls Prevention Service offers support and advice to help people avoid falls and to regain confidence if they have experienced a fall. 'It was so nice to meet other people who had fallen and to know I'm not the only one.' The service is provided by specialist nurses who offer a detailed assessment and make recommendations about medication, physiotherapy and home adaptations.

3.10.6 FURTHER READING

— Division of Aging and Seniors (2005): The Safe Living Guide. A guide to home safety for seniors. Ottawa, Ontario, Public Health Agency of Canada.

This publication describes how ageing brings changes and it presents different checklists and tips for older people to improve their health and wellbeing.

Exercises

Purpose of the exercises

The exercises presented here are linked to the topics of the handbook and it is strongly recommended that you become acquainted with the topics before you begin implementation. The purpose of these exercises is to provide carers and managers of residential homes and home care services with interventions that can improve and foster the mental health and wellbeing of older people. These exercises were selected due to their practical nature, permitting a "hands-on" approach and the opportunity to incorporate these exercises into daily residential life. The exercises are presented in a simple step-by-step way, making it easier to implement MHP interventions. The exercises not only describe what carers could do, but also provide you with ready to use materials including worksheets, checklists, etc.

4.0 Structure of the exercises and how to work with them

All exercises have an identical structure which guides you through the process of implementing interventions in just a few steps. The exercises begin with a brief description of the resources and materials required to perform the exercises effectively (i.e. worksheets, checklists, etc.) and finish with references to additional information for those who wish to engage with a specific issue in more depth.

- **Description**: The description provides an introduction to the exercise. The topic(s) relating to this exercise are noted here and the aims and/or learning objectives are detailed (e.g. potential benefits of the exercise).
- **Resources**: This section describes the preparation time, didactic or working form (e.g. group work, pair-work, single work), and the recommended target group (e.g. a specification of target group/beneficiaries in the setting).
- **Material**: This part lists the material(s) required such as working sheet templates, checklists, presentations, moderation material, etc.
- **Remarks and Notes**: In this section, recommendations are highlighted and potential challenges or stumbling blocks during implementation are also mentioned.
- **Variations**: This section provides suggestions for variation in terms of implementing the exercise (i.e. working form, target group, different materials, less time for implementation).
- **Evaluation and Review**: Following implementation, evaluation or reflection is necessary. This section encourages you to reflect on how well the exercise worked, what the outcomes were, what the user learned and how you could improve if you were to conduct the exercises again in the future.
- **Further Reading**: If you would like to obtain more detailed information about the exercise (i.e. background details and practical examples), this section provides you with useful recommendations of books, articles and online resources.

4.1 Exercise 1: Starting Physical Activity

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities **Topic 4**: Engagement in Society

4.1.1 Description

It is never too late to become physically active. The benefits for older people are numerous: it promotes physical and mental health and the ability to function, it helps reduce and delay the signs of ageing, improves mood and sleep, reduces stress and depression, improves balance, and so on. Overall, the benefits of physical activity contribute not only to improvements in physical health but also in psychological health and wellbeing.

In adults aged 65 years and older, physical activity can include leisure time physical activity (for example: walking, dancing, gardening, hiking, swimming, skiing), transportation (e.g. walking or cycling), household chores, games, sports or planned exercise, in the context of daily, family, and community activities. The aim here is to design together with the older person a personal physical activity plan, which takes into account the older person's activity preferences, abilities and available resources.

4.1.2 Resources


Preparation time	Implementation time	Didactic	Target group
5-10 minutes	15-45 minutes	working together with the older person	older people with some mobility and cognitive functioning

4.1.3 Material

The only material needed is a printout of the instrument provided below, and a pen

WORKSHEET 1 Physical activity plan

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	NONE OF THE TIME
Why does the older person want to become physically active (motives)?	
Aim/ purpose of the physical activity	
Current activities/ daily chores	
History of previous physical activity	
Types of physical activity - likes/ dislikes	
Available resources (abilities, time, location, safety, transportation, financial resources, human resources)	
More	

4.1.4 Remarks and Notes

Discuss the possibilities for physical activity, what kind of physical activity the older person might have done before, what kind of activities he/she likes, what obstacles there might be for starting an activity, what could be easily fitted into the person's daily routine, etc. The questionnaire can be filled in by the older person or by the carer.

It is strongly recommended that the older person has a medical examination before starting any physical activity or exercise. Previously inactive people should start with small amounts of physical activity and gradually increase the duration, frequency and intensity over time. Inactive adults and those with disease limitations will experience health benefits when they become more active.

Remember that housework, gardening, climbing stairs and shopping are excellent forms of physical activity and exercise. Try to encourage the older person to get into a daily habit of exercise, even in small steps. When discussing human resources, try to include family members, friends or neighbours in physical activity – for example encourage group walks or shopping trips together.

The most important thing is that the older person is as physically active as his/her abilities and conditions allow. The WHO have developed recommendations for physical exercise in older people which suggest that adults aged 65 years and older should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week and that it should be performed in sessions of at least 10 minutes duration.

4.1.5 Variations

You can either let the older person fill in the instrument or you can complete the form. You may wish to add more issues to be discussed which may be relevant to your setting.

4.1.6 Evaluation and Review

After completing the questionnaire, it is important go through the list to make sure all relevant issues have been taken into consideration. After this, an action plan should be developed with the older person. In addition, it is necessary to make an appointment for a medical examination as soon as possible so that the momentum for starting physical activity is not lost. It is also advised to discuss the results with colleagues and other experts, e.g. medical doctor, physical activity professional.

4.1.7 FURTHER READING

— You can access more information on physical activity and older people from the following sources:
www.who.int/dietphysicalactivity/factsheet_olderadults/en/index.html

4.2 Exercise 2: Nutrition

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities

4.2.1 Description

The purpose of this exercise is to improve older people's nutrition by providing recommendations and advice about healthy eating. In order to evaluate an individual's nutrition, additional advice and links for support are provided.

Good nutrition supports older people's health, enhances their ability to function and speeds up recovery from illness. In addition, older people who have good nutrition are more likely to remain in their own homes for longer. Nutrition is essential to maintaining a good quality of life. Being able to enjoy food is very important, especially for older people. Dining may be a highlight of the day for the older person. Local and familiar foods can help create feelings of safety and encourage reminiscence about earlier life events. This can also stimulate natural interaction among those attending dinner.

Dining should be organised in such a way that it is inviting, whether this be in the care home setting or in relation to food delivery services for older people. Dining should take place in a peaceful, inviting and pleasant environment (with place settings, a table cloth, nice tableware, etc.). Older people can become involved through dining and preparing food; they can help to make salad, bake cakes, setting the table, etc. The food should taste good, be varied and colourful and contain adequate energy and sufficient amounts of nutrients. Avoid sticky or hard foods. Favoured dishes create feelings of familiarity and safety for older people and it is best to allow people to choose what they prefer to eat when designing menus.

4.2.2 Resources


Preparation time	Implementation time	Work format	Target group
10 minutes	30 minutes or more	supported and guided by the care worker	older people in general

4.2.3 Material

Good quality, wholesome food, tableware, table settings, cookery equipment.

4.2.4 Remarks and Notes

This exercise provides easy ways to improve the nutrition and dining habits of older people. More suggestions for implementation as well as precise and detailed recommendations for evaluating nutrition can be found under the next heading, "Variations".

4.2.5 Variations

Food and dining can help promote older people's mental health. This can be achieved by organising dining occasions more carefully and involving older people in the design and preparation of the food and weekly menus. Dining can be planned according to themes (seasons, different national dishes) or including traditional dishes from the area/country where the older people are from. When introducing foods from foreign countries, the dining experience can be enhanced by playing music from that country, setting the table according to the traditional style and showing pictures of that country.

Dining can be a more meaningful experience when the older person/ older people take part in growing the food in vegetable gardens or plots.

It is also possible to evaluate the older person's nutrition in more detail by using evaluation tools such as the MNA-test (Mini Nutritional Assessment). The MNA-test forms as well as the user Guide can be found at: www.mna-elderly.com -> MNA forms -> English. The test aims to identify older people who are at an increased risk of malnutrition. This test will enable those working with older people to assess their nutrition and wellbeing and to introduce successful dining based on individual needs.

4.2.6 Evaluation and Review

You can evaluate the success of implementation by observing whether or not the older person is eating the food, if he/she is actively taking part in preparing food, making the table and/or enquiring about the food and dining. It is possible to follow and monitor the older person's nutrition in more detail by employing the MNA-test.

4.2.7 FURTHER READING

- WHO recommendations for older people's nutrient intakes, food-based dietary guidelines, and exercise and physical activity: www.who.int/nutrition/publications/olderpersons/en/index.html
- Senior Nutrition and Diet Tips: www.helpguide.org/life/senior_nutrition.htm

4.3 Exercise 3: Dance and Movement

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities **Topic 6**: Art and Creativity

4.3.1 Description

The aim of this exercise is to introduce dancing suitable for elderly people; this does not refer to dance therapy, but creative free dance which does not require participants to possess dance skills. Dancing is enjoyable and this activity improves body and self-knowledge and increases vitality through pleasurable physical and emotional experiences.

Dancing can involve the entire body; the hands, the feet, the mind, etc. Depending on the older person's mobility, he/she can dance while standing, when seated or when lying in bed. Dancing may take place indoors or outdoors depending on the weather and should be arranged in a suitable location (e.g. on an even surface). One can dance to music (e.g. waltz, folk music, contemporary music, classical music, relaxation music), moving freely or according to instruction. Music, shapes, colours, emotions, memories, etc., can be used as images for dancing, e.g. dancing with angular movements, dancing by the sea, etc. The dance moves must be simple and easy and should not require that the participant has great balance. The instructor should partake in the activity as well in order to encourage participation. In addition, volunteers can help by assisting and motivating the older people. The dancing can be carried out by individuals on their own, people in pairs or within a group.

4.3.2 Resources


Preparation time	Implementation time	Work format	Target group
5–10 minutes	15–45 minutes	working solo, in pairs, in a group	older people in general

4.3.3 Material

A suitable open location for dancing, music, musical instruments, and an instructor. Other equipment is optional, i.e. scarves.

4.3.4 Remarks and Notes

The purpose here is to introduce older people to dancing. He/she need not possess dance skills, it is all about creating an enjoyable experience for participants. The instructor needs to ensure that everyone participates within the limits of his/her abilities taking into account client safety. The older person can also participate while seated by moving their hands and upper body or feet. Also bed bound patients may like to dance using their hands.

4.3.5 Variations

One may prefer to engage in a particular type of dance, i.e. a waltz, or conduct movements which relate to feelings and emotions. You can use dance videos for support or to provide ideas for the dance session. You might consider inviting a dance artist or a dance instructor to visit the care home or day care service. It is also worth checking the availability of community dance services in the area.

4.3.6 Evaluation and Review

Consider the following: Did the exercise go well? How did the older people participate? Were they actively involved? Did they show emotions? What kind of feedback did you receive from the participants?

4.3.7 FURTHER READING

— For information, inspiration and new ideas please refer to the following websites:
www.ageuk.org.uk/travel-lifestyle/hobbies/come-dancing/
www.baringfoundation.org.uk/AgeingArtfully.pdf
www.bupa.co.uk/jahia/webdav/site/bupacouk/shared/Documents/PDFs/care-homes/general/shall-we-dance-report.pdf

4.4 Exercise 4: Gardening for Health

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities

4.4.1 Description

This exercise represents the first stage of a larger gardening programme. The aim of this first exercise is to start planning and developing the garden, regardless of size. The main purpose here is that the older person will be actively involved and participate according to his/her abilities.

Gardening has many health and therapeutic benefits for older people and can be very enjoyable. With some planning and thought, you can also create an edible garden. An edible garden is a garden that contains flowers, herbs, seeds, berries and other plants that you can eat. Flowers and herbs can be used in salads, add flavour to cooked dishes, be made into teas or used as a garnish. Plants, vegetables and fruits can be eaten raw or cooked. An edible garden does not have to be large. It can start with a few pots and containers or even just a window box with a few suitable cuttings or herbs. You can even pot plant the herbs you bought in the grocery shop.

Some medical conditions (including allergies) and physical disabilities may restrict or prevent older people from participating in gardening. However, with careful planning and a few modifications, you can create a safe, accessible, and pleasant space. Garden beds, equipment and tools can all be modified to create a garden that is interesting, accessible and productive. However, sometimes a simple window display with geraniums may be the most appropriate option.

Learning objectives: to make a plan for a garden/ an edible garden that can be cultured throughout the year (except during winter time if it is an outdoor garden).

4.4.2 Resources


Preparation time	Implementation time	Didactic	Target group
5-10 minutes	30 minutes	single, pair-work or group work	older people with some mobility and cognitive functioning

4.4.3 Material

For this exercise, you will need a printout of the instrument provided below, and a pen.

WORKSHEET 2 Garden planning form

ISSUES FOR DISCUSSION	FEEDBACK FROM THE OLDER PERSON(S)
Benefits of a garden/ gardening to the older person(s)	
Individual/ group needs	
Current gardening activities	
Previous experiences of gardening	
Abilities of the older person(s) to do gardening	
Available resources (time, location, size, safety, transportation, financial resources, human resources)	
Choice of plants, berries, trees, etc. (non-toxic)	
More…	

4.4.4 Remarks and Notes

There are many enjoyable activities associated with cultivating a garden/ an edible garden. These include: digging, planting, watering, harvesting, crafts and hobbies associated with plants, and food preparation.

There are also some issues you should consider when planning a garden/ a gardening programme:

- Safety in the garden (e.g. sharp tools, flat and non-slippery walkways, sun protection, storage for garden equipment, possible fences, etc.)
- Use vertical planting to make garden beds accessible for planting and harvesting
- Raised beds enable people with physical restrictions to avoid bending and stooping
- Find adaptive tools and equipment – these are available from some hardware shops
- Use foam, tape and plastic tubing to modify existing tools
- Use lightweight tools that are easier to handle

- Provide shade areas for working in summer months
- Have stable chairs and tables to use for comfortable gardening
- Ensure that there is a tap nearby or consider installing a drip feeder system for easy watering
- Make sure the plants are non-toxic
- Do not use chemical sprays or fertilisers
- Ensure accessibility and easy walkways and enough resting places
- Provide lighting if necessary

4.4.5 Variations

You can either let the older person fill in the instrument above or you can assist them. You can also add more issues to be discussed which may be relevant to your setting.

As mentioned before the garden can be any size. If the older person has a medical condition or a physical disability however, this may restrict or prevent them from participating in gardening on a larger scale. Planting a window pot may be all the person needs to get the benefits of gardening.

4.4.6 Evaluation and Review

After completing the questionnaire, it is important to go through the list to make sure all relevant issues have been taken into consideration. After this, an action plan together with a garden care plan should be developed with the older person(s) and relevant colleagues. It may also be advisable to seek more information about gardening from books, leaflets, professionals, etc.

4.4.7 FURTHER READING

— You can find more information on gardening and older people on the following sources:

www.carryongardening.org.uk
www.betterhealth.vic.gov.au

4.5 Exercise 5: Mapping Participative Activities

Link to the following topics:	**Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities **Topic 4**: Engagement in Society **Topic 5**: Learning and Studying

4.5.1 Description

A worksheet based on the participative activities outlined in Figure 5 (in topic 4 "Engagement in Society"), has been drafted to help map the activities of older people.

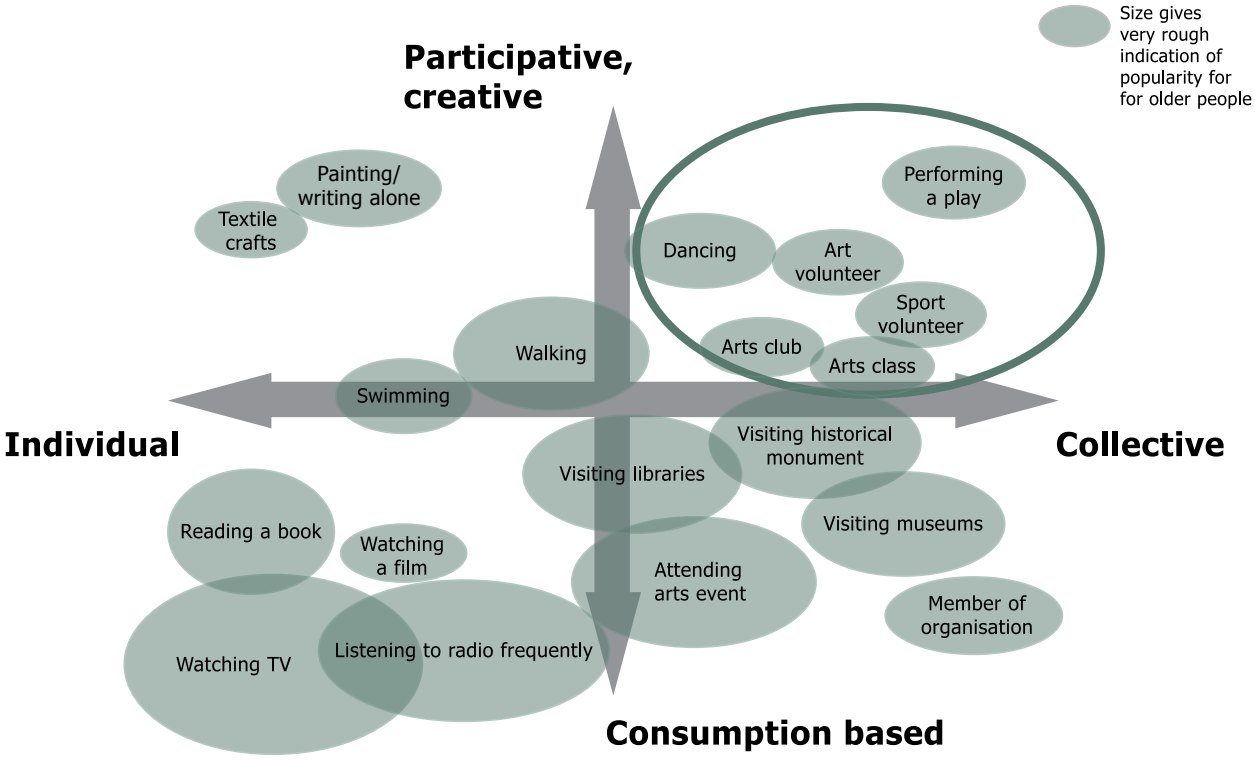


Figure 5: Example from topic 4 "Engagement in Society"

Source: Adapted from Jamie Cowling (2005) Mapping Culture and Civil Reneval

Learning objectives:

- to analyse existing and missing participative activities
- to promote new ideas about participative activities

GUIDELINE: First, fill out the worksheet based on your knowledge. Second, compare your results with the solution sheet for the learning outcome and reflect about the output: *Are there any differences? Why? How can I integrate them into my daily work?*

4.5.2 Resources

Preparation time	Implementation time	Work format	Target group
10 minutes	20 minutes	individual work	older people in residences

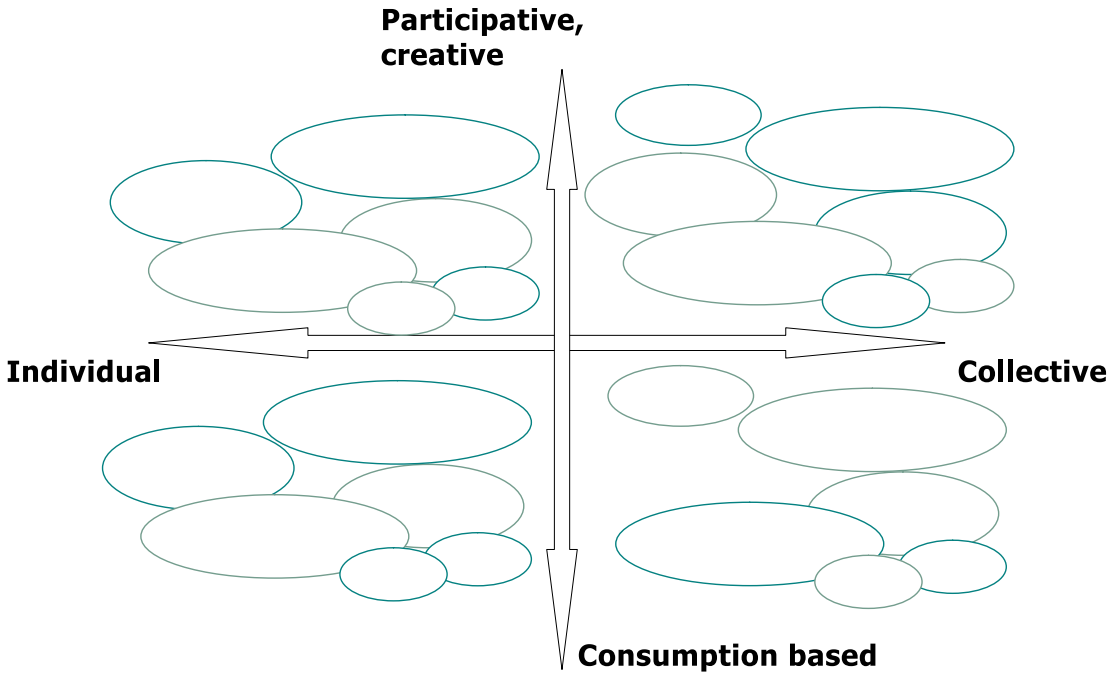
4.5.3 Material

Worksheet 3 is used to fill in participative activities for older people in the care setting. These can either be activities that have already been implemented or new ideas about participative activities. The aim is to illustrate the current situation and then to think about further activities, especially those in areas which are under-represented. Finally, some questions are prepared in topic 4.5.4 "Evaluation and Review" in relation to the learning output and to the potential to implement new participative activities for older people.

WORKSHEET 3 Mapping activities

Please complete the map with reference to your work experiences. In the blue circles please fill in existing participative activities and in the green circles ideas for new ones.

The sizes of the circles give an overview about popularity of the activities for older people



Source: Adapted from Jamie Cowling (2005) Mapping Culture and Civil Reneval

4.5.4 Evaluation and Review

WORKSHEET 4 Reflection about the learning output

1. What was difficult in the exercise?

2. What do I need further information on? Who should be contacted for receiving further information? What conclusions for further activities can be made?

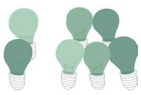
4.6 Exercise 6: Skills Profile and Action Plan for Learning and Engagement

Link to the following topics:	**Topic 3**: Socialising and Meaningful Activities **Topic 4**: Engagement in Society **Topic 5**: Learning and Studying

4.6.1 Description

The older population is a very diverse group consisting of people with different life experiences and biographies. There are different ways to promote learning among older people. For instance one of the core activities of the SLIC workshop[1], an EU-project, is to create an individual skills profile. This helps the person to become aware of the skills and talents they have acquired throughout the course of their lives. This activity also informs you about how to prepare, structure and plan learning activities. The exercise described below outlines the preparation and implementation involved in relation to mapping a skills profile of older people, and how a learning activity can be selected from this activity. The exercise can be carried out using a number of methods. The creation of a memory map may be useful when developing a skills profile because this method also works during one-to-one interactions between an older individual and a care worker. If you want to implement interactive group work, some additional variations are described below.

4.6.2 Resources




Preparation time	Work format	Target group
15 minutes	pair-work or group work	older people

4.6.3 Material

This exercise can be implemented in three stages. Firstly, some preparatory work should be done. Secondly, a template can be used for the creation of a memory map to highlight the skills and competences of the participants. On the basis of the skills profile, an action plan for learning and engagement in the community can be developed and implemented.

[1] SLIC stands for "Sustainable Learning in the Community" and supports practitioners in conducting a two day group workshop with older people who are interested in community engagement and volunteer activity. The core activity of the first day of the workshop is to create a skills profile of older people living in the community. The second main step is to create an action plan on the basis of the skills profile of the individuals. (SLIC, 2011)

Stage 1: Preparatory work

During the preparation stage of this exercise, you need to obtain an overview of what is involved. You need to explain the aim of the exercise to the older person and you have to be able to say something about skills: what these skills are, and the ways in which they can be developed.

Give a short, general, presentation on skills, covering the following points:

- Describe different types of skills (formal and informal skills)?
- In which areas of life can people acquire skills?
- What are the benefits of becoming aware of, or writing down, these skills?

For instance, formal and informal skills and competences are gained over a lifetime through (further) education, work and family, but also through personal interests, hobbies, and specific life experiences. In addition, you need to explain why a skills profile is required.

The aim is to learn about what is within the older person; to find out what they are capable of doing and what they now want to do. The benefit of this exercise is that the older person becomes aware of his/her potential by identifying their strengths and capabilities. It helps them to understand themselves more fully and to reveal their personal goals.

Stage 2: Creating a personal skills profile

In the SLIC handbook, several methods for creating a skills profile with older individuals are suggested. One method is given prominence here and two others are suggested in chapter 4.6.5.

In order to create a memory map, print out work sheet 5 of this exercise. Either complete the exercise together with the older individual or let him/her fill in the map themselves. The template highlights different areas of life which help to locate the current and past activities of the person. Skills and competences can be gained from these life activities.

WORKSHEET 5 Creating a memory map

Example 2 - Memory Map

Source: SLIC project (www.slic-project.eu [22. Jun. 2011]) adapted from Mathis, K. (2000): Quali-Box – Ein Selbstbetrachtungsinstrument der Berufs- und Bildungsberatung. In: Grundlagen der Weiterbildung (GdWZ), 11(3): p. 144-148.

Stage 3: Creating an action plan

After completion of the memory map, a summary of the skills and competences can be created. This summary acts as a starting point for the development of a learning and engagement plan.

The aim of the third step of the exercise is to encourage participants to clarify personal goals and to generate thoughts and ideas for future action. The SLIC handbook suggests the use of several resources so as to develop specific steps for future learning or engagement action. For instance, this can be done by a simple template as shown in work sheet 2. But a very nice visual variation could be to make a silhouette of a large tree in paper or cardboard on which green leaf-shaped cards can be placed.

First, prepare the activity and introduce the idea of an action plan in general as well as the specific activities of the session (e.g. the idea of a tree of dreams). Demonstrate a concrete example which can stimulate the process.

Participants (i.e. older persons) can then start completing the template below, or you can support them to do so by going through the template question by question:

- What would you like to learn? What kind of programme would you like to participate in?
- What would you like to do in order to be active in the community and/or learn?
- What do you have to do to achieve this?
- What have you done until now?

Following completion, an individual implementation plan should be developed. It is likely that the person needs to be supported in taking some of the steps developed. Think about what is needed and who can take part in the process.

WORKSHEET 6 — Generating an action plan

Example A - Action Plan

Name: _____

WHAT WOULD I LIKE TO LEARN? WHAT KIND OF PROGRAMME WOULD I LIKE TO PARTICIPATE IN?	WHAT WOULD I LIKE TO DO TO BE ACTIVE IN THE COMMUNITY AND/OR LEARN?	WHAT DO I HAVE TO DO TO ACHIEVE THIS?	WHAT HAVE I DONE UNTIL NOW?

Source: SLIC project (www.slic-project.eu) adapted from Önkéntes Központ Alapítvány, (2006) European Tool: Portfolio for volunteers to assess knowledge, experiences and skills acquired through voluntary activities. Önkéntes Központ Alapítvány, Budapest.

All the materials needed for this exercise can be downloaded from the SLIC project homepage (www.slic-project.eu). Make use of the section about the project (about SLIC) and the section about the SLIC I workshop in particular.

Within the SLIC workshop section please, think about:

- **Handbook**: The handbook contains a lot of material. Make particular use of the pre-prepared presentations, the materials for the creation of a skills profile using different methods (i.e. memory map, skills checklist, structured discussion group), and the two examples about how to create an individual learning action plan. All the material is available in English, Finnish, German, Hungarian, and Italian.
- **Tools**: Here you will find additional useful materials.

4.6.4 Remarks and Notes

You should consider the following issues in relation to the personal skills profile:

- To stimulate exchange and a lively discussion about skills and competences, you can use the memory map to ask some simple feedback questions, such as):
  - How was it to fill in the memory map? Was it easy or difficult?
  - In which areas have you gathered the most experiences and skills during life?
  - In which area(s) do you feel competent?
  - What activities do you like and which ones do you carry out well?
  - Is there something that you will never do again?
  - What do you want to learn or to volunteer in?
  - How can you offer your skills and competences for the benefit of other persons?
- When mapping memories, sometimes people remember activities rather than skills (e.g. child caring, car mechanic).
  - Therefore, the facilitator (e.g. care worker) needs to tease out the skills associated with the activities remembered.
  - After completing the memory map, locate the areas of activity and ask the person which competences he or she gained in relation to the tasks involved. As the facilitator, you should ask which competences relate to different activities (e.g. child carer, a car mechanic). By doing this, people will think about the skills that reflect their current competences, and which need to be mapped in this stage of the exercise (e.g. knowledge about paediatrician, creative thinking).
- Try to map the three most important qualifications (skills and competences) of the individual.
- Creating a skills profile and an action plan is a quite personal process. The activity works both for people who are interested in learning and people who are interested in volunteering.
- Make sure that the plans are appropriate and realistic.

4.6.5 Variations

The SLIC handbook and the project homepage is a useful resource for identifying other ways to create a skills profile or to complete an action plan.

Depending on your preferences or the profile of the participants, you can mix available examples, methods and tools.

For instance you can develop a skills profile by introducing:

- Skills cards and a skills checklist, or
- Structured discussion groups using mind-mapping

Also, an action plan can be created in various ways, for example by using a tree of dreams. If you carry out a group activity there are many ways to encourage the exchange of skills, ideas, and plans.

4.6.6 Evaluation and Review

The SLIC handbook offers an example of a simple evaluation form that can be used to evaluate a workshop. It asks how satisfied the participants were with four different aspects of the workshop:

- organisation of the workshop
- content and methods
- outcomes
- one's own involvement

Participants are asked to respond to thirteen questions. The feedback on each question is provided on a 5-point scale from "very good" to "very poor". (SLIC, 2010: 38)

4.6.7 FURTHER READING

— SLIC (2010) SLIC Workshop Handbook. Sustainable Learning in the Community. Raising awareness of older adults' skills and experiences and identifying new opportunities for learning and engagement, Vienna, Austrian Red Cross.

— SLIC (2011) SLIC - Sustainable Learning in the Community, www.slic-project.eu/ [20. Jun. 2011].

4.7 Exercise 7: Steps in Friendship Enrichment

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 3**: Socialising and Meaningful Activities **Topic 4**: Engagement in Society **Topic 7**: Early Detection and Interventions

4.7.1 Description

Friendships contribute to mental health, wellbeing and quality of life in later years. Friendships form part of daily life, provide support during stressful transitions and help a person to sustain their identity in changing circumstances and adaptation to old age. Nevertheless, older people have few social contacts who can fulfil these roles. Older people are often lonely, experiencing social isolation and poor mental wellbeing. In these situations, the aim is to help facilitate social interactions in which new friendships can be made or in which existing friendships can be improved. Based on the ideas of a friendship enrichment programme, this exercise aims to improve friendships and to reduce feelings of loneliness among older people. The core principle of the exercise is to empower participants.

4.7.2 Resources


Preparation time	Implementation time	Work format	Target group
around 30 minutes (depends on the duration of the dialogue)	long-term intervention	group-work	older people with few friends, little social contact or who experience feelings of loneliness

The exercise should follow a number of preliminary steps in which the friendship needs of older people are clarified, an analysis of the current social network is made, and realistic goals around strategies to facilitate or improve friendships are developed.

The exercise is implemented in three steps:

1. Help the older person to clarify their needs, desires and expectations around friendship. Analyse their current relationship network to identify actual and potential friendships: Use worksheet 7 "Structured and standardised mapping", which you can find in the next section.
2. Spend time with the older person allowing them to reflect on their relationships. This will help you to evaluate the friendships that are available to them and others which they like to have.
3. Formulate goals that involve improvement of existing friendships or the development of new ones. Locate "success scenarios" (Worksheet 8 "Goals and success scenarios") and develop strategies to achieve these goals. Assist in goal attainment.

4.7.3 Material

To get insight into the social network of an older person, make a list of their personal relationships. The task is to identify important relationships together with the older person.

This can be done through a simple exercise with the older person, where his/her social network is mapped out on a sheet of paper (worksheet 7):

- In the worksheet, the names of persons identified can be placed into three or more concentric circles around the self, according to how important and close they are to the person.

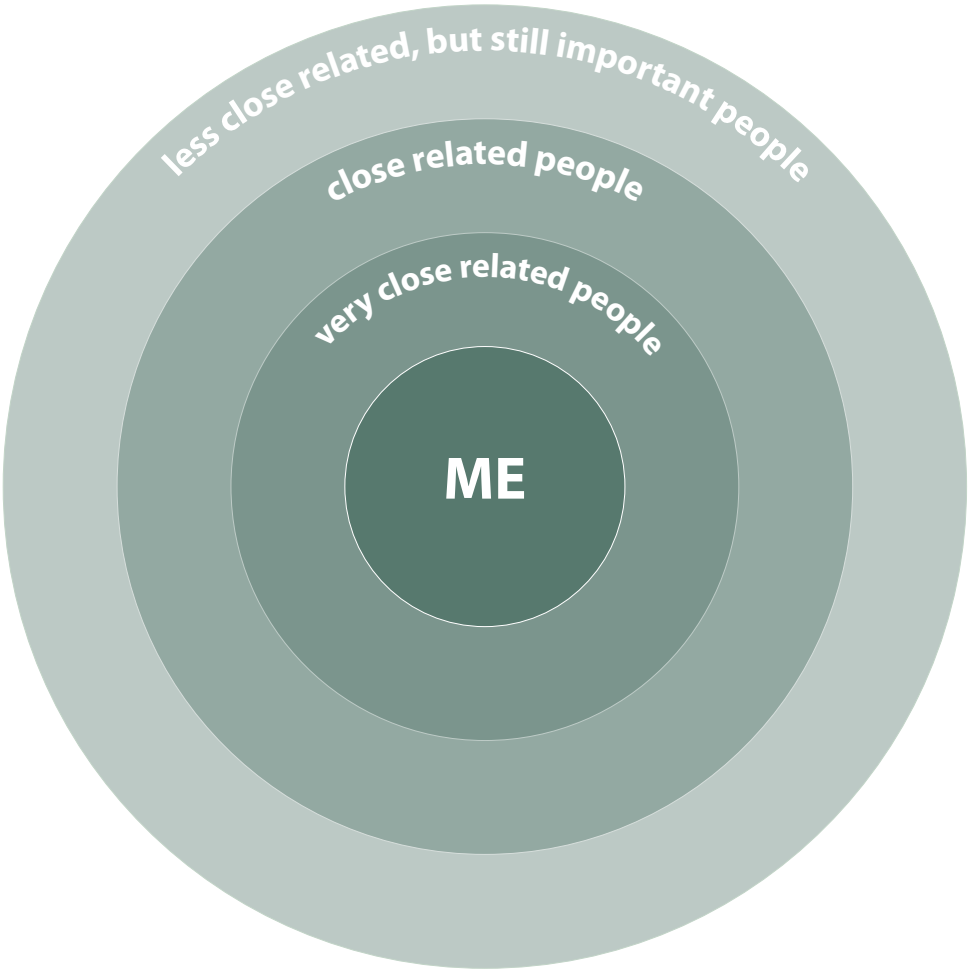


Figure 6: Structured and standardised mapping of a social network

(Adapted from Kahn and Antonucci, 1980)

WORKSHEET 7 Structured and standardised mapping of a social network

Some remarks and explanations:

- Sometimes older women who are lonely do have friends, but hesitate to get in contact or reconnect with them for company or support. The main aim of the worksheet is to visually map out a list of available friends for the older person.
- But the map also visualises which types of friendships are missing and which friendships are underused or neglected. When the exercise has been completed, the participant can be encouraged to select goals based on the result, e.g. to develop a close friendship, or to find a companion for a specific activity.

You can assist/support/help the older person to formulate a step-by-step plan to achieve their personal goals. You can visualise "success scenarios" that provide them with positive guidelines for their own behaviour. Use Worksheet 8 "Goals and success scenarios".

WORKSHEET 8 Goals and success scenarios

GOAL	STEPS TO REACH THE GOAL	✓
	▪ ▪	☐ ☐
	▪ ▪	☐ ☐
	▪ ▪	☐ ☐
	▪ ▪	☐ ☐
	▪ ▪	☐ ☐
	▪ ▪	☐ ☐

Note: Some older individuals may need assistance in order to help them achieve their goals. Examples of social goals which may be articulated by an older person include:

- to develop new social relationships, meet new people, make a friend, find a companion for a specific activity (e.g. for walking) and gain insight into others peoples' lives.
- to improve social skills, e.g. how to make contact, how to keep friends.
- to bring about changes within themselves, e.g. by gaining self-confidence, or bringing back spontaneity

4.7.4 Remarks and Notes

When implementing the exercise, the following issues should be taken into account:

- The programme described was developed and carried out with older women because women tend to be widowed and to live alone more often than men. Older women are more likely to have a lower sense of self-efficacy and higher levels of anxiety and depression than older men. This highlights the importance of challenging loneliness in vulnerable groups.
- Although the likelihood of having a large and strong social network decreases as people get older, age has no effect on the likelihood of developing new friendships.
- Merely bringing people together who seek new contacts in later life is not sufficient in itself to alleviate loneliness. A combination of developing new friendships and improving existing ones is a better strategy for reducing loneliness.
- Structured group interventions such as community/neighbour-based discussion groups are effective ways of getting people together to socialise.
- Some participants may possess the necessary social skills needed to develop relationships with others. Sometimes they have unrealistic expectations of friendship.
- An action-oriented approach to friendship development is not always sufficient. Individual counselling to deal with low self-esteem, social anxiety, mistrust, or fear of rejection may be needed, e.g. through cognitive behavioural therapy.

4.7.5 Variations

- Before you use this exercise, you may wish to assess how appropriate it is for the particular person. You may have detected feelings of loneliness or poor mental wellbeing in an individual while you were making preparations for an intervention. Two related exercises are provided in this handbook which will help you to assess the person's emotional and social loneliness, and his/her wellbeing:
- Exercise 9: Screening Mental Well-Being (section 4.9)
- Exercise 13: Assessing Emotional and Social Loneliness (on the MHP Handbook website)

When implementing Worksheet 9, you may also distinguish between various aspects of the person's social network. An example is provided below where social contacts are categorised by the different sectors by the individuals present in the older person's social network, e.g. family, friends, work, acquaintances, neighbours, etc. The individual ("ego") is situated graphically in the centre of the figure. The map is divided in different sectors, e.g. family, work, friends. Other sectors could be care and other professional contacts. The points in the sectors describe the position of the concerning person in terms of closeness or distance to the individual.

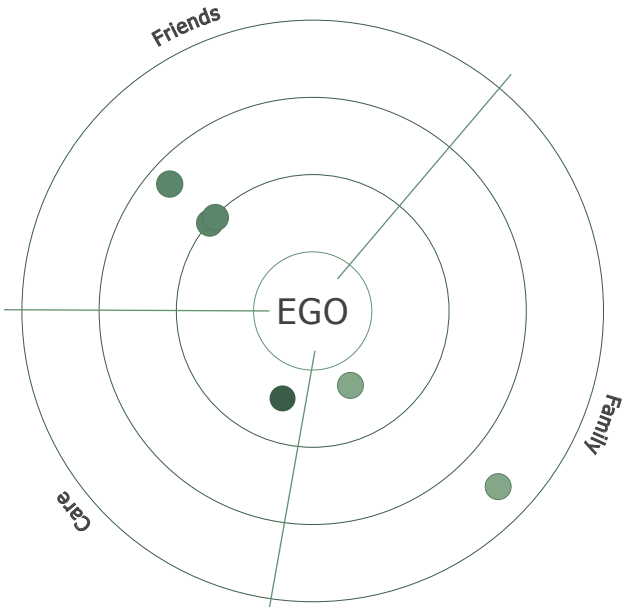


Figure 7: Variation example: Mapping of a social network by different sectors

(Adapted from Straus, 1995, EgoNet.QF, 2011, Straus, 2010)

WORKSHEET 9 Structured and standardised mapping of a social network by different sectors

4.7.6 Evaluation and Review

After a specified amount of time, you can evaluate the success of the intervention in terms of improvement in the friendships and social connectedness of older women. You can re-use the loneliness scale for this, or you can complete the exercise with the concentric circles of friendships again. You can then discuss the differences with the older person.

Following the evaluation process, you may need to adapt the goals and review how you can assist the older person so that they can attain their goals.

4.7.7 FURTHER READING

— EgoNet.QF (2011) EgoNet.QF (www.pfeffer.at/egonet/, 10. Jun. 2011). Jürgen Pfeiffer.

4.8 Exercise 8: Strengthening Self-image through Art

Link to the following topics:	**Topic 3**: Socialising and Meaningful Activities **Topic 5**: Learning and Studying **Topic 6**: Art and Creativity

4.8.1 Description

In this exercise, art pictures portraying older people and old age are presented. The pictures can be in the form of posters, postcards, art books, etc. The aim of this exercise is to provide a starting point for reflecting on one's own ageing and old age. The activity involves presenting images and information about ageing through art, while also creating a good ambience and encouraging people to discuss their feelings.

The exercise begins with participants exploring the art pictures in groups of two to three people. After examining and discussing the pictures and what thoughts and feelings they evoke, tools for painting are distributed among the groups. Each group is encouraged to paint either their own or a jointly designed picture of old age. The purpose is to look for and find positive aspects of old age. Following this activity, each group will tell the other participants about their painting and discuss the feelings and thoughts evoked by the art work. The paintings are displayed on the wall (with the permission of the artists).

4.8.2 Resources


Preparation time	Implementation time	Work format	Target group
10–20 minutes	1-1,5 hours	group work	older people with cognitive function and ability move hands

4.8.3 Material

In order to implement this exercise, you will need art pictures illustrating old age and ageing (posters, postcards, art books). In addition you will need paper, painting equipment, pens and protective clothing.

4.8.4 Remarks and Notes

Various art books, posters and postcards can be used during this exercise. These can be obtained from libraries, book shops, the Internet, etc. The workroom should be pleasant and the seating must be comfortable. It may be a good idea to organise the groups that work well together beforehand in order to speed up the beginning of the exercise.

4.8.5 Variations

The art work can also be done individually. In this case, it is the role of the instructor to motivate the participants to paint and direct the discussion forward.

4.8.6 Evaluation and Review

After the exercise, it is beneficial to reflect on the success of the exercise and discuss the issues which should be considered next time, e.g. use of time, benefits to participants, division of the groups, etc. In addition, it is useful to ask for feedback from the participants.

4.8.7 FURTHER READING

— Search engine for UK museums at www.museums.co.uk/.

4.9 Exercise 9: Screening Mental Wellbeing

Link to the following topics:	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 3**: Socialising and Meaningful Activities **Topic 7**: Early Detection and Interventions

4.9.1 Description

This exercise introduces a screening instrument for mental wellbeing that is easy to implement. The instrument is designed to evaluate the state of mental wellbeing of individuals, e.g. older people. The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is a newly developed and validated scale for assessing positive mental health.

The scale aims to measure mental wellbeing itself as opposed to its determinants which include resilience, problem solving skills, socioeconomic factors such as poverty and unemployment.

Mental wellbeing involves two interrelated factors: The first is the subjective experience of happiness (positive affects) and life satisfaction. The second is positive psychological functioning, good relationships with others and self-realisation.

In total the scale includes 14 positively worded items (e.g. "I've been feeling optimistic about the future"), each with five response categories which measure the frequency in the last two weeks ("none of the time", "rarely", "some of the time", "often", "all of the time"). The items cover most aspects of positive mental health (positive thoughts and feelings).

The scale can be used to carry out an assessment of the mental wellbeing of the older individual. It can be used as a starting point for the planning of mental health promotion activities, such as the promotion of social activities. Furthermore, the instrument can be used for the follow-up/evaluation of mental health promotion activities which aim to strengthen the mental wellbeing of older individuals.

4.9.2 Resources

Preparation time	Implementation time	Work format	Target group
5-10 minutes	about 10-15 minutes (including score computation)	single or pair-work	older people with good cognitive function and without symptoms of dementia

Putting this exercise into practice does not require much preparation. First, print the form and become familiar with the screening instrument, read through the 14 items to understand the content.

The instrument was developed as a self-completion assessment tool where individuals are invited to complete the form by themselves. Some individuals however are not able to complete the form by

themselves. In these circumstances, a significant other (nurse, nurse assistant or home helper) can interview the older respondent and complete the form on their behalf. If this is the case, informed consent should be obtained from the older person. In addition, each of the items should be read clearly to the older person, taking into account his/her level of communication ability (hearing, pace of speech).

Each response is then counted to get an overall score indicating the mental wellbeing status of the older person. Each of the 14 item responses are scored from 1 ("none of the time") to 5 ("all of the time"). Hence, a total scale score is calculated by summing the 14 individual item scores. The individual score will be somewhere between the minimum score of 14 (14 times "none of the time") and the maximum sore of 70 (14 times "all the time").

4.9.3 Material

The only material you need is a printout of the questionnaire provided below, a pen and a calculator (if needed) for computing the total score.

WORKSHEET 10 Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future.	1	2	3	4	5
I've been feeling useful.	1	2	3	4	5
I've been feeling relaxed.	1	2	3	4	5
I've been feeling interested in other people.	1	2	3	4	5
I've had energy to spare.	1	2	3	4	5
I've been dealing with problems well.	1	2	3	4	5
I've been thinking clearly.	1	2	3	4	5
I've been feeling good about myself.	1	2	3	4	5
I've been feeling close to other people.	1	2	3	4	5
I've been feeling confident.	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5
I've been feeling loved.	1	2	3	4	5
I've been interested in new things.	1	2	3	4	5
I've been feeling cheerful.	1	2	3	4	5

Note: Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

4.9.4 Remarks and Notes

Sometimes filling in a questionnaire is a real challenge for older people. It is important that you record people's answers accurately, regardless of your own interpretation of his/her perceptions, feelings and thoughts. Try to administer the scale at a time that is quiet. Also, be mindful that the presence of others (e.g. family members) may influence how the older person responds and may result in biased responses. Note: It is not possible to assess the mental wellbeing of older people who have low cognitive functioning (e.g. dementia patients) with this instrument.

4.9.5 Variations

You can either let the older person fill in the questionnaire or you can interview the older person. In the latter case, explain the procedure and which answers or answer categories are valid. Also be aware of ethical considerations and follow the appropriate guidelines. Ensure that the person is able to answer the questions.

After testing it extensively the authors of the scale then developed a short version of the Warwick-Edinburgh Mental Well-being Scale, which provides valid results and is quicker to administer.

WORKSHEET 11 The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future.	1	2	3	4	5
I've been feeling useful.	1	2	3	4	5
I've been feeling relaxed.	1	2	3	4	5
I've been dealing with problems well.	1	2	3	4	5
I've been thinking clearly.	1	2	3	4	5
I've been feeling close to other people.	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5

4.9.6 Evaluation and Review

The scale can be used once or across different time periods. You can compare the difference between the scores of different groups of persons, or between the scores of the same group of people at two points in time. The latter is appropriate when you wish to evaluate mental wellbeing before and after the introduction of a mental health promotion intervention.

It is advisable that the results are discussed with colleagues and other experts, e.g. people highly knowledgeable in mental health promotion. When you have established the overall score it is possible to start planning or to evaluate an on-going mental health promoting intervention. You can use the answers from the target group to assist in planning or evaluating the MHP intervention.

4.9.7 FURTHER READING

— For a more detailed description of the tool please consult the ProMenPol Toolkit (www.mental-healthpromotion.net/?i=promenpol.en.toolkit.790).

— Steward-Brown, S. & Janmohamed, K. (2008) Warwick-Edinburgh Mental Well-being Scale (WEMWBS): User Guide (Version 1). Warwick, Warwick Medical School, University of Warwick.

— Steward-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J. & Weich, S. (2009) Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. Health and Quality of Life Outcomes, 7, 1-8.

4.10 Exercise 10: Testing and Recognising Individual Borders

Link to the following topics:	**Topic 3**: Socialising and Meaningful Activities **Topic 8**: Supporting Caregivers

4.10.1 Description

In some individual treatment approaches (i.e. a congruent care relationship), attention is given to achieving a balance between using empathic skills and keeping an appropriate distance between you (as the professional) and the client. The following exercise focuses on how to reflect on and be aware of your own feelings and recognise the boundaries that exist in a professional care setting.

Learning objectives:

- to reflect on personal boundaries
- to recognise the appropriate distances that should be maintained in the professional care setting
- to be aware of different boundaries and their effect on the care relationship

GUIDELINE: In this paired work exercise, one person takes on the role of the professional and the other adopts the role of the client. The aim is to take different positions: i.e. to stand very close together, to be far away from each other, one person sits and then lies on the floor, the other one stands and then sits beside their partner, and so on. The idea is to explore as many positions as possible in terms of distance and closeness to each other. The roles should alternate between partners. During the whole exercise, both participants should silently reflect on the feelings associated with it. Then, both partners should discuss the feelings generated with the aim of understanding more in relation to their own professional practice (daily work).

4.10.2 Resources


Preparation time and duration	Implementation time	Work format	Target group
Time spent to move around and to reflect on feelings = 10 minutes	time to discuss and share experiences from the exercise with partner = 20 minutes	pair work	care professionals and older people in long-term care

4.10.3 Remarks and Notes

Challenges/stumbling blocks: This exercise (i.e. exploring personal space), requires those involved to be empathic and to respect the feelings and dignity of the other person. Thus, it is necessary that each partner respects that the other may wish to stop the exercise if they become uncomfortable.

4.10.4 Variations

If pair work is not possible, this exercise could be carried out with a "real" client and a professional within the care setting. However, this can only take place if the client is interested and willing to take part and gives permission to the professional. The client and the professional should jointly reflect on the exercise and summarise the learning points together.

4.10.5 Evaluation and Review

WORKSHEET 12 Reflection about the learning output

1. Which positions were comfortable and why? Which ones were unpleasant and why?

2. What was difficult?

3. What is the main learning output from these experiences? How can I integrate these experiences into my daily work?

4.11 Exercise 11: What Makes You Feel at Home?

Link to the following topics:	**Topic 7**: Early Detection and Interventions **Topic 8**: Supporting Caregivers **Topic 9**: Housing

4.11.1 Description

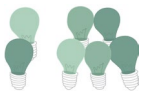
Learning Objectives: Becoming informed about the needs and wishes of older people in relation to their living circumstances.

Values and needs change in older age. The first step to improve housing conditions is to clarify what are the actual needs and what is important to the client. A client may have new challenges associated with health and mobility problems, or difficulties in managing household tasks, personal hygiene, and safety risks. Having been designed for a family, the house might be too big for only one or two people and has therefore become difficult to manage. Access to public transport, infrastructure, healthcare and social services should also be taken into account. The older person should be able to take part in cultural and social life and in recreational and leisure activities.

The answer to all these questions can influence a client's decision about whether to stay in their current homes, to carry out modifications and repairs, or to consider other housing options. Financial resources will play a role in these decisions as well.

The client may not be ready to make a decision for a change right now, but conducting an assessment of their current preferences and needs will initiate a process of reflection which can lead to well informed decisions.

4.11.2 Resources




Duration	Work format	Target group
around 1 hour	pair-work or group work	care staff, social worker, nursing staff, relative and client/ resident (older people who live in their own homes).

4.11.3 Material

Make a list of what you most value as being important in terms of your living situation using the work-sheet below. Tick the column which describes your feelings best. Look over the items you have rated as very important. What living arrangements will reflect these values best?

WORKSHEET 13 What makes you feel at home?

	very important	somewhat important	not important
Stay in my own home	☐	☐	☐
visit restaurants	☐	☐	☐
meet friends	☐	☐	☐
have plenty of space	☐	☐	☐
privacy	☐	☐	☐
pet	☐	☐	☐
...	☐	☐	☐
	☐	☐	☐

4.11.4 Remarks and Notes

Make sure that the worksheet is for the personal use of the client only and is kept confidential. He or she might be concerned about answering the questions if someone else can access the results.

4.11.5 Variations

The exercise can also be conducted in:

1. pairs (for training purposes) or
2. in a real situation with a client.

Ad. 1) Think about the things that are important for you to make you feel home. What things may be important to an older person?

Ad. 2) The worksheet can be provided with a few pre-prepared values inserted, so as to prompt for a wider variation of responses. Keep in mind however, that prepared answers can influence the choices of the client.

The following aspects should be considered:

- housing conditions (safety, barriers to freedom, comfort, heating, hygiene, manageability, privacy)
- access to services, public transport
- social, cultural and political participation: social contact, access to leisure activities
- surroundings/ environment

4.11.6 Evaluation and Review

How did the exercise work?
What are the results?
What are the conclusions for further activities?

4.12 More exercises on the web

The following exercises, and more, can be found on the MHP Handbook website www.mentalhealthpromotion.net/?i=handbook:

Exercise 12: Visiting Schemes (i.e. animal-assisted)

Link to the following topics	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 3**: Socialising and Meaningful Activities **Topic 4**: Engagement in Society

Exercise 13: Assessing Emotional and Social Loneliness

Link to the following topics	**Topic 1**: Healthy Lifestyles and Healthy Behaviour **Topic 3**: Socialising and Meaningful Activities **Topic 7**: Early Detection and Interventions **Topic 8**: Supporting Caregivers

Exercise 14: Music Panel

Link to the following topics	**Topic 3**: Socialising and Meaningful Activities **Topic 5**: Learning and Studying **Topic 6**: Art and Creativity

Exercise 15: Symphony of Art Forms

Link to the following topics	**Topic 2**: Physical Health and Exercise **Topic 3**: Socialising and Meaningful Activities **Topic 5**: Learning and Studying **Topic 6**: Art and Creativity

Exercise 16: Picture Cards/Photographs as a Means of Positive Reminiscing

Link to the following topics	**Topic 3**: Socialising and Meaningful Activities **Topic 6**: Art and Creativity

Exercise 17: Needs Analysis

Link to the following topics	**Topic 4**: Engagement in Society **Topic 5**: Learning and studying **Topic 7**: Early detection and Interventions **Topic 8**: Supporting Caregivers

ANNEX

See the MHP Handbook website for annexes:
www.mentalhealthpromotion.net/?i=handbook.

GLOSSARY

Active aging

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

Ageism

Most definitions of ageism include following aspects of ageism: prejudicial attitudes towards ageing or older persons, the ageing process and old age; discriminatory practices against ageing and older people; and institutionalised policies and practices that perpetuate stereotypes against older people.

Cognitive function/-ing

Cognitive function refers to a person's ability to process thoughts. Cognition primarily refers to things like memory, the ability to learn new information, speech, and reading comprehension. In most healthy individuals the brain is capable of learning new skills in each of these areas, especially in early childhood, and of developing personal and individual thoughts about the world. Factors such as aging and disease may affect cognitive function over time, resulting in issues like memory loss and trouble thinking of the right words while speaking or writing.

Diversity

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These differences can be along dimensions such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Empowerment

Empowerment is the process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions which both build individual and collective assets, and improve the efficiency and fairness of the organisational and institutional context which govern the use of these assets.

Intervention (in mental health)

Interventions can be divided into three separate categories. In terms of primary intervention, the aim is to sustain a person's mental health and strengthen his/her coping strategies. Learned resourcefulness and basic coping mechanisms are good examples of long-term strategies which may be learned at an early age, but which have effects that last into old age. Secondary level interventions take into account the public health

perspective on prevention. These interventions might aim to reduce poverty or ensure that older people have access to health and social services or a safer environment. Tertiary interventions aim to treat and support older people with mental health problems.

Lifelong learning

All learning activity undertaken throughout life, with the aim of improving knowledge, skills and competence, within a personal, civic, social and/or employment-related perspective.

Mental disorder prevention

Mental disorder prevention aims at reducing incidence, prevalence, and recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society.

Mental health

Mental health is a state of emotional and social wellbeing in which the individual realizes his or her own abilities, can manage the normal stresses of life, can work effectively, and is able to play a role in his or her community". It is more than the absence of mental illness: it is vital to individuals, families and societies.

Mental health promotion

Mental health promotion aims to promote positive mental health by increasing psychological well-being, competence and resilience, and by creating supporting living conditions and environments. Mental health promotion is concerned with achieving positive mental health and quality of life. The focus is on the whole population and on strengthening protective factors and enhancing wellbeing.

Needs analysis/ needs assessment

Need analysis is the process of identifying and evaluating needs in a community or other defined population of people. The identification of needs is a process of describing "problems" of a target population and possible solutions to these problems. A need can be described as a gap between "what is" and "what should be" or a gap between real and ideal that is both acknowledged by community values.

Old age / older person

The concept of age has become more complicated because life expectancy has increased and people at all ages have progressively more remaining years of life. The definition of old also varies culturally and is dependent upon a person's circumstances. Chronological age is used as a general reference point. Most countries have chosen to use the age of 60 or 65 years, roughly equivalent to retirement ages in most developed countries, and to define an 'older person'. However, in many parts of the developing world, chronological time has little or no importance in the meaning of old age. An individual's functional or health age may provide a more accurate indicator of age, when considered in addition to actual age in years. It should be remembered that ageing populations even in a specific culture are heterogeneous; there are social, educational, financial and health-related diversities among members of the older population.

Older people's residences

Older people may live in differing residences. Most often they live at home and may avail of supportive services, but there are also other options available. Elderly people may reside in a nursing home or in 'transitory' homes such as hospitals or rehabilitation centres. When an older person moves into inpatient care, it means that this institution becomes her/his physical home.

Peer mentoring

Peer mentoring is a process through which a more experienced individual (usually) encourages and assists a less experienced individual to develop his or her potential within a shared area of interest. The resulting relationship is a reciprocal one in that both individuals in the partnership have an opportunity for growth and development. Peers are individuals who share some common characteristics, attributes or circumstances. These may relate to age, ability, interests, etc. Peer mentors are individuals who have more experience within that common area along with additional training in how to assist another in acquiring skills, knowledge and attitudes to be more successful.

Positive mental health

Positive mental health is a resource for everyday life which enables us to manage our lives successfully. It is a resource for individuals, families, communities and nations. Positive mental health includes aspects such as a positive sense of well-being, self-esteem, optimism, a sense of coherence, satisfying personal relationships and ability to cope with adversities (resilience).

Protective factors

Mental health promotion aims to increase protective factors related to mental health. Protective factors build up resilience and act as buffers against risk factors, promoting self-esteem and self-efficacy. Individual protective psychological factors associated with positive mental health include; the ability to cope with stress, the ability to face adversity, adaptability, autonomy, exercise, feelings of control, literacy, positive attachment, problem-solving skills, high self-esteem, skills for life, social and conflict management skills, and socio-emotional growth.

Quality of life

Quality of life can be defined as the degree to which a person enjoys the important possibilities of his or her life. Possibilities result from the opportunities and limitations each person has in his/her life and reflect the interaction of personal and environmental factors. It usually includes subjective evaluations of both positive and negative aspects of life. Health is considered as one of the important domains of overall quality of life, other aspects include housing, employment, the neighbourhood, and culture.

Resilience

Resilience refers to the capacity of individuals, families and communities to cope successfully with everyday challenges, including life transitions, times of cumulative stress and significant adversity. A person's personality, characteristics and experiences will influence their ability to deal with difficulties and problems in life.

Risk factors

Mental health promotion aims also to reduce the risk factors related to diminishing mental health. Risk factors can reside within the individual or within the family or community, and may play a role in the development of mental health disorders. Risk factors are not static. Risk factors can be divided into three categories: individual factors such as gender, physical health problems, and alcohol or drug abuse; family-related factors such as family breakdown, family conflict, and abuse; and social factors such as socio-economic and financial difficulties, unemployment, cultural differences and social exclusion.

Salutogenesis

The concept of creating positive health - known as salutogenesis aims to explain why some people fall ill under stressful conditions and others do not. A salutogenic approach provides a particular perspective to the way health is viewed, which is centred on the discovery and use of personal resources, either inside a person or in the environment, that maintain a healthy status. This is opposed to the traditional view of health care, which focuses on the search for the causes of disease.

Social exclusion

Social exclusion is a short–hand term for what can happen when people or areas have a combination of problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown. These problems are linked and mutually reinforcing. They lead to the individual or area having reduced social networks and social support. Social exclusion is an extreme consequence of what happens when people do not get a fair deal throughout their lives and find themselves in difficult situations.

Social isolation

The concept of social isolation refers to the lack of social integration and support. Some definitions of social isolation incorporate both 'structural' and 'functional' social support. Structural social support is an objective assessment of size and frequency, while functional social support is a subjective judgement of the quality or perceived value of emotional, instrumental and informational support provided by others. Social loneliness refers to negative feelings resulting from the absence of meaningful relationships and social integration.

Stakeholder

Individuals, groups, communities and organizations that have an interest or share in an issue, activity or action.

Stigma

Stigma refers to labelling an individual or a group in an extremely negative way. People suffering from mental illness often experience stigma due to their condition. Stigma discourages individuals from seeking help, due to fears of “labelling” and discrimination. In addition, stigma encourages violence against people with mental illness.

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