A Manual for Promoting Mental Health and Wellbeing:

Older Peoples Residences

ProMenPol Project

Final 2009

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Contents of this Manual

This Mental Health Promotion (MHP) manual is organised in two sections.

The first part contains a general introduction to the main issues to be faced in implementing MHP in older people's residences.

The second part provides details regarding the most relevant MHP tools from the tools database that may be used in implementing MHP for each phase of the process. This section also contains links to the ProMenPol case studies that have been undertaken using some of the tools.

PART I

1. Introduction

1.1 The Definition of Old Age

Mental health promotion in older people is becoming an increasingly important activity. The demographic change in Europe means that in the coming decades there will be fewer young people and young adults, and an increase in the number of older workers, pensioners and very old people. The proportion of the population older than 65 years of age in 2050 will be around 30%, while 11% will be more than 80 years old. (Jané-Llopis & Gabilondo, 2008)

There are no agreed definitions of old age and the term has different connotations and meanings across cultures and societies. Most countries have selected the retiring age of 60 or 65 years as the definition of an older person (WHO 2007). The European Commission has divided older people into three groups: older workers (55-64 years), older people (65-79 years) and frail old people (80+ years) (Jané-Llopis & Gabilondo, 2008). This manual deals with both older people and frail older people. It takes into account that there is great variance in the mental health and functional ability of people older than 65 years of age. The older age groups tend to be the most heterogeneous in terms of attitudes, social background, preferences, hobbies, political attachments, education and family background. Therefore the principals described in this manual may also be useful for application in MHP with younger people who live at home but receive supportive services.

1.2 The Definition of Older People's Residences

This manual has been developed to enable the implementation of Mental Health Promotion programmes in older people's residences, in a planned and systematic way.

Residences for older people include 'permanent' homes for people, whether this is a nursing home or other residential facility. It also includes older people who live at home and avail of some form of supportive service. However, older persons in 'transitory' homes, for example hospitals and rehabilitation centres are not included, although it is important to recognise their mental health needs as an intrinsic part of their recovery.

1.3 Mental Health Issues for Older People

Mental health is influenced by individual factors such as

- Individual coping skills
- Life span experiences
- Social support
- Structural factors like adequate housing and transport,
- Employment and
- Financial security.

Some mental health and wellbeing issues are unique and of greater relevance for older people.

"The crown of life" is a time of life when older people are free from the burden of working, have more free time at their disposal and when most are in fairly good condition to enjoy their lives. In this phase of life, older people can have genuine time for themselves and their hobbies, their friends etc. Becoming a grandparent is a unique experience. Grandparenthood is an important role for many older people, providing a feeling of continuity of life and an opportunity of give without conditions.

However, there are also critical issues during this phase of life.

Retirement can have a major impact on the mental health of older persons from 60 to 80 years of age. It can mean a time of freedom from responsibilities, but it can also mean a loss of status, a perceived reduced role in life and less social relationships. Other factors that may impact on the mental health of this age group include a gradual deterioration in health and physical capability, loss of financial stability, changing environment (moving home) and a loss of the sense of belonging. (Cattan, 2009; Lehtinen, 2008).

People aged 80 years and older increasingly face the loss of close friends, family and partners, deteriorating functional ability and the sense of their own purpose in life. The fear of losing independence is also common in this age group. People aged 80 and older are increasingly dealing with bereavement, dying and death and facing their own end of life. (Cattan, 2009).

However, older people are not a homogeneous group. They vary, just as any age group, in culture, values, personal make-up, life experiences, economic status and health. (Cattan, 2009). All of these factors should be taken into account when planning mental health promotion activities for older people.

1.4 Caregivers

Care in the home has traditionally been the task of some family members. Nowadays, the social framework is radically changing all over the world. Caring for a child, a family member with disabilities or an older member of the family is even in the most developed information society-type of societies, a part of usual way of life.

In the EU, millions of people take daily care of their relatives and spouses. Most often the person being cared for is a frail old person, and the caregiver is an elderly person as well. Nowadays, husbands are more likely to care for their frail wives.

Taking care of a close friend, spouse or a child can often be a mentally positive and rewarding experience. The carer may even perceive their life as more meaningful.

However, caregiving can also bring with it particular physical, psychological, social, and financial strains that might lead to social isolation and feelings of loneliness. Caregivers show an increased risk for developing physical and psychological ill-health that suggests a need for more effective financial, social and practical support as well as opportunities for respite. Caregivers of people with dementia are likely to have higher levels of stress and burden, and report higher levels of depression or fatigue. (Cattan, 2009; Jané-Llopis & Gabilondo, 2008; Stengård, 2005). Mental health promotion activities for older people should also be targeted at family caregivers and aim to meet the needs of the caregivers as well.

1.5 Why Should we Pay More Attention to Mental Health in Later Life?

Mental health and wellbeing in later life affects all of us. There are humanitarian, social and economic reasons why we should pay more attention to these issues. Good mental health and wellbeing in later life benefits each one of us by ensuring that we are able to lead long and healthy lives that are enjoyable and fulfilling. Promoting good mental health in older people is one way to maximise the valuable contributions that older people can make to society and to the economy, while minimising the costs of care related to poor mental health. (Lee, 2006)

2. What does MHP look like in the Older People's Residences?

Mental health promotion in older people's residences should not be seen as a special project but as a part of the everyday work of all persons interacting with the target group. The activities should be aimed to reach both short-term and long-term benefits since the time spent in the residential facility might be relatively short. However, it might be a good strategy to start implementing mental health promotion tools as a specific project with some extra resources in order to have the possibility to train the staff on the basic ideas of mental health promotion. Since most of the staff have been trained in health issues they might need only a short awareness raising session to be able to understand the importance of mental health promotion.

Mental health work in the older people's residences can take many forms. At its broadest, it can consist of addressing all of the manifestations of mental health issues – prevention, promotion, treatment and rehabilitation.

- Promotion of mental health
- Prevention of mental health problems
- Treatment of mental health disorders
- Rehabilitation of persons with mental health problems

In the ProMenPol project, the focus is firmly on measures concerning the prevention and promotion of mental health and wellbeing. Treatment and rehabilitation of mental health disorders are beyond the scope of this project.

ProMenPol provides support through the database of tools for implementing prevention or promotion strategies, while the case studies provide examples of what mental health promotion looks like in practice.

3. Specific Factors to Take Account of in the Older People's Residences

The **Principals of Mental Health Promotion for Older People** (Lis et al. 2008, Mental Health Promotion and Older People, 1998)

- Define the target group and identify how, when and where the target group can be reached
- Involve older people in the planning, implementation and evaluation of opportunities and programmes
- Address the specific health and social needs of older people
- Empower and motivate older persons to take the initiative for their own health and wellbeing
- Identify the political, social and economic barriers which affect older peoples' capacity to participate in society and implement interventions to overcome these difficulties
- Respect the autonomy and independence of older persons
- Develop multi-faceted, holistic interventions which take into account the physical, mental and social health needs of the older person and the inter-relatedness between these needs

3.1 Promoting the Mental Health of Older People

Older people are the most heterogeneous age group. There is much social, educational, financial and health diversity among older people. The promotion of mental health should therefore include a wide range of activities for people with very different styles of life. Lifelong learning, grandparenthood and sharing of life experiences could be meaningful steps to reach the interest of older people.

Generally, older people benefit from the same positive steps for mental health as anyone else. Activities that have been shown to promote mental health include physical exercise, spirituality and creative activities, opportunities to strengthen social, coping or life skills, and access to social support and social networks. Opportunities to talk through problems, to relax, to ask for and receive help when needed and keeping in touch with friends are also important for enabling people to cope with difficult times. Further, 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 family is the most important factor in promoting positive mental health. Having positive attitudes such as a sense of value, being open and tolerant of new ways of doing things, and being willing to learn can contribute to wellbeing. Keeping physically, mentally and socially active and interacting with others are seen as essential to maintaining mental health. In addition, retaining independence and choice in retirement and accommodation are important for promoting wellbeing. (Mental health and well-being in later life: older people's perceptions, 2004)

However, older people encounter also specific risks to their mental health. Thus, specific means by which to enhance the mental health of this age group should be available (Friedli et al., 2007; Jané-Llopis & Gabilondo, 2008; Lee, 2006; Lehtinen, 2008):

Providing opportunities for meaningful activities

- Several forms of involvement in meaningful activities have been found to increase wellbeing and improve the mental health of older people. Creative activities include arts and performance, libraries, museums and other cultural events. Lifelong learning programmes foster social and personal realisation of the aged. Additional forms of beneficial participation include community development initiatives involving older people and volunteering, which can increase the mental wellbeing of both the volunteer and also those who receive the services.

Promoting healthy lifestyle choices

- Many older people identify good health as the most important determinant of a high quality of life. The factors that contribute to good physical health include genetic make-up, lifestyles and choices, socioeconomic factors and environmental factors. Many older people consider themselves to be in good health, despite having a limiting long-term illness which restricts their daily activities. Many of the chronic conditions that affect people in later life can be prevented or delayed if people are able to adopt healthy lifestyles, for example through exercise, a healthy diet, not smoking and reducing alcohol intake. Provision of aids and adaptations can help people to keep mobile. Providing information, encouragement and opportunities for older people to make healthy lifestyle choices are methods by which to promote positive mental health.

Providing opportunities for physical activity and exercising

- Exercising leads to increased mental wellbeing, psychological benefits as well as better physical health and functional ability. Different types of exercise have benefits for mood, self-esteem, stress, sleep and preventing or alleviating the symptoms of depression and anxiety. The participation of older people in physical activities requires safe and healthy indoor and outdoor environments.

Enhancing community participation

- Enabling the engagement in the social activities of the older people's residence and the wider community is one important measure to support the mental health of older people. Providing opportunities for participating in the political, economic and cultural decision-making of the community and lifelong learning are means by which to ensure social participation.

Strengthening positive relationships

- Positive and secure relationships with family members, friends and neighbours are important for good mental health. Having a pet can also positively influence wellbeing. The importance of spiritual belief and faith communities should also be recognised and access to these activities should be ensured. A satisfying sexual life is also a component of good mental health for older people. Social isolation is a strong risk factor for poor mental health. Living alone is a positive experience for some older people, because it means independence, self-support, and

autonomy. However, for others it might mean feeling lonely, especially if they have difficulties getting out of their home. Therefore, befriending programmes to help the older person in his or her everyday life should be organised by the community or the third sector. Different kinds of clubs, recreation centers and social networks can help prevent loneliness and isolation. Recognising the skills and knowledge that older people can contribute and providing opportunities in which to share these with people of all ages will help prevent isolation.

Providing opportunities for safe and independent living

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

Providing appropriate health and social services

- Mental health and general health are strongly interrelated and this is particularly evident among the older age groups. Poor physical health and poverty are clear risk factors for mental ill-health. Therefore, it is important to establish a health and social care system that provides all older people with high quality primary and specialty health services, including easy access to psychiatric services, as well as all the necessary social services and benefits (e.g. transport services and interventions to improve housing conditions). Older people want to have enough money to afford decent housing, heating, travel, social activities and occasional treats that allow full participation in family and community life. Individual retirement schemes give older people the choice to keep working in later life to maintain or increase their income.

Combating ageism

- Negative and depreciating attitudes toward old age and older people still prevail in society today. Therefore, politicians should ensure that human rights conversions are implemented with regard to older persons. Any kind of discriminations should not be tolerated. Age equality should be promoted particularly within mental health promotion. It is important that older people have full opportunity to participate in the social, cultural, economic and political decision-making processes of the society. Intergenerational activities can be used to promote the understanding and respect between younger and older people. All employees who have direct contact with the public should be educated and trained to value and respect older people.

3.2 Ethical Issues

There are a number of ethical issues which may arise when implementing a MHP programme. These may arise because of the fact that MHP is dealing with health issues or because it may be dealing with people with mental health problems.

The main ethical issues that may need to be addressed are:

- Beneficence - 'do positive good'
- The programme should be soundly based and the purpose should be to improve mental wellbeing
- The programme should be preceded by a careful assessment of predictable risks in comparison with foreseeable benefits
- Adequate facilities and procedures should be in place to deal with any potential hazards

Informed consent

- Each potential subject must be adequately informed of the programme aims, methods, anticipated benefits and potential hazards and any discomfort it might entail
- Participants must be given the right to refuse to participate - all participants must be volunteers
- Documentation given to potential participants should be comprehensible
- Participants must be given the opportunity to raise issues of concern
- A comprehensible complaints procedure must be available

Confidentiality and anonymity

- The programme should conform with current data protection legislation
- All confidential details must be securely stored and only accessible to named individuals
- No individual should be able to be identified in any reports from the programme

Further information on the PromenPol Ethical Vision can be found at:

http://www.mentalhealthpromotion.net/resources/promenpol_ethical_vision-2.pdf

PART II

4. Steps for Implementing Mental Health Promotion in Older People's Residences

MHP in the older people's residences should be seen as a part of the everyday work in the residence, but specific activities can also be organised as a project.

4.1 Phase 1: Making Preparations

Main Issues	Building Collaboration	The more you can get the major stakeholders to buy in to the project, the easier it will be to implement and the better the outcomes. • Assemble the business case for the project • Build support for the project with the main stakeholders. These include older people and their family members, Senior management, Line management, HR personnel and staff representatives. • Ensure the project is supported visibly by top management and workers representatives • Identify potential members of the project team
	Communication	Good communications are a key success factor in project management. This can only be achieved with good and early planning. • Establish what groups and which persons need to be communicated with about the project • Develop a communications plan for the project which includes materials, communications channels to be used and a schedule
	Scoping the Project	Many projects are let down by an unclear definition of what they should be doing. Establishing the boundaries and possibilities for the project early on sharpens its definition and prevents misunderstandings during implementation. This project definition should be revisited following the needs analysis activity. • Establish the scope of the project, i.e. what areas it will operate in, what time and resources are available, how it should fit in with other health initiatives. • Establish what kinds of MHP interventions are possible • Establish reporting relationships for the project • Investigate other health promotion activities that may have an impact on mental wellbeing, e.g. nutrition and physical activities and exercise. • Establish where the proposed MHP programmes fits in to existing activities • Establish a working picture of mental health promotion needs from data on existing activities
	Developing the Project Team	The key to successful project teams is to ensure that they work efficiently, are representative and are strongly led. In addition,

		there should be clear roles for participants. Avoid very large teams where there is not enough work to go around. ▪ Select members for the project team ▪ Ensure representation of the major stakeholder groups ▪ 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, liaison with external stakeholders (where envisaged), data analyst. ▪ Manage any ethical issues that apply
	Getting Agreement	Managing expectations is a major part of any project as is ensuring commitment. The best way to achieve both of these aims is to: ▪ Develop an agreement between the project team and the management which covers the main points of the project plan ▪ Communicate the agreement to all of the major stakeholders
Useful Tools		(Search the database for suitable tools)
Useful Links		(Check out the field trials for examples)

4.2 Phase 2: Needs Analysis and Planning

Main Issues	Needs Analysis	A thorough needs analysis provides the basis for the MHP project. It should take account of information that already exists within the organisation and it should collect new data on specific mental health promotion needs. It provides the basis for setting priorities within the project plan. ▪ Involve the project team in the development of the needs analysis instrument (e.g. questionnaire, interview schedule, focus group instrument) ▪ Field test the instrument for acceptability and practicality ▪ Ensure high standards of anonymity and confidentiality ▪ Communicate the results of the needs analysis to all stakeholders
	Setting Targets	This activity needs to take account of the constraints of the project and the likelihood of being able to meet targets. Targets should be achievable, measurable and agreed. ▪ Set targets in terms of how the process of implementation should proceed and in terms of its expected outcomes ▪ Include targets expressed in both organisational and wellbeing terms
	Selecting MHP Tools	Selecting the right tools for the project is essential to its success. You may need tools to support any activity of the process of implementation, e.g. project management, needs analysis instruments, guidelines or quality recommendations. ▪ Ensure as far as possible that the tools selected are of a high standard ▪ Ensure that the expertise needed to operate the tools is available to

		the project
		▪ Seek advice from professionals or people who have previously used the tools
	Project Planning	Developing a project plan is an important means of ensuring that the project is run professionally and that it is taken seriously within the organisation. ▪ Confirm the project plan with the management of the organisation ▪ Communicate the main elements of the project plan ▪ Ensure that planned activities are consistent with other policies and practices ▪ Confirm that the programme activities and procedures are consistent with ethical standards
Useful Tools		<mark>(Search the database for suitable tools)</mark>
Useful Links		<mark>(Check out the field trials for examples)</mark>

4.3 Phase 3: Implementation

Main Issues	Assigning Responsibility	Good project management involves making clear plans for action and assigning the necessary resources and responsibilities for implementation of activities. There will have been a general project plan developed earlier, but there is also a need to develop a specific plan for each element of the implementation programme (there may be many activities taking place). ▪ Assign resources, personnel and a schedule to each of the project activities ▪ Make use of existing resources where possible (e.g. health promotion) – this keeps costs down and it helps integrate the programme into normal organisational practice ▪ Ensure that there are clear lines of reporting on the activities that take place
	Carrying out Plans	Implementing specific activities needs to be done in a professional manner. You should consider some of the following options when doing so: ▪ Ensure adequate communications about activities is carried out – use existing channels where possible, but also ensure that specific publicity activities are undertaken ▪ Ensure that monitoring information is collected ▪ Give feedback on the progress of activities ▪ Be flexible in implementation of activities – change activities that are not working optimally
	Targets for the Actions	Effective targeting of activities relates to both communications, i.e. reaching target groups and to setting targets for the outcomes of each MHP activity. Having identified the target groups for the project activities, you should:

		▪ Ensure that the communications system is able to effectively reach the entire target group ▪ Consider using multiple methods to reach the target group ▪ Use the communications channels that are commonly used by the target group ▪ Consider 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, need for transport service or a personal assistant When targeting the process and outcomes of the programme activities, you should: ▪ Be realistic – achieving desired outcomes typically takes a lot of time ▪ Set targets so that they can easily be measured ▪ Set targets for the short, medium and long term ▪ Set targets that make use of existing organisational indicators (e.g. health indicators, accidents and illness)
	Providing Feedback	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. When considering feedback, you should: ▪ Use existing feedback channels where possible ▪ Ensure that the target groups for the project receive feedback – generalised feedback is not adequate ▪ Obtain information from participants on the progress of the project activities
Useful Tools		(Search the database for suitable tools)
Useful Links		(Check out the field trials for examples)

4.4 Phase 4: Follow up and Evaluation

Main Issues	Monitoring	A protocol and procedure for monitoring the progress of the MHP project needs to be established early in the project lifetime. This should be done at the same time as the project plan is written as this allows for a comprehensive and proactive monitoring process to be undertaken. Feedback from the monitoring process should be planned so that information is available during the programme which can be used to redirect programme activities, should this become necessary. 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 ▪ A data analysis plan ▪ Feedback mechanisms and schedules ▪ Take care to include both qualitative and quantitative indicators

	Evaluating	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 quality of life of the residents? and so on. Areas of specific interest in evaluation include: ■ Cost-benefit and cost-efficiency assessment – do the benefits of the programme outweigh its costs, could the programme be run in a better way, could another programme be more successful? ■ Impact assessment – what are the immediate impacts of the programme in terms of, for example, attitudes of staff, awareness of mental health issues, satisfaction with the programme? ■ Outcome assessment – what are the longer term outcomes of the project in terms of, for example, quality of life, functional ability, health status? ■ Process assessment – how did the MHP process of implementation work in terms of for example, the numbers participating, levels of satisfaction with the process and levels of awareness of the programme?
	Ensuring Continuous Progress	One of the goals of any MHP programme must be to improve the programme and as far as is possible, ensure that the programme continues beyond its original lifetime. Evaluation data is essential for ensuring that continuous progress is made. Issues which need to be taken into account include: ■ Ensure that lines of reporting are clear ■ Ensure that there is feedback provided early enough to influence the progress of the programme ■ Ensure that all stakeholders are involved appropriately ■ Ensure that the programme has an impact on the policies of the residence and that budgets for the programme continue
Useful Tools		(Search the database for suitable tools)
Useful Links		(Check out the field trials for examples)

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