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On 27 November 2010, the CPME Board adopted the “CPME Statement on Mental Health and the elderly - Healthy Ageing” (CPME 2010/105 Final EN)

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## CPME Statement on Mental Health in older people

### *Healthy ageing*

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## Introduction

As the number of older people in Europe is growing, so will the number of patients with mental health problems. This demographic change will have implications on public health and social systems, labour markets and public finances across the EU.

Efforts need to be increased to enable more people to grow old with good mental health and well-being, prevent possible mental health problems, and make provisions to guarantee access to high quality treatment and care for those suffering from a mental disorder.

The demographic change Europe is facing, resulting from low birth rates and increasing longevity, means that in the coming decades there will be fewer young people and young adults, and more older workers, pensioners and very old people.

In 2050 30% of the population will be over 65 years old and 11% will be over 80. This means that less people will have to take care for more older people. It also means that more younger people would have to focus on care when making a career choice.

Over 5 million people in the EU have dementia (about 1.1-1.3 % of the population), defined as 'the loss of intellectual functions of sufficient severity to interfere with a person's daily functioning. Alzheimer's disease (AD), a slow neurodegenerative process which, to date, cannot be halted nor totally prevented, is the most common form (60%) of all dementia cases. The prevalence of Alzheimer disease rises from around 2% amongst 65-69 year olds to 22% amongst 85-89 year olds and it is predicted to increase in absolute numbers with the demographic ageing of the population, with a doubling predicted by 2040 in Western Europe and a trebling in Eastern Europe.

Older people are the group with the highest suicide rates in Europe (rates in 2005 ranged from 16.38 to 22.9 per 100000 in EU-27, with a constant increase with age and even higher rates in those above 85 years).

All this means that European Doctors should take a strong position in this important domain. In order to deal with the difficulties that come with the above, a number of conditions must be taken into account.

Firstly, it has to be acknowledged that this field of interest exceeds the scope of an individual physician. Working in a multidisciplinary fashion is of paramount importance.

In general, a very important role should be in the hands of the general practitioner, who can be the key figure in the network of carers, provided that he or she has adequate knowledge in this domain of geriatric care. Next to an important role for general practitioners, also other institutions in the health sector can contribute to supporting the elderly population.

Secondly, it is clear that according to the above, (including the changing demographic picture) the role of the doctor will change. This will bring the need for a repositioning of the doctor's role. Another important factor in the discussion is the fact that the needs and wishes of people are constantly changing in a world of permanent change.

In order to obtain a complete picture in this domain, more information can be drawn from the consensus paper "Mental Health in older people" issued by the European Commission (DG SANCO).

## 1. Maintaining Functional Capacity

It is important that people stay fit as long as possible. Maintaining functional capacity can be reached through living a healthy life, through healthy eating and through being physically active. It is also important to develop and maintain the proper coping skills and resilience to be able to live with the possible stress in daily life. At the same time there must be respect for heterogeneity, autonomy and personal differences in older people.

Improving physical health and managing chronic illnesses can prevent mental disorders. At the same time programmes focused on “health literacy” can result in changes in health behaviour such as improved eating habits and an increase in physical activity.

Exercise, which is frequently advised in older populations to promote physical health, also leads to increased mental well-being, psychological benefits and reductions in depressive symptoms.

## 2. Participation and Social inclusion

It is also important that people stay active in society as long as possible, either in work, or in a social environment. They must be prevented from getting in an isolated position or become lonely and older people should be entitled to a meaningful place in society.

Staying active and involved is associated with good mental health and well-being. Most old people would like to continue to contribute to society, as they have a lifetime of knowledge and experience to share. Participation can be encouraged through different activities such as employment or learning, but it also requires safe and healthy indoor and outdoor environments for the old people. Active ageing keeps older people stimulated and engaged, and gives them a sense of meaning, purpose and responsibility that helps to promote mental health and well-being. Inside families older people can play an important role in caring for their (grand)children or in other activities that can keep them active and feeling committed. Younger carers can also help older people (their parents for example).

Several forms of involvement in meaningful activities have been found to increase the well-being and to improve the mental health of old people. Learning is a well known key element of health promotion in all ages although evidence shows that participation in educational activities declines with ageing.

Finally, from a political point of view, fiscal benefits for elderly people should be considered.

## 3. Life long learning

Lifelong learning programmes foster social, personal and professional realization of the old, all of which has been associated with successful ageing. Education initiatives that are tailored to this age group include affordable fees and adapted curriculums, admission criteria and learning materials proven to be effective.

## 4. Independent living and Caring environment

The emphasis should be on promoting the independence of older people with and without mental health problems and supporting them, and their carers, in the community wherever possible and practical. Staying in the own environment for as long as possible must be stimulated. A network of both formal and informal carers can offer help whenever necessary. This can vary from physical support (vacuuming the house, doing repair work, other support), to helping with transportation or cooking meals. Another idea can be to organise shopping services where informal carers offer transportation and support. Also the idea of children taking a “sick leave” to care for a sick elderly parent should be considered.

Next to this, it should be considered to include supportive technologies in houses and public buildings.

Finally, it is important to have a reasonable amount of fun in daily life.

## 5. Working conditions

With the demographic changes in the coming decades it is clear that people will have to work longer. There is evidence that work is good for people's mental health provided that good working conditions are in place. With a work population getting older in the coming decades attention for a healthy working environment is vital. Management styles in organisations must be stimulating and inspiring, especially for a senior employee. A stable psycho-social working environment and a good working atmosphere, with clear communication and clarity about goals and objectives, changes and results, are vital. Human resources management must be active enabling senior employees to use their potential, enabling them to contribute to their ability, including permanent education.

Skills and experience of older workers must be acknowledged and passed on. Senior employees can operate as coach, in this way enriching their lives and that of others.

## 6. Equity of access

With the growing burden of disease it is vital to have access to proper services and care for those affected with a mental disorder. Early and accurate diagnosis of mental health problems enables older people and those caring for them to understand what is happening to them. Access to appropriate help meeting the care needs and necessary treatment is important. In cases of dementia treatment possibilities are limited, but in case of depression treatment is possible. Also, in terms of service delivery of old age mental health, strong evidence supports the development of community multidisciplinary teams as a major service-delivery component. Partnership and effective communication systems along all stakeholders (primary and acute care, social services, government departments, NGOs, patient and carers) is also an important component of high-quality service provision.

## 7. Overmedication and polypharmacy

The adverse effects of overmedication and polypharmacy must be prevented. Here, an important role for health professionals treating the elder population is well seen.

The problem will get larger as the European population gets older. The challenge is to minimise the number and severity of adverse effects of *multiple drug/multiple prescriber* treatment.

## 8. Policy making and Practice

In order to make initiatives work, it is vital to include older people in policy making and implementation of plans and programs. Without the commitment of the elderly one cannot expect to be successful in this area.

## 9. Research

A firm knowledge- base on what really improves old age mental health should be created and continuously developed. Evidence for the effectiveness of programmes, policies and legislation affecting the mental health of people are increasingly recognised as important across Member States but its development in the specific area of mental health in old age has been scarce until now.

Incorporating basic evaluation designs in the planning and budgets of actions to be implemented has been seen to be an efficient way forward, for example in the health promotion area. National policies to prioritise the implementation of evidence-based programmes can be put in place which will greatly favour the national growth of the knowledge base.

## 10. Medical Curricula

It is of the utmost importance to include the topic of mental health in the elderly population in pre and post graduate training of doctors and other health professionals and social workers. Also CPD and CME programmes must be in place in a constantly changing world of care.

## Final remarks

Since doctors and other health professionals (including social workers) will play an important role in the prevention and care of mental disorders in the elderly, this paper should lead to an active attitude and position by all NMAs, stimulating awareness and being active in supporting good practice initiatives. A positive approach, stimulating good Mental Health and Well-being, in stead of merely reducing Mental Health disorders (although important in itself) will contribute to a necessary shift in attitude. The role of the doctor will change and a multidisciplinary approach will be paramount. There is an important role for the GP who very well can play a key role in the network of care.

Exploring the concept of “integrated care” in addressing the problem is very worth while. There will be a significant shift in the demand of care. Older people are more likely to suffer from several long-term chronic medical conditions including mental disorders at the same time. (Poly-morbidities)

Integrated care models can address the growing complexity of patient needs by responding to the multiple conditions of users in a coordinated fashion.

Also, more people will choose to grow older in their own homes, creating a greater need for social care. With changing family patterns, there is a greater risk of older people living alone. Integrated care models can provide the appropriate combination of social and home care in the community that meet the needs of older users and their families.

Cooperation and coordination of care between different professionals will be of the utmost importance. Elements like threat to status, clashes in culture and priorities in the different sectors (public, private, voluntary) must be taken very seriously. Training to ensure optimal cooperation, mutual respect and understanding is needed.

CPME urges all NMAs to assess the present situation in their countries and find out where improvement is possible. Prioritization of possible improvements can lead to a step by step

approach in building a new future of adequate and good quality mental health care for the elderly.

## Literature

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