Alzheimer Scotland

Response to Improving the Mental Health of the Population: Towards a Strategy on the Mental Health for the European Union

Introduction

Alzheimer Scotland is the leading specialist dementia charity in Scotland and works passionately to improve the lives of everyone affected by dementia.

- We run services in over sixty sites, providing practical help such as day care and drop-in centres, home support and carer support.
- We provide an extensive website (www.alzscot.org) and our freephone 24-hour Dementia Helpline (0808 808 3000) offers information and support and receives over 5000 call a year.
- We publish leaflets, booklets, reports and a quarterly magazine keeping carers, people with dementia and professionals up to date.
- We lobby the Scottish Parliament and Westminster. Major achievements have been free personal care and the Adults with Incapacity (Scotland) Act 2000.

There are currently 64,000 people with dementia in Scotland, almost 2000 of who are under the age of 65. The number of people with dementia is predicted to rise in line with the ageing population.

Alzheimer Scotland welcomes the opportunity to comment on this Green paper. Our comments relate primarily to dementia, as this is our area of expertise. In general we are in favour of a strategy on mental health for the European Union.

Responses to questions

1) How relevant is the mental health of the population for the EU's strategic policy objectives?

The mental health of the population is extremely relevant to some of the EU's strategic policy objectives, as will be illustrated by discussing the three objectives introduced on page 3 of the consultation document.

Objective 1: To put Europe back on the path to long term prosperity

It is important to note firstly that people with mental ill health should not be seen as a financial burden to society, as this encourages stigmatisation. This is especially pertinent in light of changes in the age structure of the Scottish population with older people and fewer younger people, which means there will be more people with dementia.

As stated on page 4, the financial cost of mental ill health is mainly through lost productivity. Although most people with dementia are over the age of 65, and not in employment there are a small but significant number of people with dementia under the age of 65 who have to give up work as a result of dementia. It is also the case that as people are encouraged to continue working for longer, or are obliged to do so because of changes in pension arrangements, there will be a growing number of people over 65 in the workforce. Support and flexibility from employers can enable people with dementia to continue working for longer and thus contribute to the economy.

It is vital that more attention is given to reducing the number of people who develop dementia in later life. Although dementia cannot be prevented, there is an increasing body of evidence which suggests that individuals can reduce their risk, through diet, physical and mental exercise and social stimulation[1]. EU projects should support the promotion of dementia risk-reduction messages, so that fewer people develop dementia. In addition, there should be support for promoting and maintaining the skills of people with dementia, which improve their quality of life.

Since the National Health Service and Community Care Act in 1990, many more people (around 60% of people with dementia) are cared for in the community in the UK[2]. However, family carers of people with dementia need better support through, for example the provision of short breaks, in order to be able to continue caring for the person with dementia at home for longer, thus reducing need for long stay care. This is of economic benefit as long stay care will usually cost more than care at home. Carer support is also vital to maintain carers' mental well-being and reduce the impact of caring on their mental health, and the associated health and social care costs.

Objective 2: To sustain Europe's commitment to solidarity and social justice

People with dementia can be subject to stigma and discrimination as a result a) of their dementia and b) of their age, as most people with dementia are over the age of 65. This discrimination can be observed in society's attitude to people with dementia. For example, a study commissioned by Alzheimer Scotland in 2002[3] found that one in three people surveyed held misconceptions about dementia, such as 'it runs in families' and that it is a normal part of ageing. More worryingly, one in three people (who were mainly younger) believed that others viewed people with dementia as figures of fun.

Older people can also be subject to abuse. A recent report[4] estimated that 5-10% of older people are subject to financial, physical, verbal/emotional, or sexual abuse or neglect. In addition an analysis of almost 7000 calls to the Elder Abuse Helpline[5] found that 23% were about abuse in care homes, which was second only to abuse at home.

Objective 3: To bring tangible practical benefits to the quality of life for European citizens.

The strategy to improve the mental health of the population could result in many benefits to the quality of life of people with dementia, for example:

- they could be less likely to encounter discrimination, which in turn could lead to a reduction in abuse
- less discrimination could lead to greater equity of service access
- there may be fewer people with dementia if the information on risk reduction is widely disseminated
- carers' mental health would also benefit if the stigma associated with dementia were reduced, reducing the isolation and burden many experience.

2) Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?

The development of a comprehensive strategy on mental health would add value to the existing actions. At present there is no universal strategy linking actions and giving member states clear priorities. Thus, the strategy would result in more coherence and could also help to reduce inequalities between member states and encourage them to work together. It is also better for research if clear priorities exist.

It is important that the strategy addresses dementia specifically, as although many of the issues are similar to those relating to other mental health conditions, it is often not seen as a mental health condition and needs to be fully taken into account in policy formulation.

Section 5 proposals seem adequate. Proposals 2-4 are of most relevance to people with dementia.

3) Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination between Member States to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?

The initiative listed of relevance to dementia in section 6.1.1 is *"promoting mental health in older people"* and the successful actions listed are positive and link in with recent research reported by Alzheimer Scotland[6].

The project of relevance to dementia under section 6.1.2 is *"preventing depression".* People with dementia can experience depression, the effects of which can exacerbate dementia. Therefore, there should be awareness raising about this issue and professionals who work with people with dementia should be trained to recognise the symptoms of depression and ways in which to treat the problem.

In the section on promoting social inclusion it should be noted that people with dementia face discrimination due to their mental ill health and age and that this can culminate in abuse. Again, awareness raising and educating the public are key here and we welcome the proposed initiative to identify best practice on social inclusion and rights. Alzheimer Scotland published a guide to how communities can be dementia friendly[7] and recommended that, for example public service staff and others serving the public should receive disability awareness training that includes dementia.

Finally, we welcome the recommendation in section 6.3. There is a lack of data on dementia within UK and also in the EU. This situation needs to be improved in light of the growing numbers of people with dementia and the economic implications this may have.

Conclusions

In conclusion, we hope this response to the strategy on mental health for the European Union is helpful. We are happy to provide clarification on any of the points we have made and reiterate that we welcome the strategy and its content.

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[1] Alzheimer Scotland (2006) *Good for you – good for your brain: the evidence on risk reduction.* Edinburgh
[2] Alzheimer Scotland (2000) *Planning signposts for dementia care services.* Edinburgh
[3] Alzheimer Scotland (2002) *You're not alone: dementia awareness in Scotland*. Edinburgh
[4] Help the Aged (2005) *Putting a stop to the abuse of older people*. Available from http://www.helptheaged.org.uk/en-gb/Campaigns/ElderAbuse/default.htm
[5] Action on Elder Abuse (2004) *Hidden voices: older people's experiences of abuse.*

[6] Alzheimer Scotland (2006) *op cit*
[7] Alzheimer Scotland (2001) *Creating dementia friendly communities: a guide*. Edinburgh