

**MENTAL HEALTH AND WELL-
BEING IN OLDER PEOPLE.
MAKING IT HAPPEN**

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Rocío Fernández-Ballesteros

European Federation of Psychologists
Associations (EFPA)

Relevant issues missed or not sufficiently
addressed in the Background paper

1. Aging stereotypes:

- They are a threat for empowerment, lifelong learning and/or other policies
- They are a base for age discrimination and ageism:
 - At the population level
 - At group level
 - At the level of professional and informal carer
- They are the base for Self-stereotyping (self-perception of aging) is a predictor for survival and active aging
- In conclusion this issue must be addressed in several Sections of the document and in the Conclusions.

2. Aging and development

- II International Plan of Action on Aging (UN,2002), Priority direction 1 Recommendations: flexibility, nonmandatory retirement
- Mandatory retirement could be a threat for active aging
- Prolongation of active life:
 - Postponement of cognitive impairment and dementia
 - Needs from the current economical crisis
- Productivity taken care of others:
 - Non-paid productivity of older persons
- In conclusions: The view of older persons as “care needed” must be compensated with, also, older persons view as “care givers”

3. Psychological and behavioral determinants of ageing

- WHO (2002): “Active Ageing. A Policy framework” (p. 36)
 - Personal components of ageing well:
 - » Intellectual competences (see cognitive epidemiology)
 - » Cognitive plasticity (early detector of cognitive impairment)
 - » Emotional intelligence
 - » Self-efficacy and control
 - » Personality factors: Optimism, curiosity
 - » Coping styles

4. Psychological determinants of ageing: **Psychological interventions evidence based:**

- Cognitive training (normal individuals):
 - » Improving 1 SD fluid intelligence (compensating cognitive decline)
 - » Memory training, improves 0.75 SD subjective and objective memory
- Psychostimulation programs reduced impairment speed (postponing severity of dementia)
- Cognitive-behavioral intervention for depression
- Behavioral interventions for anxiety
- Training positive emotions
- Training self-efficacy and control for aging
- Enhancing active coping styles (among others)

In conclusions: Much more attention to psychological factors must be paid in the Background document and in the Conclusions paper.

5. Assessment and Evaluation

- Research results depend on the instruments, measures or/and indicators used:
 - Complex constructs (such as well-being, or mental-health) required triangulation and multitraits-multimethods evaluation
 - Europe is a multilingual/multicultural context. Instruments adaptation/translation must be following specific norms.
 - Self-report is the most common instrument for assessing subjective (psychological) constructs (such as well-being or satisfaction, happiness) and much more attention is required for evaluating them.

In conclusion, European Standards about the measurement translation, harmonization and standardization, establishing the equivalence of Constructs Scales/ Methods/ Indicators implied in Mental health must be addressed as a recommendation

Evaluation

- Experimental approaches are required for policy/ program/ interventions evaluation:
 - RCT (Randomized Control Trials) must be required not only within a clinical (bio-psycho-medical perspective) but also referring to lifelong educational programs.
 - Protocol development for expert practice and evidence base must be generalized under experimental bases

In conclusion: Norms, Standards, or Guidelines must be extended into the field of Mental health and active aging

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