We all want to live long and healthy lives and we are more likely than ever to live to an old age.

The EU-population is ageing. 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 older workers, pensioners and very old people. The proportion of the population above 65 years of age in 2050 will be around 30%, and 11% will be over 80 years old. This change will have important mental health implications as poor mental health and mental disorders can affect older people, due to many risk factors such as the loss of social support from families and friends and the emergence of physical or neurodegenerative illness, such as Alzheimer’s disease and other forms of dementia. This will have implications on public health and social systems, labour markets and public finances across the EU.

But mental health problems are not a normal and inevitable part of the ageing process!

Across Europe the contribution that older people make to family, community and society as a whole is being warmly embraced. The majority of older people enjoy good mental health and well-being that translate into increased quality of life, satisfaction and contributions to society. However, a number of older people show high prevalence of neuropsychiatry conditions and mental health problems with associated health and welfare costs.

Promoting healthy and active ageing is one of the EU key policy objectives. The demographic change will have important implications on public health and social protection systems, labour markets and public finances in the EU as well on the related policies.

Health, including mental health, is a precondition to active ageing and "fostering good health in an ageing Europe" is the first objective of the health strategy presented by the Commission in its 2007 White Paper "Together for Health. A strategic approach for the EU 2008-2013”.

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¹ Mental Health in Older People. Consensus paper, Jané-Llopis & Gabilondo (2008), Luxembourg: European Communities, http://www.ec-mental-health-process.net/consensus.html
Promoting and protecting the mental health of older people is among the key priorities of the European Pact for Mental Health and Well-being launched on 13 June 2008 as well as of the subsequent European Parliament Resolution on Mental Health, adopted on 19 February 2009.

Other initiatives at EU level address the situation of dependent frail older people, including those who live with some form of dementia and other neurodegenerative diseases. In recognition of the shared health and social challenges associated with mental ill health, on 22 July 2009, the European Commission adopted concrete proposals to tackle Alzheimer’s disease, dementias and other neurodegenerative conditions. The Commission calls for coordinated actions to ensure efficient prevention, diagnosis, treatment and care for those affected. In addition, European countries are also invited to pool their resources and better coordinate their research efforts in the field of neurodegenerative diseases, and Alzheimer’s in particular, by programming their research investments jointly for the first time, instead of each separately.

Work with Member States under the Open Method of Coordination on social protection and social inclusion explores ways to address the multiple needs of the dependent population and tackle some of the ill-health determinants. Furthermore, the Commission opened up a debate on how the dignity of older people could be protected more effectively and how elder abuse and neglect can be prevented.

More recently, the newly launched Europe 2020 strategy recognises older workers as a key target group to be addressed by specific initiatives allowing them to live independently and be active in society.

Position of Mental Health Europe

Ageing in good physical and mental health is a right of all Europeans. Facing aging problems and preventing harm is fundamental for the improvement of everybody’s quality of life. 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. Maintaining good mental health and well-being is one way to ensure that we, and those around us, are able to lead long and healthy lives that are enjoyable and fulfilling.

In line with the European Pact for Mental Health and Well-being, Mental Health Europe invites policy makers and stakeholders to take urgent action in the field of mental health of older people. Key actions should aim at improving the quality of life of older people. Here are some recommendations to be put into practice at different levels:

EU and national policy level

- **Implementing the active inclusion principles as far as possible:** through comprehensive and coordinated policies involving relevant EU actors and in particular different Directorates General within the European Commission (such as Health, Employment, Research and Education and Culture). EU tools for the exchange of best practice (e.g. the Open Method of Coordination) should be strengthened by further developing the mechanisms of cooperation, for instance by intensifying the flow of information between member states and key stakeholders active in older people policies.


NGOs should be involved in the dialogue with member states on a more systematic and regular basis as they can provide valuable input and better represent the point of view of civil society.

- **Developing flexible retirement schemes** that allow older people (including those with mental health problems) to remain at work longer on a full-time or part-time basis. Mental health promotion initiatives in the workplace have to be encouraged, especially at the time of the financial crisis.

- **Providing measures to promote mental health and well-being** among older people receiving care (medical and/or social) in both community and institutional settings. This comprises a rational planning of mobility facilities. Appropriate transport policy is essential to guarantee independent mobility and easy access to services.

- **Undertaking actions to support families and carers**: they play a central role in promoting social participation of their older members. Consequently, they must receive appropriate financial and psychological support as well as specific training to face the challenges of dealing with older people needs and requirements.

- **Fostering research on mental health and wellbeing related issues in older age**, including depression and suicide.

- **Implementing EU and national campaigns to raise awareness** on mental health issues in the later years including gender aspects, stigma and social exclusion faced by older people with mental health problems.

### Community and individual level

- **Training and educating professionals in specific areas of competency** to work with older people and specifically with those experiencing mental health problems.

- **Providing employment opportunities for older people**: evidence shows that often older people wish to continue their career and that they benefit from that in terms of health and mental wellbeing. Employment gives older people the chance to keep their place into society, to have contacts and communicate, to feel important. Also, older people in economic distress should be given the opportunity to work to improve their financial situation.

- **Promoting the active participation of older people in community life, including physical activity and educational opportunities**. Older people need to feel helpful to society. They should have the opportunity of sharing the knowledge and experience acquired during their long life. Targeted policies and infrastructures should be established to overcome the obstacles to active participation: e.g. sport and leisure facilities, cultural initiatives and meeting centres. Volunteering initiatives should be organised and supported in order to ensure social participation, transfer of knowledge and intergenerational dialogue. Furthermore, new ways have to be found to motivate and inspire people with physical or mental impairments to fully enjoy social life (for instance cooking or gardening).

- **Helping older people to achieve a meaningful life and make their own choices**: this means mainly having goals and objectives, something to take care of and to look for. As each individual has different, personal expectations, it is important to listen to older people and involve them actively in the management of their daily life. To be mentally and psychically healthy, older people must be given the right to choose their activities in the respect and recognition of their own wishes and needs. This means also experiencing
affection and fondness from other persons, as well when people suffer from personal loss of beloved. Moreover, older people may have a different hierarchy of needs which often can be based on the creation of meaningful and spiritual values in life. Self actualisation is as important in the older age as in middle or younger age, although it may be expressed in less material and concrete forms of existence.

- **Endorsing communication skills, also for older people affected by dementia.** Older people should be encouraged to express themselves and should get more opportunities to communicate. Sometimes the simple act of listening to them and letting them talking about their life (about themselves in a comprehensive way, not just about their illness!) can be extremely helpful and restore communication. Evidence shows that narrative care interventions are effective as they improve self-confidence and reduce the risk of depression. Older people can also take advantage of the new technologies and modern communication techniques, such as the use of mobile phone, sms, social networks etc. To fully benefit from that, specific training courses and help centers should be put in place.

- **Making early diagnosis and treatment of dementia and other age related diseases.** Early diagnosis of dementia is fundamental to effective treatment or prevention of progression. On the contrary, misdiagnosing early dementia in older individuals can have devastating effects. Medical follow up is necessary and should also include a check of older people’s body senses:
  a) **Hearing**: hygiene of the ear, use of good hearing aid devices, and - much more simple - clear and slow speaking, not loud but with better articulation;
  b) **Sight**: regular control of glasses, seaking for the best light balance (some older people need more light, others feel more comfort in dimmed light);
  c) **Smell and taste**: diversification and adaption to altered smell, tasting and need for less or more stimulating food, teeth hygiene and regular control, avoiding industrial cooking and adapting food to possible problems of digestion related troubles;
  d) **Touch and pressure**: we should try to find out if older people like to be touched, or simply need physical contact (such as holding their hand, hugging, embracing, caressing)

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**Mental Health Europe**

**Brussels, June 2010**

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**About Mental Health Europe**

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE’s values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

[www.mhe-sme.org](http://www.mhe-sme.org)