

## MENTAL HEALTH IN OLDER PEOPLE EXPERT MEETING

Luxemburg, February 28<sup>th</sup> 2008

Minutes prepared by the Technical Consortium contracted to coordinate the Consensus Papers on Mental Health and the consultative process for the European Commission, DG SANCO.

### Meeting Organisation:

Four thematic meetings (prevention of depression and suicide; mental health in youth and education; mental health in workplace settings; and mental health in older people) were convened by the European Commission during 26<sup>th</sup>-29<sup>th</sup> February.

The meetings were chaired by Jürgen Schefflein, policy officer in charge of mental health at DG Sanco, European Commission.

Technical coordination and follow-up were supplied by a contracted consortium led by Dr Eva Jané-Llopis at the Department of Health of the Government of Catalonia (Gencat), and including Prof Kristian Wahlbeck at STAKES in Finland (coordinator of suicide), David McDaid at the London School of Economics (coordinator of workplace), and Dr Allyson McCollam and Chris O'Sullivan at the Scottish Development Centre in the UK.

The Public Health Executive Agency (PHEA) was responsible for the meeting logistical organisation.

### A) From the Green Paper to the Mental Health Pact

Presentation by Jürgen Schefflein, DG SANCO, European Commission

Following up on the consultation on the Commission's Green Paper on Mental Health, a decision was taken by the Commission not to develop a formal communication on mental health, but to take a more action-oriented approach in order to support action on mental health in the EU. The process will be developed around the 4 priority areas, Prevention of Depression and Suicide; Youth, Education and Mental Health; Mental Health in Workplace Settings; and Mental Health and Older People, and will stress the work across boundaries and sectors. Priority will also be given to aspects of combating social exclusion and stigma. (See PowerPoint presentation 1 by Jürgen Schefflein).

A High-Level Conference on Mental Health will take place on 13<sup>th</sup> June 2008 as a pragmatic and visible way to tackle priority areas in mental health. The conference is led by Commissioner for Health Ms Vassiliou. Commission President Barroso will participate in the event. Commissioner Figel, for Education, Training, Culture and Youth, and Commissioner Špidla, for Employment, Social Affairs, and Equal Opportunities are supporting the event. Ministers of Health and Ministers from other sectors (e.g. Education) across EU Member States are expected to participate. The final aim of the Conference is to establish a European Pact on Mental Health, to encourage Member State Governments and stakeholders from key sectors to invest in mental health as a common interest and responsibility, and to engage into a follow-up long-term process of exchange and cooperation.

It is expected that the conference will be followed-up during 2009-2010, possibly by the preparation of a Commission proposal for a European Council Recommendation, and by the organisation of thematic meetings, in each of the priority areas, for the development of action.

### B) The role of the consensus paper, proposed structure and preparation

Presentation and explanations by Jürgen Schefflein and Eva Jané-Llopis:

Preparation for the Conference will include the writing of a 5-10 page "Consensus Paper" in each of the 4 priority areas. These papers will be distributed at the Conference and should reflect the way action on mental health can contribute to mutual objectives across sectors and how the implementation of agreed policy objectives can be strengthened. The papers will focus on highlighting opportunities for evidence-based action, as demonstrated by research and practice.

The aim of the expert meetings was to discuss the content of each paper, and specifically to:

- Gain a common perspective
- Identify and state the facts and arguments in each area
- Take stock, map existing knowledge and initiatives (policies and programmes)
- Identify gaps where action or information are still needed
- Identify materials for papers
- Engage major players - intersectorally

The structure of the papers will be the same for all 4 strands, and as follows:

- Identification of policy context and objectives
- Description of the current situation and, where possible, trends
- A framework for action (including areas of):  
Promotion of mental health, Prevention of mental disorders, Support to people with mental health problems, Improvement of the knowledge base
- Approaches for implementation

The proposed process, timeline and milestones for the preparation of the consensus papers are:

- 30<sup>th</sup> March: Draft 1: Developed by the coordinator (Eva Jané-Llopis) and core drafting group
- 15<sup>th</sup> April: Comments on 1st draft back from thematic group/EC
- 30<sup>th</sup> April: Draft 2: Circulated to broader group of stakeholders, MS and experts
- 15<sup>th</sup> May: Comments on 2nd draft back from broader group
- 30<sup>th</sup> May: Draft 3: Before the conference
- 12<sup>th</sup> June: Pre-Conference
- 13<sup>th</sup> June: High-level conference

A technical longer annex to the Consensus Papers will also be developed, including supporting evidence and examples. The consensus papers will have clearly stated authorship and endorsement of those taking part in this process. (See PowerPoint presentation 2 by Eva Jané-Llopis)

### **C) General issues for the thematic consensus paper on Older People and mental health**

Discussion:

- *Increase Priority of the topic:* Old-age issues have been of low priority in many Member States, and progress has been small and non-linear within the EU. The importance of this current momentum is stressed as an opportunity to definitively include the area at the top of the political agenda.
- *Reframing the issue:* A new focus in old age issues is proposed, moving away from the classical medical and negative perspective of the old age. The message should strike a balance between the difficulties associated with older people and the positive aspects and added value intrinsic to this group. Opportunities and good examples around positive ageing should be emphasised.
- *Mental health promotion:* Promotion of healthy ageing is considered a priority area of action. A special effort should be made to reinforce the good mental health in older people as intrinsic to healthy aging.
- *Workforce development:* More expertise is needed in the field of old age and mental health. Workforce personnel across settings should be specifically trained in this area.
- *Alzheimer's Disease:* Concrete relevant disorders including Alzheimer's disease and other dementias should be mentioned in the document. The European Collaboration on Dementia (EuroCoDe) project is mentioned as an important source of information on what's going on in Europe in this area.
- *Exclusion and inequalities:* Social exclusion in older age and inequalities should be strongly addressed in the consensus paper. Data from the SHARE project could be incorporated into the technical Annex of the document. The work of the SMES network (Sante Mentale et Exclusion Sociale) is also mentioned as an additional source of information.
- *Carers:* Family and carers play an important role in the wellbeing of older people. Strategies to reinforce their work should be considered and the consequences of the caring role on their own mental health evaluated.

## D) Specific suggestions for the consensus paper on older people and mental health: discussion

Preliminary ideas which could be relevant to the different sections of the consensus paper:

### 1. Identification of policy context

The Commission services will contribute a text on the policy context and objectives

- Health White Paper and Health Strategy
  - Healthy Ageing, Long Term Care
- Labour Market Policies
  - Health and Safety at work
- Social Protection/Social Inclusion
  - Pensions
  - Quality of Care and the Health Service
  - Social Reality
  - Disability
- Research
- Education and Lifelong Learning
- ECFIN
  - Cost of Care and ageing
- Lisbon
  - Ageing and Demographic

### 2. Description of the current situation and trends. Indicators:

- Dementia : EUROCoDe
- Demographic change : ECOFIN/SANCO
- Social Inclusion: DG EMPLOY (including MS biannual reports)
- Mental Health : EUROBAROMETER
- Care : 2008 EUROBAROMETER on care
- SHARE Project data
- Dublin Foundation Survey of Living and Working Conditions, including WHO 5 Item MH index
- Quality of Life Measures

### 3. A framework for action

#### 3.1. Promotion of good mental well-being

- Independent Living Support: home visits, housing
- Lifelong learning
- MH Promotion in Workplace targeting older workers
- MH Promotion in people with ongoing mental or physical ill health
- MH Promotion in institutional settings (FP6 SSP projects)
- Civil Society involvement: social networks, volunteering, second careers
- General HP interventions with an MH component must be also considered

#### 3.2 Prevention of mental disorders

- Prevention of Dementia: middle-age targeted interventions
- Prevention of Depression and sub-clinical Depression
- Mental ill health screening in primary care
- Programmes to reduce isolation: home visits
- MH of people with physical ill health: MH impact of stroke/cancer/CHD
- Interventions to increase social capital
- Life transitions and the effects of bereavement

#### 3.3 Support to people experiencing mental disorders

- Stigma in later life
- Empowerment and self determination
- Ageing with mental illness
- Homelessness
- Needs of carers, and especially older people in caring roles (e.g. caring for spouse)

### 3.4 Improving the knowledge base

- Cost-effectiveness and evidence base (important focus to attract policy makers)
- MH indicators for older people (are they different to those in other adult populations?)
- Social exclusion indicators in old age
- Older people from minority cultures and the effect of family migration
- Working in later life and preparing for retirement

Additional general suggestions:

- Relevant old-age data summaries from existing whole population reports (e.g. EU-SILC)
- Cochrane Reviews in old age issues
- Improving the accessibility of evidence for practitioners
- Considering alternative evaluation methods for MHP
- Sign language incorporated into preventive interventions: for older people who develop sensory impairment

### 4. Approaches for implementation

- HEALTHPROELDERLY: database with 230 project examples across 11 countries
- PROCARE FP5 : Methods of service delivery for integrated care
- Outcome of EU PROJECTS: provided by SUPPORT
- WORKABILITY INDEX (used in some big companies) - Similar tools?
- PROMENPOL ICF Functionality index, includes older people in care homes
- Dublin Foundation Databases :
  - Reintegration of older workers
  - Reintegration of people with Health and MH problems

### E) Next steps- Action expected from the thematic group

Calendar of actions for the following weeks:

- March 10<sup>th</sup> - 15<sup>th</sup> the group will receive:
  - Meeting notes and presentations
  - **Request** for key papers and data sources relating to the topic
  - **Request** for key people and organizations to inform/involve in the process via email
  - **Request** to update their contact details from circulated participants list
- March 30<sup>th</sup>: Draft 1 distributed to thematic group
- April 1<sup>st</sup> – 15<sup>th</sup>: Thematic Group provides **comments on 1st draft**
- April 30<sup>th</sup>: Draft 2 distributed to broader group of stakeholders and experts
- May 1<sup>st</sup>-15<sup>th</sup>: Thematic Group, broader stakeholder group and Member States provide comments to 2<sup>nd</sup> Draft

We would appreciate if you could please send any additional information for the preparation of the Consensus Paper to:

[EC-MentalHealthProcess@gencat.cat](mailto:EC-MentalHealthProcess@gencat.cat)