



A comprehensive approach to mental health

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Contribution of AGE Platform Europe to the Commission's call for evidence for a comprehensive approach to mental health

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Introduction

We welcome the upcoming initiative of the European Commission on a comprehensive approach to mental health. Mental health problems affect physical health, emotional and social well-being, and overall quality of life and can affect anyone, including older people.

The COVID-19 pandemic shed lights on how critical mental health support is^{1 2}. Taking the perspective of older people, the focus has been most often on the issue of access to care and health. Still, it is only by looking at the broader context that some specific realities appeared, like the extent of loneliness among older people and the challenge that the increasing digitalisation of daily activities presents to them. So that approaching the mental health support only from the perspective of health and care may not give the full picture and will prevent to deploy alternative solutions which may be as important.

We call on the European Commission to release a strategy that will:

- Be rooted in human rights-,
- Take a life course perspective,
- Adopt a psychosocial model, i.e. a model that takes into account the social determinants and structural barriers preventing mental wellbeing,
- Mainstream mental health across all policies to ensure it is integrating in internal policies and external action of the EU.

Mental health and older people

Like any other individual, older people can face mental health problems or have psychosocial disabilities. Still, it is important to bear in mind some specificities that can be critical.

Impact of ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. The first ever Global Report on Ageism³ (WHO, 2021) provides evidence on the correlation between ageism and poorer mental health:

- Ageism influences psychiatric conditions.

¹ https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21053en.pdf

² Before the COVID-19 pandemic, mental health care in old age was already a poorly addressed issue. For example, suicide is one of the most common death causes globally and rates are high among older people; depression is particularly prevalent among residents of long-term care homes - <https://ageing-equal.org/suicide-ideation-and-behaviour-of-older-people-in-care-homes-who-is-giving-up/>

³ WHO (2021), Global Report on Ageism - <https://www.who.int/publications/i/item/9789240016866>

- Ageism is associated with the onset of depression, increases in depressive symptoms over time and lifetime depression.
- Ageism accelerates cognitive impairment: one study revealed that negative self-perceptions of ageing accelerated cognitive decline as measured by cognitive processing speed, whereas positive self-perceptions slowed it down.
- Ageist stereotypes in the media can have a negative impact on self-esteem, health, physical well-being, and cognitive performance of older people.

Researchers have also studied the detrimental effect of ageism in the provision of mental health care⁴ and the need to allocate more financial resources for mental health services for older adults and for geriatric training and education for both providers and recipients of mental health care.

To give a very concrete example of where ageism can lead in access to mental health care: in 2018, the Belgian health care minister announced that adults suffering from depression, fear or addiction will receive a refund when consulting a psychologist. However, only adults below the age of 65 were eligible, meaning that people above 65 were excluded from the refund for no other reason than their age⁵. Thanks to the campaign led by our member, Vlaamse Ouderenraad, the measure was lifted out⁶. Our member based in Norway (Norwegian Pensioners' Association) reports back on similar issues: in some municipalities, an upper age limit (mostly 65) is used to prioritise people receiving psychological consultation. Our German member (BAGSO) notices that older adults, particularly if living in nursing homes.

Older people are not a homogenous group

Supporting mental health is an essential part of the healthy ageing process, this is why a life course approach is critical to tackle accumulated inequalities across life and better support mental health⁷. This accumulation of inequalities is somehow even stronger at an older age and implies a huge diversity among older persons which is often completely overlooked.

Older people tend to be depicted as single group while they are very diverse: for example, they can be workers, recipients of long-term care, informal carers, they can be from different minority groups and different socio-economic background, they can live in a rural or urban area, and of course different situations can reinforce existing inequalities (female older worker being an informal carer living in a rural area).

⁴ Ehud Bodner, Yuval Palgi, and Mary F. Wyman (2018), Ageism in Mental Health Assessment and Treatment of Older Adults - https://link.springer.com/content/pdf/10.1007/978-3-319-73820-8_15.pdf

⁵ <https://ageing-equal.org/discrimination-in-belgian-health-care/>

⁶ <https://age-platform.eu/age-member-news/belgium-takes-step-forward-mental-health>

⁷ WHO (2015), World Report on Ageing and Health - <https://www.who.int/publications/i/item/9789241565042>

Considering this diversity is crucial to understand how much mental health issues are linked to these different factors and situations. It is also critical to better address specific needs. It shows how there is not an easy-fix solution.

Here are some examples⁸ of this diversity and specific situations that can be interrelated with mental health problems:

- Older women face multiple and intersectional discrimination, notably in regard to the intersection between ageism and sexism, and life-long histories of gender-based violence⁹. A lot of older women also assume caregiving responsibilities and pay a high toll on their mental well-being¹⁰.
- Older workers: the Global Report on Ageism (2021) provides explicit evidence on the negative impact of ageism for the mental well-being in the working place. The reasons for stress and anxiety among older workers are manifold: general ageist attitudes in the workplace, health problems hidden from the employer for fear that they might be used for dismissal, lack of consideration by the employer for work-life balance or fear of losing one's job. Unemployment in general, and especially when it is prolonged, has negative consequences for people's mental health, including depression, anxiety and low self-esteem. Long-term unemployment particularly affects older workers preventing them from both income and social connection. The policy brief issued by EuroHealthNet on psycho-social risks for older workers offers an interesting perspective and solutions: <https://eurohealthnet.eu/publication/protecting-older-workers-from-psycho-social-risks-new-policy-brief-highlights-strategies-to-promote-workplace-wellbeing/>.
- Informal carers: we tend to think about older people as “care recipients” while a lot of them are actually (also) providing care and support to their relatives, including to their grandchildren and to their young-adult children with disabilities¹¹. Informal care does include a strong gender dimension (see above)¹². As clearly reflected in the work carried out by Eurocarers, the mental wellbeing of informal carer is very much at stake.
- Elder Abuse - which includes physical, sexual, psychological and emotional abuse, financial and material abuse, abandonment, neglect and serious loss of dignity and respect: according to the WHO, one in six people aged over 60 suffer abuse¹³. This rises to one in four among

⁸ We acknowledge the non-exhaustivity of those examples.

⁹ <https://www.ohchr.org/sites/default/files/2022-03/UN-Advocacy-Brief-Older-Women.pdf>

¹⁰ <https://www.ohchr.org/sites/default/files/2022-03/UN-Advocacy-Brief-Older-Women.pdf>

¹¹ <https://ageing-equal.org/age-disability-and-the-need-for-a-family-dimension-in-long-term-care/>

¹² <https://ageing-equal.org/age-and-gender-dimension-of-informal-caregiving/> and <https://ageing-equal.org/vicki-testimony-of-informal-carer/>

¹³ <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

older people with high care needs. Abuse of older people can have serious physical and mental health, financial, and social consequences, including depression, cognitive decline, financial devastation and placement in nursing homes.

- Older people with disabilities: this group is in itself very diverse since it can cover for example older persons with psycho-social disabilities, dementia, and or hearing or visual impairments. Among the many issues raised by our members, there is a growing concern around the use of medication in nursing homes notably to tackle anxiety and stress among residents with cognitive impairments and dementia¹⁴.
- Older LGBTI people: research¹⁵ confirms that a lifetime of stigma, misgendering, and non-consented procedures is leading to worse physical and mental health, poorer access to health and social care. Older LGBTI people often need more professional care and support as many may not have children or the traditional support networks. Yet, older LGBTI people are at increased risk of direct discrimination within health and social care environments¹⁶. Some older LGBTI residents of care settings might even feel obliged to conceal differences in gender identity and sexual orientation (going “back into the closet”) when they enter institutions.
- Older people in war and older refugees: the war in Ukraine is showing us once again the dire impact of a conflict on mental well-being. While Ukraine is among the fastest ageing country in the world¹⁷ (7 million people aged 65 or older were living in Ukraine in 2019, they represented 16.7% of the total population), their situation is completely overlooked. We lack data and figures about older people fleeing outside the country or displaced internally, about

¹⁴ While based on the situation in the USA, this campaign of Human Rights Watch echoes very much concerns of our members based in the EU: <https://www.hrw.org/report/2018/02/05/they-want-docile/how-nursing-homes-united-states-overmedicate-people-dementia>

Belgium: <https://mailchi.mp/a67c49859d94/reactie-pano-medicatie-woonzorgcentra-13819268?e=426106f541> (the original report is available both in Dutch and in French: <https://www.sciensano.be/nl/biblio/gezondheidsenquête-2018-geestelijke-gezondheid>)

Sweden - Information provided by our member SPF coincides with what we witness in other countries: since 2010 the number of patients and deliveries of antidepressants has continuously increased in the group persons 65 years or older. At the same time the number of persons 65 years or older who have been diagnosed with psychic ill health, e.g. depressive episodes, in hospital care, has decreased. Therefore government sees a need to receive increased knowledge about the prescribing of antidepressants to people 65 years old or older and which effects the increased prescribing has had.

¹⁵ <https://ilcuk.org.uk/raising-the-equality-flag-health-inequalities-among-older-lgbt-people-in-the-uk/>

¹⁶ <https://www.ilga-europe.org/files/uploads/2022/06/Let-older-LGBTI-people-live-healthy-lives.pdf> and <https://age-platform.eu/policy-work/news/%E2%80%98our-bodies-our-lives-our-rights%E2%80%99-also-applies-older-lgbt-people>

¹⁷ <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>

older people who decided to stay in their home or living in residential care there: this makes older people rather invisible leading to a lack of adequate support¹⁸.

What we recommend:

A strategy based on human-rights

The principles of a human rights-based approach¹⁹ should form the basis of a strategy on mental health:

- **Participation and empowerment:** everyone is entitled to active participation in decision-making processes which affect the enjoyment of their rights and shall be informed about his/her rights. Likewise, we consider that the participation of persons with lived experience of mental health issues, including older people, to develop policies, initiatives, and practices on mental health is critical. During the COVID-19 pandemic, older persons were mainly perceived as “care recipients”, while they also participated in numerous ways to support their communities, relatives and friends²⁰: the EU initiative on mental health shall not be limited to groups “receiving support” and others “giving”, those positions can be interrelated and participation will help to ensure such a continuum.
- **Monitoring framework and accountability:** monitoring, measuring and assessing the enjoyment of rights over time ensures that there is a gradual improvement and that decision makers are held accountable when they do not comply with their obligations. Making sure the future strategy does include indicators and helps gather qualitative data is essential to measure progress and move forward. As for the Eurobarometer survey to be launched in spring 2023 on mental health, it shall reflect the diversity of the EU population by considering also older people living in residential care.
- **Non-discrimination and equality:** all individuals are entitled to their rights without discrimination of any kind. Support of mental health and access to mental health care shall be made accessible to everyone, including the most disadvantaged and marginalised groups. Older persons and persons with psycho-social disabilities shall not be discriminated and the rights enshrined in the UN Convention on the Rights of Persons with Disabilities shall be enforced.

¹⁸ <https://www.helpage.org/newsroom/latest-news/ukraine-older-people-face-abandonment-and-isolation-as-conflict-with-russia-intensifies/> and <https://www.age-platform.eu/war-ukraine>

¹⁹ <https://ennhri.org/about-nhris/human-rights-based-approach/> and https://age-platform.eu/sites/default/files/HR-based_approach_ageing_27Nov.pdf

²⁰ <https://www.age-platform.eu/coronavirus-covid-19>

The lessons from the COVID-19 pandemic can help understand why such an approach can positively inform and influence policy making. In the report, we published in May 2020 on the impact of COVID-19 on the human rights of older people²¹, some examples show how much the mental health of older people has been put at risk, notably because they have not been consulted and because of existing silos in the way we approach health and well-being.

A human-rights based approach also implies that we pay attention to the wording to combat stigma and enhance mental health. In relation to ageing issues, we have issued a concise guide to avoid stereotypical communication²², we also encourage following the recommendations of Mental Health Europe²³.

Investment in supportive environments

Adopting a psychosocial model of mental health is important to have a broader picture, take into account social determinants and structural barriers. This helps to develop tailored support and to go beyond the individual responsibility. Starting from this approach, we recommend to invest in supportive environments.

As clearly explained in the age-friendly communities approach of the WHO, environments²⁴ play an important role in determining our physical and mental capacity across a person's life course, including into older age²⁵. They are key to strengthen autonomy, independence and participation. For instance, it is critical to support mobility, like accessibility and affordability of public transport or safe and adequate outdoor environments to enable all of us, including older persons, being part of our societies - continuing being volunteers, caring for friends and relatives, participating to cultural and sportive activities, etc. And this approach can be applied in different sectors like public spaces, housing or community services. All these elements are critical to ensure people are not excluded and put into vulnerable situations that will impact their mental well-being.

Here are some additional examples:

- Invest in clean and adequate public toilets to help people experiencing incontinence feel safer when going out of their home; this will lower their isolation and the one of their carers.

²¹ https://www.age-platform.eu/sites/default/files/Human_rights_concerns_on_implications_of_COVID-19_to_older_persons_updated_18May2020.pdf

²² <https://age-platform.eu/publications/short-guide-avoid-stereotypical-communication-when-talking-about-ageing-and-older>

²³ <https://www.mhe-sme.org/mhe-re-released-the-words-matter-infographic-and-social-media-kit/>

²⁴ Environments can be understood there as the physical and social environments, like described by WHO in their guide on age-friendly cities and communities: it concerns the built environment, the outdoor spaces, mobility, access to services, etc.

²⁵ <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments>

- Ensure accessible local public transport to enhance mobility of people with impairments and therefore their participation to different types of activities, including getting involved in a local charity or reaching the voting station.
- Invest in dwellings' insulation to help improve housing and energy bills which puts at risk the mental wellbeing of people facing poverty^{26 27}.
- Provide easy access to essential services, including alternatives to digitalisation, which helps citizens, including older people being autonomous and independent, and be less at risk of abuse simply because they are not dependent on another person for taking care of their own administrative or financial affairs²⁸.
- Implement measures and act against extreme weather conditions (like heatwaves), floods and fires which create stressful situation for older people who might be in particularly vulnerable situations²⁹.

Breaking the silos and mainstreaming mental health in all policies

Already during the first wave of the COVID-19 pandemic, we joined forces with 10 other EU organisations to call for an integrated approach³⁰. While we were mainly targeting the situation at that time, this recommendation is still very much valid and aligned with the announcements made by the European Commission around a comprehensive approach to mental health.

Many different policy areas covered at EU level could encompass a mental health dimension, from the perspective of older people we could name:

- A Union of Equality
 - o Equal treatment directive, still pending at the Council while it would help in moving forward tackling discriminations.
 - o Equality Strategies, Victims' Rights Strategy and work around gender-based violence
- Social protection and social inclusion:
 - o the European Pillar of Social Rights
 - o the EU Care Strategy and the Council Recommendation on long-term care
 - o In relation to employment:

²⁶ <https://www.age-platform.eu/publications/keeping-energy-older-persons-2022-inflation-surge>

²⁷ WHO Health and Housing Guidelines (2018) shows that cold indoor temperatures have been associated with increased blood pressure, asthma symptoms and poor mental health page 32) -

<https://www.who.int/publications/i/item/9789241550376>

²⁸ We have more and more testimonies from our members showing how much the digitalisation of public services and banking services put older people who are not digitalised at risk of abuse because they can't anymore manage independently their bank accounts or tax declaration. This has an impact on their mental wellbeing: <https://age-platform.eu/special-briefing/digitalisation-services-ensuring-equal-access-all-including-older-people-today-and>

²⁹ <https://age-platform.eu/policy-work/news/age-responds-un-consultation-effects-climate-change-human-rights-older-persons> and <https://age-platform.eu/policy-work/news/environment-matters-everyone-including-older-persons>

³⁰ May 2020 - https://www.age-platform.eu/sites/default/files/JointPR_MentalHealth%26COVID19-Joint_recommendations_May2020.pdf

- the Employment Directive
- the Health and Safety at work strategy
- The Work-Life Balance initiatives
- Pension reforms
- Education and lifelong learning
- European Accessibility Act and implementation of the UN Convention on the Rights of persons with disabilities
- Digitalisation, notably using artificial intelligence and access to essential services
- EU Funds like the European Social Fund, European Regional Development Fund, Recovery and Resilience Fund (to invest in mental health while respecting the UN Convention on the Rights of Persons with Disabilities).
- External action and collaboration with global actors: the future strategy on mental health shall build on the work carried out by WHO Europe with the pan-European coalition for mental health ³¹ to avoid reinventing the wheel and duplicating efforts for all stakeholders.



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³¹ <https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition> and https://www.who.int/europe/health-topics/mental-health#tab=tab_1