

Ageways

ISSUE
65

Practical issues in ageing and development

SEPTEMBER 2004



Ageing and mental health

Effects of old age and poverty

Promoting a positive outlook

Tackling AIDS together

Practical help with dementia

HelpAge
International

Leading global action on ageing

Comment

Ideas on mental health

Old age can be a time for relaxation and reflection, achieving long-held ambitions or taking up new interests. Most older people remain in good mental health until the end of their days. But for many, especially the millions of people living in extreme poverty, old age can bring increasing stress, worry and depression.

Because of stigma, age discrimination and lack of health provider awareness and skills, mental health problems in older people often go undiagnosed and untreated. But as this issue shows, much can be done to promote good mental health in old age, and to provide appropriate care and treatment.

As a member of an older people's self-help group (page 7) says: 'The work is so inspiring!' We hope you find the ideas described in this issue encouraging too.

**Celia Till and Susan Mende
Editors**

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Future issues

HelpAge International is to review the role of **Ageways** in sharing best practice within the HelpAge International network. We will contact readers during 2005 to update you on this review.

Letters

Life becomes worth living

When people reach the age of retirement, they dread the thought of how they will pass their days without having to go to work. The quickest way to age is to remain idle and get bored. For some reason people believe that when they grow old, everything will turn out badly, and that failure is to be expected.

It is said that an idle mind is a devil's workshop, and how true this is. An unoccupied person who lacks any interests becomes idle and grows older faster. If people keep themselves occupied, even after retirement, their activities can help generate an interest in their lives. Boredom is evaded and enthusiasm creeps into life.

When one becomes a participant in life instead of a mere spectator, life becomes worth living, and years can be added to one's life. The participation can be in any form, ranging from an interest in a small business to an interesting hobby, a part-time job or social work for the upliftment of society at large.

I myself retired from the Tanzania Police Force after attaining the age of 50 years in 1987. Thereafter I have been engaged in the NGO of Tanzania Forensic Identification Bureau as a Secretary.

John Emmanuel Bunga, Tanzania Forensic Identification Bureau, PO Box 106124, Dar es Salaam, Tanzania.

Planning for retirement

As I have mentioned in **Ageways** 63 ('A hard rock of age') the majority of young people don't think of ageing, hoping to remain the same forever. Someone in an office may not think

that retirement is ahead, hence they do not prepare for it. At the end of the day, they find that the time has gone and they have no chance to prepare.

We must commit younger people – those who are really interested in their heart to work with aged people – to work on this, because all who are gifted will reach that stage.

Dr BBO Mmgaba, Executive Secretary, The Central Eye Health Foundation (1988), PO Box 76, Dodoma, Tanzania.

People with mental illness

I read **Ageways** 63 (End of life) with great interest, as I am now 87 years plus. It is not really part of life to ignore death, which should be with dignity, as this issue enlightens us.

Elderly people are a vulnerable group for psychological problems. It is feared that in the decades to come, this morbidity among older people is likely to increase, considering their increasing numbers. Therefore it is essential to have an awareness of mental health problems.

A society called ActionAid, based in Bangalore, working for the welfare of disadvantaged persons, advises that there are no medical or moral grounds to lock away persons living with mental illness in institutions.

This organisation works with people with mental illness within institutions, in the belief that neglect, marginalisation and stigmatisation of people living with mental illness arises due to our society's misconceptions, intolerance, fear and lack of awareness.

An exhibition in New Delhi in October 2003 aimed to challenge

these misconceptions and convey the message that people with mental illness are entitled to productive and healthy lives like anyone else. The exhibition was followed by the screening of popular Hollywood feature films that portray the experiences of those afflicted with mental illness.

Mahindar Singh, Member, Governing Council, Indian Federation on Ageing, S-314, Panch Shila Park, New Delhi 110017, India.

Care in India

In India, caring for an older person in the family does not appear to be tenable nowadays. Where are the families? Divorces and separations are abundant. Large numbers of citizens, mostly women, do not get a chance to marry, due to dowry and other menaces.

A nuclear family cannot take care of older persons because husband and wife both go out to earn a livelihood.

Old age homes should be developed as alternative accommodation for older persons. Older persons could live in old age homes, or in the families, at their will. But old age homes offer many advantages in case of illness and disabilities.

Hare Krishna Chakraborty, Research Worker in Social Gerontology, Post Box No. 1, PO Agartala ONGC-799014, Tripura (West), India.

We welcome letters from readers. Please write to: The Editor, Ageways, HelpAge International, PO Box 32832, London N1 9ZN, UK. Fax: +44 20 7713 7993 Email: ctill@helpage.org Letters may be edited.

News

New structure for HelpAge International

A new structure for HelpAge International was approved by the board in April 2004, changing it from a membership organisation to a network of affiliates.

HelpAge International is a global network of not-for-profit organisations working with and for disadvantaged older people. Over the years, the HelpAge International secretariat has worked with an increasing number of organisations (currently about 700) on a broader range of issues.

Previously, only a tiny minority of these organisations – full members – had a right to participate in its governance. The new structure reflects the desire to involve more of HelpAge International's partners in its governance.

Under the new rules, the different categories of membership have been replaced by a single category of affiliates. New voting procedures have also been introduced.

Affiliation is open to any bona fide organisation at international, regional, national or local level, involved in issues of individual or population ageing, and with evident capacity in

research, advocacy, capacity-building or programming with and for older people.

Affiliates continue to hold six of the twelve seats on the board. All affiliates may nominate candidates for these seats. However, they may not elect board members, as full members did. Affiliate representatives are elected by the board from nominated candidates.

Representatives from affiliates are eligible to serve on the board for three terms, each of three years, compared with the previous limit of two terms.

The new arrangements came into effect in April 2004. All existing members have been written to explaining these changes, and have become affiliates.

It is expected that the number of organisations affiliated to HelpAge International will substantially increase, translating into greater benefits for disadvantaged older people around the world.

Organisations interested in applying for affiliation should contact the regional development centre for their region (see page 15) or the Director of Development in the London office if they are based elsewhere (address on page 16).

New programme in south-east Europe

The picture shows a home visit by a representative of the Association for Social Assistance, Bulgaria.

The association is part of a network of older people's organisations that is being formed to tackle age discrimination in south-east Europe, coordinated by a new HelpAge International office in Slovenia. (details on page 15).



Catherine Hine/HelpAge International

Mental health

what's the problem?

This article looks at the effects of old age and poverty on mental health, and suggests ways to promote good mental health throughout our lives.



Neil Cooper

Lively minds at the local primary school – Hilton Plumber, a member of the Delacree Senior Citizens Club, Jamaica, reads the children a story.

Good mental health means being able to think clearly, feeling at ease with yourself and having a positive outlook.

The majority of older people remain in good mental health until the end of their days. In fact, our brains can work more efficiently when we are old than when we are young, and sharp mental clarity is not inconsistent with a faltering voice and general shakiness.

However, there are certain social, environmental and biological factors that can increase the risk of mental health problems in later life.

Specifically:

- Around one in ten people over 65 have depression (higher among care home residents).

- 5 per cent of people over 60, and 25 per cent of people over 85, have dementia.
- 4-23 per cent of older adults seen by medical staff in the UK have an alcohol problem.
- Medication can cause confusion in older people.

Common problems

Depression can range from low mood to a deep sense of hopelessness, worthlessness, guilt and loss of interest in life. Depression can affect anyone, but it affects relatively more older people.

Worldwide, older adults are the highest risk group for suicides. In Hong Kong, for example, the suicide rate among older people is

four to five times that of the general population. A government study pointed to factors including poor health status, economic inactivity, limited community support and poor medical care, feelings of worthlessness, and fear of becoming a burden to their families.

Dementia is a decline in mental ability, caused by damage to the brain. It usually affects older people. The most common type of dementia is Alzheimer's disease. About 18 million people worldwide have dementia. Of these, two-thirds live in developing countries.

Many older people use alcohol to deal with loss or loneliness. Alcohol abuse is also a problem for other age groups, but it is more likely to go unrecognised among older people.

Older people are often prescribed several medications at the same time. There are risks associated with taking multiple medications, including confusion.

Some older people have had mental health problems throughout their lives. These can range from mild depression and anxiety to severe disorders such as schizophrenia (a long-term state that causes the person to believe in unusual things or hear voices), psychoses (similar to schizophrenia, but short and coming on suddenly) and bipolar disorder or manic depression (episodes of extreme high mood and extreme low mood).

Many mental health problems are not serious, but they can become a serious problem when they interfere with a person's ability to function, or when the person's behaviour becomes a concern for others. The more extreme forms of mental distress can be very disturbing, both for the person concerned and for those around them.

Population ageing across the world means that there will be a significant increase in the number of older persons with mental health problems.

Why is mental health important?

Understanding the causes of mental health problems and promoting good mental health are important for several reasons. First, mental health problems are common. It is estimated that one in five of all adults will experience a mental health problem in their lifetime.

Mental health problems can have serious consequences. They are a leading cause of disability and reduced quality of life. They can result in accidents or suicide.

Mental health problems often go unrecognised or are not properly treated. In most countries, there is a severe shortage of mental health professionals.

In Africa, there is one psychiatrist for every 522,000 people. Globally, 41 per cent of countries have no mental health policy and 37 per cent have no community care facilities.

Stigma, exacerbated by ill-conceived messages in the media, means that many people with mental health problems are discriminated against by their families and friends, and are not treated sympathetically by health workers.

Poverty and trauma

Mental health problems are not only more common among the poor, but they also have a greater impact on their health and ability to function, increasing their risk of poverty. Urban migration and disintegration of rural communities, poor nutrition, physical exertion, poor living conditions, lack of education and employment opportunities, physical ill health, and lack of access to good health care all put a strain on people's mental health.

In some situations, older people can be under particular strain. The HIV/AIDS epidemic means that increasing numbers of older

'I am very worried because I am getting older and weaker. Sometimes tears fall from my eyes because I feel so alone and I cannot rely on anybody any more.'

Older person, Cambodia

people are finding themselves without any support from their families, as they themselves become carers of sick sons and daughters, or are left to bring up orphans and vulnerable children. This puts them under enormous physical and psychological stress.

In the former Soviet bloc, a whole generation of people aged over 50 feels disappointed and disempowered by the effect of political and economic change. Basic services are no longer adequate and the political culture is not supportive of older people. Many older people live in poverty, isolation and fear of increased crime rates.

In areas of conflict, repeated disruption and loss experienced by older people can have severe consequences for their mental health and wellbeing.

Positive approaches

Attitudes to mental health are changing. There have been tremendous advances in understanding the causes of mental health problems and developing treatments. Rights to mental health promotion and treatment, including the rights of older people, are better recognised.

However, the human rights of people with mental health problems continue to be abused in many parts of the world. More action needs to be taken to promote good mental health throughout our lives, including later life. This includes:

Public education

- promoting active ageing – regular exercise, planning for lifestyle changes such as retirement, seeking support following bereavement, pursuing a range of interests
- promoting public and media awareness of ageing and mental health issues
- challenging discrimination.

Promoting security

- improving economic opportunities, including opportunities for older people
- providing social protection, including basic pensions for older people
- developing mechanisms to resolve conflict and reduce levels of violence.

Community-based mental health programmes

- training health workers, community workers and staff in residential settings to diagnose and treat mental health problems
- establishing multi-disciplinary teams to promote mental health and provide effective care
- developing community-based outreach counselling services for older people
- providing practical and emotional support for people with mental health problems and their families – information, support groups, telephone helplines
- developing services for trauma counselling.

Sources include: Where there is no psychiatrist, MIND factsheets, Mental Health Foundation, Alzheimer's Disease International, WHO World Health Report 2001 (details on page 14).

Tackling AIDS together

Zeca Chicusse describes how the Living Together project in Mozambique has helped to relieve some of the stress felt by older people affected by HIV/AIDS.

Tete province in Mozambique has one of the highest rates of HIV/AIDS in the country, at nearly 17 per cent. Repeated drought and floods also make it one of the poorest regions. Just getting enough food is a daily worry for many families.

For the past two years, a project supported by HelpAge International and UNICEF has helped families affected by HIV/AIDS in ten villages, by mobilising existing community support structures and making connections with other services.

Community meetings were held in each village to identify households most in need. Members of village social assistance committees and nutritionists visited these families to analyse their circumstances and discuss ideas for action. They reported to older people's councils and the village political leadership.

A plan of action for each household was drawn up, sharing responsibility between social assistance committees, older people's councils, village leaders, family members and churches.

Loss and grief

It was clear that a major problem for older people was grieving for lost loved ones and the sick, and feeling helpless to assist. They felt confused and unable to plan for the future. These problems were manifested by long sighs, talking to themselves, and in some cases, rolling of tears down their faces. They also



Tim Judah/HelpAge International

Maria with her grandson, Wade Antonio, one of four children in her care.

apologised for having nothing to give the visitors.

Support to older people caring for children included distribution of food and basic household necessities, agricultural inputs, and money for funerals. Some older carers were given training and support to start small businesses. They were also given clothes and books for children, and helped with obtaining certificates exempting them from paying school fees.

Re-unification

Ideas for sustainable assistance were followed up. This included family reunification where family members were around but living some distance away. With counselling and support, family members who were not very

helpful at first, turned out in most cases to take some responsibility for their disadvantaged members. Where appropriate, neighbours were included in discussions to encourage continued collaboration with older carers.

Local organisations were lobbied, leading members of churches and other groups to construct and repair houses for vulnerable individuals. Schools arranged for children to clean compounds, fetch water and fuel, and do laundry.

Older carers were invited to meet each other and share their experiences. Exchange visits were organised between groups of carers in different villages to improve understanding of the impact of the HIV/AIDS pandemic and identify ways to deal with it.

Family history

An important part of the project was strengthening bonds between children and older carers, and helping them face the future. Story-telling and family folders enabled sensitive issues to be raised. Older people talked about the history of their country, which led to discussions about HIV/AIDS. Folders containing family photos and stories helped children and older carers to record and share their experiences, and discuss assets and inheritance.

The combination of initiatives helped to promote a more positive outlook. 'What seemed a gloomy end is now brighter,' said Constancia, an older woman. 'It is as if my son and daughter-in-law and others had first to die, for the community to realise that its strength lies in its unity.'

Zecca Chicusse is Programme Coordinator, HelpAge International, Mozambique (address on page 15).

Creating a new zeal for life

In the central Asian republic of Kyrgyzstan, marginalised older people are finding a new zeal for life by organising into self-help groups. Elena Kim explains how.



UMUT

Members of the Bakyt Uyu self-help group, who specialise in spinning, knitting, sewing and weaving.

More than half a million pensioners live in the Kyrgyz Republic. As in many former Soviet states, the country's poor social, political and economic situation puts older citizens in a vulnerable position.

Disproportionate numbers of older people live in rural areas, with little or no support from either their relatives or the government. The state has a centralised and inflexible approach, which disregards the needs of older people. However, there are community organisations that specialise in caring for older people. One of these is the Resource Center for Elderly (UMUT) in Balykchi.

UMUT assists older people to organise into self-help groups. Today there are 19 such groups. UMUT uses flexible, decentralised methods in an effort to satisfy the needs of older people.

Members of the self-help groups have each formulated their own 'life concept of an older person', based on their experience. The concept answers the question: 'What does an older person need to live a full life?' It emphasises both physical and psychological needs, such as food, health, financial wellbeing, development, recreation, access to information, knowledge of legal rights, spirituality, good environment and training as crucial for their lives.

Through the self-help groups, UMUT tries to cover all these needs by providing not only basic services such as food and healthcare, but also legal advice, education and training, credit for income-generating schemes, social activities, information and communication.

Talented people

One of the aims of the groups is to develop older people's self-confidence and initiative. Among the older population are people who are talented at painting, teaching, craftwork, cooking and so on. Their professional and personal experience needs to be used and recognised. Older people can pass on their knowledge to other people, overcome challenges related to ageing, and develop themselves mentally and spiritually.

Each self-help group specialises in a certain type of activity, which often brings in some income. For example, the self-help group, Fairy Brush, is comprised of talented older artists,

who do woodcuts and engravings, turning, poker-work, and other crafts for sale and as gifts. Members of this group also pass on their skills to children in elementary schools. Some self-help groups have formed bands and choirs. Others do cattle-breeding and farming.

Each group has developed its own structure and development plan, and defined its own income-generating specialisation, which has helped to make members independent, active citizens and agents of change.

To help them work effectively, members receive considerable training, participate in seminars and workshops, go for exchange visits within and outside the Kyrgyz Republic, and lobby for their interests to be represented in government structures.

Inspiring work

The biggest treasure of the self-help groups is members' zeal and desire to live to the fullest and create. 'Once there was a holiday and we did not go to the group. That was the longest week for me!' says Vera Popova, member of one group.

'The work is so inspiring. In the very beginning we did not have anything, and gradually we collected money, bought furniture, a fridge, dishes and so on. Now every member of our group has their own savings.'

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Promoting a *positive outlook*

Keeping fit, staying active and involved, and learning to come to terms with loss can help to prevent depression.



Antonio Olmos/HelpAge International

High spirits at the Asilo Quevedo older people's home in La Paz, Bolivia.

Food and exercise

Eating well helps people to feel healthy, stay active and protect themselves against illness. A good diet for older people consists of small, frequent meals containing different foods. Older people need less fat, sugar and meat than younger people, but they need as much fruit, vegetables, pulses or beans, milk, eggs and fluids.

Older people may need encouragement and support to eat well. Many older people eat less than they need, because they have a poor appetite, find it difficult to prepare food, or cannot afford good food. Lunch clubs, where older people meet at a local day centre to cook and eat together, and 'meals on wheels' services, which deliver meals to older people at home, can be a lifeline for isolated older people.

Older people may prefer foods that are easy to prepare, and easy to

chew and swallow. Seating people with a poor appetite where they can smell the food being cooked will often stimulate their appetite and encourage them to eat. Spices or herbs may improve the flavour for people who are losing their sense of smell and taste.

Feeding aids may be helpful for older people with arthritis or poor manual dexterity, such as wrapping a piece of cloth around the handle of a fork or spoon to give a better grip.

Older people benefit from regular, gentle exercise. Exercise improves the appetite and helps people feel mentally alert, by increasing the flow of oxygen to the brain. It can improve self-esteem and help fight depression.

Income security

Income is a key issue for older people. Only a small minority of older people in developing countries receive a pension. However, research shows that even a very small pension can make a big

difference to poor older people. They benefit not only financially, but also psychologically, because the pension gives them more independence and improves their standing in the family.

Most people in developing countries go on working as long as they can. However, many end up in poorly paid jobs, because they are denied credit, training or employment opportunities.

In communities where families are fragmented by migration, conflict or HIV/AIDS, older people can be stretched to breaking point trying to maintain their role as household heads and carers. Programmes that provide some degree of financial security can go a long way to relieving older people's stress (see page 6).

Active and involved

Many older people play an important role in their households and communities, doing housework, minding property, caring for children, or acting as educators and counsellors. These contributions need to be recognised and supported.

People who retire from formal work and suddenly have time on their hands need to find new occupations and interests, to keep their mind active and avoid feeling useless.

Life review may help older people appreciate the knowledge and skills they have acquired throughout their lifetime and plan for the future (see page 10).

Older people are often excluded from educational opportunities, but education can stimulate the mind, promote self-esteem, provide an opportunity to socialise and increase employment opportunities at any stage of life.

Many older people who missed out on education when they were young are eager to learn if they have the chance. Adult literacy classes run by the Muthande Society for the Aged have helped older people in South Africa to gain more control over their lives. In Bangladesh and Kenya, recent media stories have highlighted the joy of older men and women who have enrolled in primary school to learn alongside their grandchildren.

Having someone to talk to is especially important for older people living in isolation, or those who have been bereaved. Home visits and volunteer befriending schemes can go a long way to reducing loneliness.

Carers in residential homes need to be especially aware of the risk of depression among older people and take action to prevent it. This could include stress reduction and relaxation sessions for both staff and residents, encouraging residents to form social relationships, listening to their opinions, and involving them in making decisions and planning activities for themselves and the home.

Simple interventions such as cleaners talking to residents about what is going on in the world or what they have read in the newspaper that day, instead of always asking: 'How do you feel today?' can help to reduce feelings of depression and isolation.

People who are approaching the end of their life may become concerned about practical preparations for their death, such as funeral arrangements and inheritance. They may also want to prepare in a spiritual way. Talking to a representative of their faith or a counsellor may help to alleviate their anxieties.

Coming to terms with loss

As people grow older, they are increasingly likely to become bereaved. The HIV/AIDS epidemic means that millions of older people, especially in Africa, are suffering the loss not only of their peers, but also of their children.

Bereavement is an intensely personal experience, which can knock a person off balance, emotionally, physically and mentally. Most bereaved people go through a range of recognisable emotions. At first they may feel

numbness or disbelief. Then they may feel very sad, empty and depressed. Eventually, they can begin to look ahead and plan their life without the dead person.

Counselling can often help a bereaved person to understand their emotions and come to terms with their situation. Involvement in work or social activities may also help to raise their spirits. If grief after bereavement appears abnormal, weekly counselling may help.

Sources include: MIND factsheets, Better nutrition for older people (HelpAge International, 1999).

Exercise: Bereavement counselling

This exercise is designed to help someone learn how to counsel a bereaved person.

Work with a partner – someone you trust. One of you is the speaker, the other the listener. You may wish to decide how long the speaker can talk. You will probably need at least 30 minutes.

Speaker: Spend a short time looking back over your life. Recall any losses you have experienced. These will not necessarily be deaths – they can include ending a relationship, moving house or saying goodbye to a friend.

As you recall these events, notice how you feel about them. Can you clearly remember the events and the pain you felt at the time? Can you now view the events and your feelings at a distance and accept them?

Or, in recalling these events, do you still find them distressing? Decide what you want to tell your partner

and how. Then tell your partner about your losses, your feelings as you remember them, and your thoughts and feelings now.

Listener: Listen and perhaps summarise what your partner says and reflect their feelings, using open questions where they seem appropriate.

After a short break, change roles.

When we are with someone who is grieving, it can be hard to let them cry, be angry, feel dispirited or express whatever emotion they are feeling. Often our impulse is to try to cheer them up.

If we want to help the person, we must be honest with ourselves. Is it for our own sake that we want them to conceal their grief? Is it because we feel grief as we remember our own losses? Enabling a person to express their grief can help them come to terms with their loss.

Telling the story of your life

Susan Mende describes how 'guided autobiography' can help older people make sense of their lives and plan their future.



Mrs Birren conducting a small group discussion with Tsao Foundation staff.

It has been said that when an older person dies, it is like losing a library. Older persons are a repository of rich experiences and skills developed throughout their lifetime. Their memories are both a powerful legacy for their families and a resource for themselves. Older people can use their memories to examine their own life, identify neglected goals and plan how to achieve them.

The octogenarian psychologist, Dr James Birren, from the Center on Aging at the University of California, Los Angeles, has developed an approach to life review known as 'guided autobiography'. In this, older people share their memories of common life themes, such as family, money, health and work, record their thoughts, and clarify their goals.

Groups of 8-10 older people usually meet for a ten-week series of two-hour workshops. The groups can meet in senior centres, religious institutions, community centres or anywhere that is accessible to older people.

The workshops begin with a large group discussion on a particular theme, followed by smaller group discussions, in which participants plan how to record their thoughts. Older people who cannot write can use other methods, such as audio-taping or getting someone else (including younger people) to write for them.

As the Danish philosopher, Kierkegaard, wrote: 'We live our lives forwards but we understand them backwards.' Paraphrasing this, Dr Birren wrote: 'Understanding what we have lived through is an important step to our future lives. As we recall what we have lived through, our sense of self-sufficiency is restored and we become motivated to take on new or neglected goals.' (*The Older Learner*, Spring 2001.)

Guided autobiography helps participants to accept their past, recognise the skills they have acquired and decide how to use their skills in the present. Sharing experiences also helps them make new relationships. Participants report that they feel more

ready to face the end of their life, with a sense that they have contributed to the world.

Tsao Foundation project

The Singapore-based Tsao Foundation is embarking on a two-year pilot project to introduce guided autobiography to community-based seniors. The project was inspired by training conducted by Dr Birren and his wife, gerontologist Betty Birren, in 2000, as part of the Tsao Foundation Distinguished Scholar series, which brings experts to Singapore to share their knowledge with care providers and policy makers.

The project will adapt the guided autobiography approach to the local situation. In the first year, a series of workshops will be run in partnership with community-based organisations and older persons' groups. Interested older persons and professionals from these workshops will be trained as facilitators, so that they, in turn, can conduct their own workshops.

An initial pilot group conducted with Tsao Foundation staff has revealed exciting possibilities. 'I did not realise I could be so open with a group,' said one participant. 'I feel so much closer to and supported by my colleagues.'

Another said: 'The experience showed me that I had better pay more attention to my art. Otherwise I am going to be a very bored retiree.'

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How to recognise depression

Depression is more common among older people than other age groups. It is important to recognise and treat it.



men to suffer from depression and to attempt suicide. However, the risk of death by suicide is usually higher in men, particularly older men with a drinking problem, or those who are living alone or in unhappy marriages.

Diagnosis and treatment

Many practitioners are not attuned to the signs and symptoms of depression in older persons. Depression in older persons is often missed, because it often occurs alongside other illnesses, such as dementia, stroke, diabetes and cancer, and the symptoms can be confused with these conditions.

It is important to recognise the symptoms of depression and take action as early as possible. Depression can be diagnosed if a person has had at least two of the following symptoms for at least two weeks: feeling sad; loss of interest in daily activities; feeling tense or nervous or worrying a lot.

Other symptoms to ask about are: disturbed sleep, tiredness, loss of appetite, poor concentration, palpitations (heart beating fast), trembling, dizziness, aches and pains all over the body, and suicidal thoughts.

Any hint of suicidal thoughts should be taken seriously. Asking someone about suicidal thoughts does not make it more likely that they will end their life – on the contrary, most will feel relieved. Suicide is often due to problems such as financial worries, marriage difficulties, physical illness or

mental health problems such as depression or alcohol misuse, which may respond to treatment.

Treating depression

Treatment for depression usually takes the form of counselling, medication, or a combination of both. Counselling – when the person talks to a listener about their feelings and how to manage them – can be effective for mild depression.

For more severe depression, anti-depressant drugs may be needed. However, anti-depressants can have adverse side effects, there may be problems with withdrawal, and they may not deal with the causes of depression. It may therefore be helpful to combine anti-depressants with counselling.

It is important that the doctor prescribing anti-depressants is aware of any other medications that the older person is taking, and that they prescribe age-appropriate dosages.

Electro-convulsive therapy (ECT) is a controversial treatment in which an electrical current is passed through the brain, while the person is under anaesthetic. It is sometimes used for severe depression that is not responding to other treatment.

Complementary therapies such as acupuncture, aromatherapy, massage, herbalism and homeopathy can also be useful in treating the symptoms of depression and helping the person relax.

Sources: MIND website, Where there is no psychiatrist (details on page 14), Mental Health Foundation website, Caring for someone at a distance, (Age Concern England, 2003).

Check-up in a mobile medical unit run by HelpAge India. Health workers need to be aware of mental health issues as well as physical symptoms.

Depression can affect anyone, of any culture, background or age. It is not a natural part of old age. However, older people are more at risk of depression than other age groups, because of biological changes associated with ageing, lifestyle changes, bereavement, and physical illnesses, which can cause pain and fear of becoming disabled. Discrimination in society compounds these problems.

A person with depression may feel very low. They may have sleeping difficulties, loss of appetite, low energy and poor concentration. They may care less about their appearance and personal hygiene. They may have feelings of guilt and worthlessness, suffer delusions or lose interest in life.

In some cases, depression can lead to suicide. The risk of suicide is greatest among people over 75, particularly those who have recently been bereaved. Women are more likely than

Practical approaches to dementia

Dementia is an illness of the brain that particularly affects older people. This article looks at how to tell if someone has dementia and how to care for them.



Céline Hall/HelpAge International

Care at a day centre run by the Timisoara branch of the Alzheimer Society Romania.

There are many types of dementia. All are progressive, which means that the brain becomes increasingly damaged over time. Dementia is not a normal part of ageing.

The most common type of dementia is Alzheimer's disease. The cause of Alzheimer's disease is unknown. However, it is *not* caused by hardening of the arteries, under-use or over-use of the brain, infections, or exposure to aluminium or other metals.

In the early stages, a person with Alzheimer's may have problems with their memory, especially their short-term memory. They may have difficulty finding the right words, be muddled about time, become lost, have difficulty making decisions, and lack initiative.

As the disease progresses, the person becomes increasingly forgetful and disoriented. They may need assistance with daily activities and personal

hygiene, have increased difficulty with speech, lose things, start wandering, and experience hallucinations.

Other common types of dementia include vascular dementia, when brain cells are deprived of oxygen (for example, after a stroke), and dementia with Lewy bodies. Alcohol consumption and HIV, the virus that leads to AIDS, can also cause dementia.

An early diagnosis of dementia is helpful, to give the person a chance to plan their future while they still can, and to equip carers better to cope. There is no simple test for dementia, but it can usually be recognised by talking to the person and their family about the person's physical and mental state.

Practical help

There is no cure for dementia, although medication may reduce the symptoms in the early stages. It is possible to help a person with dementia in a number of practical ways:

- Support the person to use their existing abilities as long as possible.
- Encourage them to eat well, take exercise and avoid unnecessary medicines.
- Use memory aids – labels on doors, lists of things to do, photos of people they know.
- Think about safety, especially in the bathroom and kitchen. Fit rails and non-slip mats. Remove sharp utensils.
- As people with dementia often

wander and get lost, take a recent photo and circulate it to neighbourhood police.

- Help the person to maintain their dignity. Avoid talking about them in front of someone else. Help them wash in private.
- Try to avoid confrontation. Remember that if the person is difficult, it is because of the disease. If they are aggressive, try to keep calm, find out what is causing them to be aggressive and avoid it in future.
- Maintain communication (see below).

Communication

As dementia progresses, communication becomes more difficult. It may help if you:

- Make sure the person's eyesight and hearing are not impaired. Check that their spectacles are cleaned and correct.
- Get the person's attention before speaking. Speak clearly, slowly, face-to-face and at eye level.
- If the person has not understood, use simpler words and shorter sentences.
- Ask questions if you have not understood the person.
- Notice the person's body language and be aware of your own body language.
- Find out what combination of words or gestures helps you communicate with the person.
- Do not feel you have to rush things. Allow more time than you perhaps need.
- Show love and affection through hugs, if this is comfortable for you both.

Sources: Where there is no psychiatrist, Help for caregivers (details on page 14).

Helping carers to cope

Caring for an older person with mental health problems can be extremely demanding. This article suggests practical ways to support carers.

Carers of older people with mental health problems may be professionals, volunteers, friends, family or neighbours. Often, they are older people themselves, caring for their partners.

Older people with mental health problems are especially vulnerable to abuse. Abusers are often primary caregivers, sometimes because they are too stressed to cope, or because they do not understand the person's condition, or are not willing or able to help them.

Carers need financial, practical and emotional support, including:

- information about the older person's condition
- training and advice on how to care
- access to medical and social support services
- involvement in drawing up a long-term care plan with outside support
- recognition of the contribution they make
- care of their own emotional and physical health
- time off occasionally.

When a health worker visits an older person, it is important for them to take the carer aside for a few minutes, and talk to them about their own health and how to support them.

Emotional support

Caring for an older person with mental health problems can give rise to a range of emotions. Carers may feel grief at losing the person they once

knew, and guilty because they feel they are not doing enough for them. They may resent taking on the person's responsibilities. They may feel embarrassed at the person's strange behaviour, angry at the demands of caregiving and lonely because they have lost the person's company and have no time to see their friends.

These emotions are common in all carers. Carers who are older, isolated and or have health problems themselves are more likely to suffer from the stresses of caring.

The first step in promoting the mental health of carers is to recognise a carer who is at risk of suffering mental health problems. Listen to the carer's experiences. Many carers will display an outward picture of strength, even when they are feeling sad. Ask about feelings of sadness and counsel for grief.

Carers need to share their feelings about their caregiving experiences. If they can realise that what they are experiencing is a natural response to their situation, they will find it easier to cope.

Co-counselling, support groups and advisor-supervisors can help carers understand their emotions and feel better supported.

Co-counselling

Agree to meet a colleague once a week for 1-2 hours. For the first 40 minutes, one of you talks about anything you wish. The other listens and uses listening skills of summarising, reflecting back what the person is saying, and using 'open'

questions to encourage them to say more. The role of the listener is not to give advice, share their experience or be judgemental, but to be understanding.

Make sure you keep to time. After 40 minutes, take a ten-minute break. Then reverse roles.

If, when you listen, you begin to feel upset or angry, remember that this is your reaction to what the other person is saying. They may feel differently. Try to put aside your own reactions while you are listening. It will help you stay open and attentive. Afterwards, you may wish to tell each other how you felt.

Support group

Form a small group of 5-12 people and arrange to meet for two hours each week. Try to get an experienced person to act as group leader, or, if no one is available, take turns to do this.

Allow everyone an opportunity to say anything they wish. An important role of the leader is to act as time-keeper. Find out at the beginning of each meeting who wishes to speak, so that there is time for everyone. It is useful for everyone to say something, even if it is only one word about how they feel.

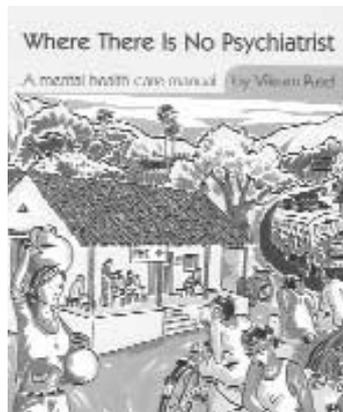
Advisor-supervisor

You could find someone to be your 'advisor-supervisor', preferably someone who is not associated with your organisation, and who has experience of helping people deal with emotional problems.

Decide how often you want to meet and how to use the time – you may want reassurance or guidance, or you may want to discuss your negative feelings about a particular older person in your care.

Resources

Manuals and guidelines



Where there is no psychiatrist: a mental health care manual

Practical information on a wide range of mental health care issues, written in straightforward language for general health workers in developing countries.

Vikram Patel, Gaskell, 2003.

ISBN 1 901242 75 7 Contents list can

be viewed at: www.rcpsych.ac.uk/publications/gaskell/75_7.htm

Copies (£8 plus postage) from: TALC, PO Box 49, St Albans, Herts AL1 5TX, UK.

Tel: +44 1727 853869 Fax: +44 1727 846852

Email: info@talcuk.org

Web: www.talcuk.org

Help for caregivers

Booklet describing Alzheimer's disease and other forms of dementia, with practical tips on how to cope.

Produced by Alzheimer's Disease

International (ADI) in collaboration with the World Health Organization. WHO, 1994.

Available in English, Spanish, Arabic, Russian, Japanese, Hebrew, Chinese, Danish, Hindi and Serbian.

PDF (English and Spanish) available from the ADI website (see below).

Training manual on ageing in Africa

Includes section on 'Caring for older people' with training activities.

HelpAge International Africa Regional Development Centre, 2002

(address on page 15).

Charter of principles for the care of people with dementia and their carers

Published by Alzheimer's Disease International for members to use

as it stands or for developing their own charters.

Available from ADI (see below).

Mental health: new understanding, new hope

WHO World Health Report 2001

www.who.int/whr2001

Articles from Ageways

Issue 63:

Learning to give emotional support

Issue 57:

When someone has died – coping with bereavement

Websites and factsheets

Better Health Channel

Online health information from the Victorian (Australia) Government.

Factsheet on 'Depression in the elderly'.

www.betterhealth.vic.gov.au

Mental Health Foundation

UK-based organisation. Factsheet on 'Adults in later life with mental health problems'.

www.mentalhealth.org.uk

MIND

Mental health charity in England and Wales. Factsheet on 'Older people and mental health'.

www.mind.org.uk

NAMI

American self-help and advocacy organisation of people with severe mental illnesses. Factsheet on 'Depression in older persons'.

www.nami.org

Organisations

Alzheimer's Disease International (ADI)

Federation of 70 national Alzheimer societies offering information and help to families.

Alzheimer's Disease International, 45-46 Lower Marsh, London SE1 7RG, UK.

Tel: +44 20 7620 3011 Fax: +44 20 7401

7351 Email: info@alz.co.uk

Web: www.alz.co.uk

Alzheimer's and Related Disorders Society India (ARDSI)

PO Box 53, Kunnankulam - 680 503,

Kerala, India. Tel. +91 488 2522939

Fax: +91 488 2523801

Email: alzheimr@md2.vsnl.net.in

Romanian Alzheimer Society

Bd. Mihail Kogalniceanu, nr 49A (fost 95 A), Sc.A, Ap.8, Sector 5, 050108 Bucharest, Romania. Tel: +402 1 334 8940

Fax: +402 1 334 8940

Email: contact@alz.ro Web: www.alz.ro

Alzheimer's Society

UK society. Publishes wide range of factsheets and manuals.

Gordon House, 10 Greencoat Place, London SW1P 1PH, UK.

Email: enquiries@alzheimers.org.uk

Web: www.alzheimers.org.uk

Basic Needs

NGO focusing on mental health, with programmes in India, Sri Lanka, Ghana, Tanzania and Uganda.

BasicNeeds, 158A Parade,

Leamington Spa, Warwickshire

CV32 4AE, UK. Tel: +44 1926 330101

Fax: +44 1926 453679

Email: basicneeds@basicneeds.org.uk

Web: www.basicneeds.org.uk

International agreements

United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991)

A set of 25 principles.

www.unhchr.ch/html/menu3/b/68.htm

Madrid International Plan of Action on Ageing (2002)

Anticipates a significant increase in the number of older people with mental illness, due to population ageing, and emphasises the need to develop a full range of mental health care services.

www.un.org/esa/socdev/ageing/waa

International days

World Alzheimer's Day

Takes place on 21 September each year, coordinated by Alzheimer's Disease International and national societies. The theme for 2004 is 'No time to lose'.

www.alz.co.uk

World Mental Health Day

Takes place on 10 October each year, coordinated by the World Federation for Mental Health.

The theme for 2004 is

'The relationship between physical and mental health'.

www.wfmh.org

HelpAge International Affiliates

Caribbean

Action Ageing Jamaica
 Extended Care Through
 Hope and Optimism (ECHO),
 Grenada
 HelpAge Barbados/Barbados
 National Council on Aging
 Haitian Society for the Blind
 HelpAge Belize
 National Council of and for
 Older Persons/ HelpAge
 St Lucia
 Old People's Welfare
 Association (OPWA),
 Montserrat
 REACH Dominica
 Society of St Vincent de Paul
 (SVP), Antigua

Africa

Associação dos Aposentados
 de Moçambique (APOSEMO)
 CEM Outreach, Sierra Leone
 Elim Hlanganani Society for the
 Care of the Aged, South Africa
 HelpAge Ghana (HAG)
 HelpAge Kenya
 HelpAge Zimbabwe
 Maseru Women Senior Citizen

Association, Lesotho
 Mauritius Family Planning
 Association
 Muthande Society for the Aged
 (MUSA), South Africa
 Regional Centre for Welfare
 of Ageing Persons in
 Cameroon (RECEWAPEC)
 Senior Citizens' Council,
 Mauritius
 Sierra Leone Society for the
 Welfare of the Aged
 Sudanese Society in Care of
 Older People (SSCOP)
 Uganda Reach the Aged
 Association

Asia/Pacific

Bangladesh Women's Health
 Coalition (BWHC)
 China National Committee on
 Aging (CNCA)
 Coalition of Services of the
 Elderly (COSE), Philippines
 Council on the Ageing
 (Australia)
 Foundation for Older People's
 Development (FOPDEV),
 Thailand
 HelpAge India
 HelpAge Korea
 HelpAge Sri Lanka

Helping Hand Hong Kong
 Instituto de Acção Social
 de Macau
 Mongolian Association of
 Elderly People
 NACSCOM, Malaysia
 Office of Seniors Interests,
 Australia
 Pakistan Medico International
 Positive Ageing Foundation,
 Australia
 Resource Integration Centre
 (RIC), Bangladesh
 Senior Citizens Association
 of Thailand
 Senior Citizens Council
 of Thailand
 Singapore Action Group
 of Elders
 Tsao Foundation, Singapore
 USIAMAS, Malaysia

Europe

Age Concern England
 Caritas Malta HelpAge
 Centre for Policy on Ageing, UK
 Cordaid, Netherlands
 DaneAge Association,
 Denmark
 Elderly Woman's Activities
 Centre, Lithuania
 Help the Aged, UK

London School of Hygiene
 and Tropical Medicine
 (LSHTM), UK
 Mission Armenia
 Slovenska Filantropja
 (Slovene Philanthropy)
 Zivot 90, Czech Republic

Latin America

Asociación Gerontológica
 Costarricense (AGECO),
 Costa Rica
 Caritas Chile
 CooperAcción, Peru
 Fundación Centro de Estudios
 e Investigaciones del Trabajo
 (CESTRA), Colombia
 Mesa de Trabajo de ONGs
 sobre Personas Mayores
 (Lima Co-ordinating
 Group), Peru
 Red de Programas Para al
 Adulto Mayor, Chile
 Pro Vida Bolivia
 Pro Vida Colombia
 Pro Vida Perú

North America

AARP
 Help the Aged (Canada)
 West Virginia University
 Center on Aging

HelpAge International Regional development centres

These offices can put you in touch with members in their region.

Africa

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 Westlands,
 00800 Nairobi,
 Kenya
 Tel: +254 20 4444289
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 Email: helpage@helpage.co.ke

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 Chiang Mai 50200,
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 Tel: +66 53 225081
 Fax: +66 53 894214
 Email: hai@helpageasia.com

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 Tel: +1 758 456 0471
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 Email: secondbr@beltsy.md

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 Dar es Salaam,
 Tanzania
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 Fax: +255 22 2775894
 Email: haitz@helpagetz.org

Waving goodbye to stress

Older people's clubs on the outskirts of Lima, Peru are helping to improve members' health and self-esteem.



Antonio Olmos/HelpAge International

Aerobics in Villa El Salvador near Lima, Peru.

In a sandy yard in front of a concrete building, six rows of women aged 50-plus step in time to music, waving tassles, their faces lit with smiles. They are members of an older people's club in Villa El Salvador, on the outskirts of Lima.

Villa El Salvador is a difficult place to live. It is a vast, informal settlement which was formed thirty years ago, when homeless migrants from the countryside mounted a mass 'invasion' to claim the land for themselves. Many of the original inhabitants are now in their sixties and seventies, living on very low incomes in poor housing and in poor health. Levels of stress are high.

CAPIS, a community-based organisation, has carried out health promotion activities in Villa El Salvador since the mid-1980s. In 1995, with support from HelpAge International, CAPIS started working specifically with older people. From these activities, older people started to form clubs providing a wider range of services.

The first older people's club was started in 1996 by Juana Elisa Villar de Arbañil, one of the founders of Villa El Salvador. She is now president of the Horizontes de Villa network, which links nine clubs representing 300 older people, mainly older women, to lobby nationally and internationally for better provision for older people.

The clubs organise health and fitness programmes, social activities, income-generating activities, such as flower and vegetable gardens, and workshops on older people's rights, violence and abuse, and the environment. CAPIS provides institutional support and links with health services and other institutions.

The clubs have made a great difference to members' self-esteem. Nicolasa Aparicio, who is a widow, is a member of the Virgin of Fatima club. 'It has really changed my life,' she says. 'I have more fun now and more self-confidence. Now I have more friends.'

More information:
Elizabeth Sanchez, Director, CAPIS, Sector 2, Grupo 21, Manzana D, Lote 4, Villa El Salvador – Lima, Peru.
Email: capisperu@infonegocio.net.pe

CAPIS has received support from HelpAge International's Active Ageing Programme, funded by the UK Department for International Development.

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Ageways exchanges practical information on ageing and agecare issues, particularly good practice developed in the HelpAge International network. It is published three times a year by HelpAge International, with funding from Help the Aged (UK).



Help the Aged

Help the Aged provides core funding to HelpAge International, and is also a leading partner of HelpAge International's global network of not-for-profit organisations.

Ageways is also available on the web at: <http://www.helpage.org>

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Front cover photo: Older people trained as paralegal advisors in Mozambique help other older people exercise their rights.

Hein du Plessis/HelpAge International