

The Mental Health
and Well-being in
Later Life Programme
2003–2006

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The views and opinions expressed within this report are not necessarily those of Health Scotland and the National Programme for Improving Mental Health and Well-being.

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1. Context

Older people in Scotland

There are one million older people in Scotland, representing one-fifth of the population. Older people represent an invaluable resource for Scotland in terms of knowledge, experience and skill, and make vital contributions within their families.

Here are some facts about older people in Scotland:

- one in three lives alone
- 69% of single pensioner households have an annual income of less than £10,000 and 22% have less than £6000¹
- 50% of people aged 70 or over report having a limiting illness, health problem or disability¹
- 24% of women aged 60 or over feel 'very unsafe' after dark²
- 48% of people aged 65 or over do not have access to a car¹
- 4% of people aged 65 or over have no contact with neighbours³
- up to 5% of people over 65 will have depression
- 40% of older people who have a stroke will become depressed⁴
- approximately half of all people aged 50–69 are not in paid employment⁵
- in 2003, the suicide rate per 100,000 population for people aged 55 or over was 8.31⁶
- older people suffer most from the stigma against those with mental health problems.⁷

Despite these statistics, older age is not inevitably linked with poor health, poverty and dependency. A great deal can be done to support mental health and well-being and improve quality of life for older people, notably by working to change attitudes and raise expectations about health in older age.

¹ Scottish Household Survey, 2003

² Scottish Crime Survey, 2000

³ Focus on Older People, National Statistics, 2004

⁴ Expert Group on Healthcare of Older People, *Adding Life to Years*, Scottish Executive, January 2002

⁵ *The Economic Contribution of Older People*, Age Concern England, 2004

⁶ Choose Life, press release, May 2005

⁷ National Attitudes Survey, 2005

Healthy and active ageing has been defined by the World Health Organisation as ‘the process of optimising opportunities for health, participation and security in order to embrace quality of life as people age’.⁸ Finding ways of promoting, sustaining and developing older people’s mental health and well-being and addressing the main barriers to staying mentally healthy is fundamental to achieving improved quality of life for older people.

Mental Health and Well-being in Later Life

The overall aim of Health Scotland’s Health in Later Life Programme is to identify and encourage factors that facilitate and promote healthy ageing, and to promote equitable services and policies across the population. Mental Health and well-being has been identified as a major priority within the programme and constitutes a main strand of the Programme’s activities.

People’s experience of mental health in later life is influenced by many factors, including personal beliefs and societal attitudes, culture and ethnicity, class, geographical location and marital or family status, as well as physical and mental health, financial security and access to support and services.

The Mental Health and Well-being in Later Life Programme works in close collaboration with the Scottish Executive’s National Programme to Improve Mental Health and Well-being, the Older People’s Unit, and Care of Older People’s Division to improve the health and well-being of older people across Scotland by developing a comprehensive programme of work to highlight good practice, raise awareness of the issues and support innovative initiatives.

The programme aims to:

- bring together evidence of effective promotion of mental health
- disseminate evidence
- act as a catalyst to promote changes in practice and policy at national and local level.

⁸ World Health Organisation International Plan of Action on Ageing, 115th session, November 2004.



2. Mental Health and Well-being in Later Life Programme 2003–2006

The programme 2003–2006 has had three strands:

- research and dissemination
- capacity building:
 - Health in Later Life Regional and Interest Groups (HILLRIGs)
 - Small Projects Awards Scheme
 - education for participation courses
- resource development.

Research and dissemination

The programme has been informed by research, in consultation with older people, practitioners, academics and policy makers at national and local level, and it is essential that the information from relevant research is disseminated effectively to those involved in the consultation process.

A number of studies initiated by Health Scotland and partners have addressed key factors that influence mental health and well-being as perceived by older people.

Stirling workshop, 10–11 March 2003

A two-day workshop on mental health and well-being in later life was held in Stirling on 10–11 March 2003. The workshop was attended by older people, health professionals, educationalists, researchers and policy makers, who brought to the event their own particular expertise and experience and worked together as equals.

The main aim of the workshop was to identify and prioritise the key issues necessary to guide local and national policy and initiative development. Over two days, participants explored the factors that influence mental health and well-being as people age and identified the components of good mental health from the perspective of older people.

Discussions built on a framework provided by four key questions:

- what do you like about getting older?
- what makes life worth living?

- what makes you lose heart?
- what makes you feel unsafe and unwell?

and four themes:

- ageism
- social isolation
- physical and mental health
- social justice.

A range of key aspects, both positive and negative, emerged from the workshop discussions. Participants agreed that:

- family, friends and communities are at the heart of maintaining a sense of well-being as we grow older
- being able to keep in contact with these groups and reflect on where we are and how we have come to be there is central to a happy life
- being able to express deeper feelings of love, honesty, friendship and loyalty, as well as negative emotions such as grief, is a necessary aspect of keeping in contact with society
- taking an active role in the life of the community and having easy access to amenities and health and social care services available to other population groups helps to maintain a sense of well-being.

Participants also identified a range of anxieties and attitudes that erode older people's confidence and willingness to engage in society. These included:

- the ability to feel safe and well in their own homes and communities
- financial insecurity
- fear of war and crime
- dealing with the 'system' through which a range of services and support must be accessed
- fear of physical and mental ill health, disability and pain and the potential these have to rob the individual of his or her freedom
- concern that their physical and mental health needs may not adequately be met by health and social care services
- stigmatisation and discrimination from other population groups and health and social care professionals as a result of mental ill health or negative attitudes to ageing.

The strong message from participants at the Stirling workshop was that underlying the key issues is the need for an integrated approach to policy making and service provision. Three groups were identified by participants as being best placed to influence mental health and well-being in later life:

- communities
- policy makers
- practitioners.

The key issues for these groups were identified as:

- communicating more effectively among themselves, but also with older people
- working more effectively in partnership to implement policies aimed at improving mental health and well-being
- raising awareness in other population groups of the problems faced by older people living in Scotland
- providing a safe environment in the home and in communities to allow older people to live as part of their community
- reducing the stigma attached to growing older and/or mental ill health
- maintaining respect for older people
- providing older people with the opportunity to contribute to their communities
- providing financial security
- providing services that meet older people's needs on a 24-hour, seven-days-a-week basis.

In particular, it was felt that health and social care practitioners needed the relevant education and training to equip them to communicate effectively and to involve older people in their own care and the wider development of services. This applied equally to team working.

Policy makers were urged to ensure that sufficient support and resources were provided to implement policies and enable practitioners to work effectively. Bureaucracy surrounding access to services and benefits needed to be streamlined so that older people were not intimidated or prevented from getting the support they needed.

Research into older people's perceptions

Following the Stirling workshop, a report based on research jointly commissioned by the Scottish Executive and Health Scotland – *Mental Health and Well-being in Later Life: Older People's Perceptions* – further investigated what older people believe to be the key factors that affect mental health and well-being in later life. A key element of the research was the use of methods to enable older people to define the factors most likely to help and hinder their achievement of good mental health and well-being.

The research was undertaken in two stages during June and August 2003, with the report published the following year. Stage 1 consisted of three half-day workshops with older people aged 50 years and over using reminiscences, collages and vignettes. Stage 2 was directed by the outcomes of the first stage and involved a series of single and mixed-sex focus groups and interviews and discussions with older people and representatives from minority groups.



Older people in the research ranged in age from those in 'later middle age' (likely to be in their fifties, in employment or recently retired, with teenage children and perhaps an elderly relative as dependents), through 'early old age' (nearly all retired, although some had part-time jobs), to 'later old age' (some of whom lived in residential care due to the loss of the ability to maintain independent living). The study design took great care to avoid defining older people as a homogenous group. The differences in life experiences, lifestyles, perceptions and goals between people in their early fifties and those in their late nineties, for instance, were recognised and acknowledged.

Similarly, when the research investigated the perceptions of older people from minority ethnic and other minority groups, the wide diversity of culture, beliefs, traditions and preferences represented were respected and acknowledged.

The research found that the key issues were:

- families and friends
- positive attitudes
- keeping active
- maintaining capability and independence
- negotiating transitions
- involving minority groups.

Family and friends For many older people involved in the research, the family was the most important factor in promoting positive mental health and well-being, although families could also be a source of stress.

Having a positive attitude Having a positive attitude contributed to facilitating mental health and well-being among older people. This was often linked to having a sense of values, being open and tolerant of new ways of doing things, and being willing to learn. The attitudes of others towards older people were also influential, in particular the respect in which older people were held in society. Ageism was perceived as prevalent in society.

Keeping active Keeping physically active was recognised as not only helping physical but also mental well-being. While many older people described themselves as 'active', there was little evidence of significant levels of physical activity. Mental activity was also seen as important, but opportunities could be severely hampered by uncorrected sensory impairments. Social activity and interacting with others were seen as essential to maintaining mental health and well-being.

Maintaining capability and independence Loss of capability or loss of health were defined as the main barriers to mental health and well-being in later years. It was deemed essential that independence and choice be retained in older age. Support to enable older people to live independently in their own homes was seen as being restricted to arbitrary boundaries and was often perceived as being insufficient to meet needs. Those who did not have a knowledgeable advocate or support from a family member were likely to be disadvantaged.

Negotiating transitions While retirement brought a sense of freedom and liberation for many, for others it brought a sense of not being valued and a loss of social contact. Financial security was seen as important to mental health and well-being, and there

were concerns about funding the later years. Moving from the family home into sheltered or residential accommodation was viewed with great concern by some (mostly younger) people, but the experience of those who had actually made the move was universally positive. It was felt that the difficulties faced by those who had lost their partners and were having to adapt to life alone should be more widely recognised.

Involving minority groups A need was identified for more thorough understanding of the evidence in relation to the factors affecting mental health and well-being among minority groups and how they may differ from the general population.

In conclusion, it is to these six issues that policy makers, professionals, communities and older people must turn in order to make a difference to older people's mental health and well-being. It recommended that Health Scotland undertake a comprehensive review of the factors that have an impact on mental health and well-being among older people to establish the current knowledge base and identify gaps and areas for further research.

UK Inquiry into Mental Health and Well-being in Later Life

Health Scotland and the Scottish Executive have worked closely with the joint Age Concern/Mental Health Foundation Inquiry into Mental Health and Well-being in Later Life. The inquiry, launched in 2003, is taking a UK-wide focus on:

- raising awareness of mental health and well-being in later life
- involving and empowering older people
- creating better understanding of the issues associated with older age and mental health and well-being
- influencing policy and planning throughout the UK
- improving services for older people.

The inquiry is working in two stages:

- stage 1 has focused on what helps to promote good mental health and well-being in later life, with findings and recommendations published in 2006
- stage 2 will look into the prevention of mental illness in later life and the provision of support and services to older people with mental health problems and their carers. Findings and recommendations from stage 2 will be included in the inquiry's final report, due to be published in 2007.

In stage 1, the inquiry gathered evidence on mental health promotion in later life from a wide range of sources. It commissioned a literature and policy review, circulated questionnaires and received responses from nearly 900 older people and carers and 200 organisations and professionals. It supplemented this evidence with focus groups and consultation events with older people (some in conjunction with the Health in Later Life Regional Interest Groups – see below) and roundtable discussion events with organisations and professionals.

The inquiry found five related themes that were central to the promotion of mental health and well-being in later life:

- discrimination
- participation in meaningful activity
- relationships
- physical health
- poverty.

Discrimination Age discrimination was identified by older people as the main barrier to improving mental health and well-being in later life. Public attitudes to older people needed to improve, including those held by the media, the general public, by young people, and by older people themselves. Older people in stage 1 were calling for legislation to tackle age discrimination and for education and training opportunities for staff – not just those in health and social care services but also those in a wide range of settings, from shop assistants to bus drivers. Age discrimination in mental health services is recognised as a particular problem, and will be explored further in stage 2.

Participation in meaningful activity Older people want to make a contribution to society, but their potential contribution is not being widely recognised. There are many barriers to participation for older people, such as mandatory retirement ages and upper age limits on volunteering. The inquiry called for an end to such restrictions. In the meantime, it is vital for organisations and professionals to understand how important it is for older people to make a contribution.

Relationships Family and friends are clearly vital, but relationships with the wider community, including younger people, are also very important. The potential positive and negative impact of relationships needs to be understood. Older people said that family relations, for example, can have both a positive and negative effect on mental health and well-being, with some claiming that they often felt excluded from family activity.

Physical health Very strong links were found between physical health and mental health. There is substantial evidence to support these links, particularly with regards to physical activity. Older people think about health in a holistic way that encapsulates both physical and mental elements, but this is often not reflected in the approaches adopted by service organisations and professionals.

Poverty Living in poverty is a risk factor for poor mental health, provoking stress, insecurity, fear of not being able to make ends meet and feelings of loss of control. While income levels in the UK have grown, nearly two million older people remain in poverty, with around two-thirds of pensioners relying on state pensions and benefits for at least half their income. People living on low incomes have to adopt long-term strategies to cut back on 'non-essential' items such as buying treats for their grandchildren, taking public transport or taking part in social activities.

Conclusions from stage 1 of the inquiry are summarised below.

Box 1 Summary of conclusions from stage 1 of the inquiry⁹

Influence of services

Discrimination

- involving older people in the development, implementation and evaluation of programmes and other areas of civic planning
- ensuring that local services are not rationed by chronological age but only by assessment of need
- ensuring that all staff who have direct contact with the public are trained to treat everyone with understanding and respect.

Participation in meaningful activity

- providing opportunities for older people to continue in work or volunteer, and supporting them with relevant training and education
- encouraging all local employers to support a healthy life/work balance in their workforce through, for example, opportunities for flexible retirement, and to offer pre-retirement planning programmes as a contribution to mental health and well-being in later life.

Relationships

- providing venues and other support for group activities that can be used by people of all ages, as well as by groups of older people
- encouraging activities that foster contact between and across generations in schools and colleges.

Physical health

- ensuring that local facilities and services support healthy lifestyles and are accessible to people of all ages by:
 - ensuring that all facilities and services are promoted in ways that do not deter older people or those with disabilities
 - ensuring that all facilities and services are well served by public transport, particularly in rural areas
 - incorporating urban design features that encourage walking and cycling and help people with reduced mobility
 - providing healthy food at all venues, if possible at subsidised prices
 - providing information, advice and support to older people to take advantage of opportunities to promote physical and mental health and well-being.

⁹ *Promoting Mental Health and Well-being in Later Life: A First Report from the UK Inquiry into Mental Health and Well-Being in Later Life*, Age Concern England/Mental Health Foundation, 2006.



Poverty and exclusion

- mitigating the effects of poverty that have an impact on the mental health and well-being of older people by:
 - encouraging the uptake of benefits through the provision of information and advice in venues such as GP practices, places of worship and social clubs
 - providing assistance with housing and adaptations that assist mobility and independence
 - providing free or subsidised transport to facilitate social and other activities
 - providing free or subsidised access to sports, education and leisure facilities
 - encouraging employment of older people in local businesses and services

Domestic violence experienced by older women

The programme has worked with the Centre for Research on Families and Relationships on an investigation into older women and domestic violence in Scotland. The report, *Older Women and Domestic Violence in Scotland*, published in May 2003, set out to discover:

- who are the 'older women' experiencing domestic violence, and what distinguishes their experiences from those of younger women?
- what do we know about its prevalence in Scotland?
- what gaps in our knowledge most need to be addressed?
- what are the most promising interventions in this field and who is providing them?
- what recommendations can be put forward for policy or programme strategies and for further research?

The research revealed a paucity of statistics on domestic violence involving older women in Scotland. The only source was police statistics of reported cases in 2002, which showed 442 attacks reported by women over the age of 61.

There is a wealth of convincing evidence of the long-term trauma caused to women who have suffered domestic violence, including:

- detrimental effects on health – for instance in one refuge in Dumfries, 62% of women were taking prescribed antidepressants or sedatives
- a debilitating effect on women's ability to cope with staying in the place of violence or to plan and successfully leave
- a lack of confidence and inability to advocate for themselves.

The research also found that women facing domestic violence find it difficult to ask for help for a variety of reasons, including:

- the attitudes of older women and their views on marriage, gender roles and the possibility of women 'deserving' violence
- attitudes about older women which fail to recognise them as victims of domestic violence
- feelings of shame about being a victim of violence
- services that tend to prioritise the needs of women with young children.

These combined factors, the report states, describe a situation of 'systematic invisibility' in which older women's needs are unrecognised and, consequently, unmet. Women are provided with inadequate service choices and untargeted outreach, and while they tend to be more likely to discuss their problems with GPs, the evidence suggests that GPs are unlikely to refer their problems on to appropriate services.

There is hope, however. The report presents inspirational accounts of women who have suffered domestic violence but have escaped their damaging situations to build new and better lives. To ensure more women are able to do so in future, the report recommends:

- providing outreach services to target older women at risk
- shifting the service focus from women with children
- providing training on the needs of older women to staff in the criminal justice and social work services
- offering screening and support by GPs and accident and emergency staff who have been adequately trained
- co-ordinating services provided by domestic violence and older people care agencies.

Health Scotland held a national conference in June 2004 to highlight and discuss the research report. Pilot training is now being developed in partnership with the Centre for Research on Families and Relationships. The overall vision for the Older Women and Domestic Violence in Scotland Train the Trainers course is to provide key practitioners and stakeholders with knowledge of the existing evidence and the appropriate training skills to disseminate this evidence and influence practice at a local level. The training will ensure that participants are provided with the appropriate support mechanisms to enable them to carry out this training.

Capacity building

Health in Later Life Regional Interest Groups (HILLRIGs)

One of the main strands in the programme is to support the development of a sustainable network of HILLRIGs to:

- enable local groups to develop and share learning
- develop a useful body of knowledge on achieving health and well-being in ageing that can be disseminated widely
- enable the experiences and voices of older people to contribute to learning and development of good practice to improve health in later life
- develop a culture of evaluation
- inform and influence policy development at local and national levels
- support and assist the dissemination of information on health in later life activities
- inform the research agenda.

This strand of the programme stems from an evaluation of the Paisley Gerontology Interest Group (GIG). The principles and practices of the Paisley GIG were viewed as providing a positive and appropriate model for a regional network. An evaluation report of the Paisley project made a number of recommendations to improve and extend this model across Scotland, and the programme has incorporated these into HILLRIG initiatives.

HILLRIGs focus on a holistic approach to health and well-being in later life, supporting people in their communities and improving social inclusion and health. They promote and facilitate sharing, learning and linking between older people, practitioners, carers, academics and policy makers.

The work and impact of HILLRIGs were explored in a series of seminars held in different parts of Scotland in April–May 2004. The seminars took place in the west (Paisley), east (Edinburgh) and north (Nairn) of Scotland and were organised by Health Scotland in partnership with (respectively) the University of Paisley, the Royal Bank of Scotland Centre for the Older Person's Agenda at Queen Margaret University College, Edinburgh, and Age Concern Scotland.

One of the main aims of the series was to begin the process of promoting and stimulating interest in HILLRIGs. Each event adopted a range of formats to provide a forum for participants: at Paisley, participants broke into discussion seminars; creative media and interactive theatre helped participants in Edinburgh to develop their views on the main theme; and in Nairn, a mix of keynote presentations and discussion groups gave participants the opportunity to have their say. Detailed reports from each event have been produced.

The seminars focused on a range of themes in relation to mental health and well-being in older age:

- transitions
- spirituality

- developing and maintaining relationships
- keeping healthy, keeping active and maintaining capacity and independence.

Transitions The transition around retirement seemed uppermost in seminar participant's minds, with the experience reported as almost wholly positive. Transitions were seen as life events experienced by all and were a recurring theme throughout life. Some transitions were viewed as positive and others as negative, but the shared view was that the individual's attitude was crucial in determining the impact the transition would have – it was felt that even negative transitions can lead to positive experiences if the person has the right attitude and support.

Some transitions can be outwith people's control, but it was recognised that it is important to remember that there are choices available within most transitions and that people need courage, honesty and good sense when making those choices.

Participants believed that the way to live through transitions is to develop strategies to deal with them. Open, honest communication and sharing feelings were seen as essential initial steps in working through difficult transitions to a more positive view.

Spirituality Participants' concepts of spirituality were broad and eclectic. Religion was seen to give form to spirituality, often (but not exclusively) through formal religious practices. The breadth of approaches to and concepts of spirituality suggest, however, that a common definition is difficult to pin down, with individuals having different concepts of their own spirituality.

Ageing was described as being part of the spiritual journey, bound up with the search for meaning and part of the task of being human. It involves decline and loss, is unique to each one of us, and is an exploration of self. Participants were urged to pay attention to their own spiritual self and the ageing process, and recognise *being*, as well as *doing*, as a valid activity.

Developing and maintaining relationships The importance of family relationships in sustaining a person in adversity was a common theme throughout the seminars. The pressures of family relationships were also recognised. Some older people stated that they did not want to rely on family members to care for them, either because they wanted to retain their independence and make choices for themselves, or because they did not want to be a 'burden'.

Services currently available to older people were perceived as 'fragmented and arbitrary'. Many participants agreed that services were 'too paternalistic' and fostered the attitude that confusion and loneliness were 'normal' parts of growing older. Families should receive better support from health and social care services, they believed, and services needed to listen to older people and develop more sophisticated systems that take account of the changing needs people have at different stages of their lives.

Ill health may adversely affect family relationships and the nature of friendships. Participants felt that 'community spirit' was a valuable commodity in developing and sustaining relationships.

The majority of participants agreed that being labelled old, or 'old and disabled', led to discrimination against older people. In addition to ageism, older people from minority groups also experience sexism, racism and prejudice. Participants urged services not to



view belonging to a minority as a 'problem', but as something to be accepted, embraced and celebrated.

Participants felt that making new relationships serves as a counterbalance to many of the negative experiences endured by older people.

Keeping healthy, keeping active and maintaining capacity and independence

The need to promote older people's health was viewed as very important. Participants believed that health initiatives which not only coped with poor health but also promoted good health should be encouraged.

Some felt the key to encouraging older people to look after themselves and keep healthy was being valued by their communities. Hospital services were also identified as having an important role in enabling older people to retain the health they need to function independently.

The benefits of keeping active in promoting mental health and well-being were recognised, but participants also acknowledged that the ability of older people to keep active – physically, mentally, socially and politically – was affected by a wide range of factors. Availability of transport, isolation, support from families and communities and input from health and social services were among those identified as significant. Participants felt that the factor with greatest importance, however, was the older person's attitude to keeping active.

Small Projects Awards Scheme

The programme has developed a Small Projects Awards Scheme to support local projects involved in encouraging mental health and well-being in later life.

Eight such projects have been supported, each with older people strongly involved in their development:

- Shetland (Shetland Welfare Trust), with care staff being trained to provide aromatherapy massage techniques for older people.
- Orkney (Age Concern Orkney), involving a roadshow showcasing activities for older people.
- Banff (Alzheimer's Scotland), aiming to increase self-esteem among carers of people with dementia by providing support and activities.
- Greenock (Phoenix Community Health Project), carrying out intergenerational work and providing opportunities for isolated older people.
- Cumbernauld (Cumbernauld Action for Care of the Elderly (CACE)), promoting positive mental health and well-being in older men.
- Haddington (Active for Life Ageing Well Project, East Lothian), promoting physical activity among people aged over 50.
- Edinburgh (Pilmeny Development Project), promoting the health and well-being of older men.
- Edinburgh (Edinburgh Chinese Elderly Support Organisation), providing activity and support for older Chinese people to enhance health and boost self-esteem. This project aims to maximise their income/benefit so that they can acquire more financial independence.

Health Scotland provides ongoing support to the projects through the Health in Later Life Health Improvement Programme Officer and through training initiatives. In addition to the provision of one-to-one support and e-mail and telephone advice, two training events were held in January 2004 and November 2005 focusing on:

- project development (setting aims and objectives)
- developing awareness of evidence and sources of evidence
- data collection, monitoring and evaluation skills
- monitoring and evaluation of strategy development.

The monitoring and evaluation framework adopted for the scheme is an adaptation of the LEAP (Learning, Evaluation And Planning) for Health model, which aims to help people working in community health settings to plan and evaluate their work with one another and community members. The Small Projects Awards Scheme funding will end in October 2006 and a final report will be available in 2007.

Education for Participation courses

The programme's Education for Participation courses aimed to develop, implement and evaluate education to maximise older people's contribution to partnership working and encourage their confidence and participation and a feeling of community belonging.

The courses brought together people who were committed to participating and who wanted to:

- become more involved in the development of services for older people
- become more confident in participating in and influencing the development of services
- learn from each other.

Education for Participation courses, developed by the Royal Bank of Scotland Centre for the Older Person's Agenda, have been funded by Health Scotland in Inverness in the Highlands and Newtown St Boswells in the Borders. Four modules were offered: Drama for Democracy; Reviewing Documents to Enable the Older Person's Voice to be Heard; Having a Voice in Formal Arenas; and Helping People to Tell their Stories, with participants able to undertake as many as they wished. The modules were developed in partnership with participants and continuous evaluation and feedback were important elements.

The final part of the course involved attendance at a one-day event which focused on further evaluations of participants' experiences and provided an introduction to existing research, education and policy opportunities. The latter offered an opportunity for participants to put into practice the skills they had learned during the course.

Evaluations suggest that the course provided valuable education for people who were keen to develop partnership working and have their voices heard across a range of arenas. Many of the course 'graduates' have become actively involved in the programme by, for instance, becoming members of the steering group, taking part in HILLRIGs and supporting small projects in their locality.

Resource development

Health Scotland has published a number of resources to back up each strand of the programme, including the HILLRIG groups.

All resources are informed by the views and preferences of older people to ensure that they not only focus attention on the importance of promoting good mental health and well-being among older people but also ensure that older people's voices are heard and acted upon.

Coping with Dementia: A Practical Handbook for Carers

This essential resource for carers of people in the middle-to-later stages of dementia has been updated recently. Aimed primarily at family carers, the book gives practical advice on coping with the problems carers may face and on how to look after their own well-being. It aims to reduce carers' feelings of isolation and help them find greater rewards and less stress in their caring role.

Sections include:

- 'About dementia' – explaining the different types of dementia, current treatments and how dementia progresses and affects people's abilities and behaviour.
- 'Coping with caring' – looking at the emotional impact of dementia on carers, families and relationships, how carers can look after themselves, and where they can find information.
- 'Money and legal matters' – covering planning for the future, managing everyday money matters, how to get more legal powers and welfare benefits.
- 'Practical caring' – giving detailed guidance including: maintaining physical well-being; mental stimulation and spiritual well-being; coping with loss of abilities such as forgetfulness and confused thinking; helping with activities of daily living such as dressing, personal care, bathing and continence, and eating and drinking; managing psychological problems the person with dementia may experience, such as apathy and loss of interest, hallucinations and delusions, and depression and anxiety; coping with challenging behaviour such as 'wandering', anger or aggression, embarrassing and odd behaviour and issues of sex and intimacy; risks and hazards such as safety in the home, driving, smoking and alcohol and medicines.
- 'Getting help' – covering community care and health services, free personal care, direct payments and information and support.
- 'Long-stay care' – addressing the difficult decision carers face when the person with dementia can no longer be looked after at home: arranging long-stay care; choosing a home; paying fees and managing the move; and, finally, coping with loss and bereavement.
- 'Further information' – listing useful organisations and publications.

Throughout, the resource emphasises that every person with dementia is different, and that although dementia can bring many problems, not all of them are likely to be encountered in any single person's experience.

The *Good For You – Good For Your Brain, Dementia – How to Reduce Your Risk* leaflet has been developed and published in partnership with Alzheimer Scotland. Both resources have been distributed by health promotion departments within NHS boards.



3. 'Stirling Revisited' workshop

A second, 'Stirling Revisited', workshop was hosted by Health Scotland on 28–29 March 2006. Participants were drawn from the same constituencies as the previous Stirling workshop, with many attendees also having participated in the earlier event.

The Stirling Revisited workshop aimed to:

- review and showcase the Mental Health and Well-being in Later Life Programme, 2003–2006
- review recommendations of the Age Concern and Mental Health Foundation Inquiry into Mental Health and Well-Being in Later Life, supported by the Scottish Executive and NHS Health Scotland
- plan the 2006–2008 programme of work for the Mental Health and Well-being in Later Life strand of the Health in Later life Programme
- contribute to and inform the Scottish Executive's strategy for an ageing population, *Age and Experience*.

The workshop was designed using methodological principles derived from 'arts in health'. For many years, the field of qualitative research has used metaphor, narrative and story to portray complex experiences. Media such as photographs have long been used both as a stimulus for interview and story telling and to analyse and understand people's worlds. Poetry and drama have been used to present experiences while movement and dance have been employed as methods of evaluation and communication of the findings of evaluations to diverse audiences.

The use of dance and movement, music and sound, and painting is also growing in art therapy research, and artistic processes are increasingly being used in facilitated group work to find methods of deepening engagement with and understanding of complex topics.

The Stirling Revisited workshop methodology was influenced by two particular sets of activities previously undertaken by the workshop facilitators.

One of the facilitators had been a lead participant in the development of a 12-point action plan to promote the use of arts in health care.¹⁰ The action plan is aimed at using creative arts such as painting, drama, music and dance to improve the health and well-being of patients and staff in healthcare settings and includes a recommendation to encourage patients and carers to express their illness and experience through creative activities.

¹⁰ The Nuffield Trust, *Creative Arts and Humanities in Healthcare – 'Swallows to Other Continents', a strategic paper*, London: The Nuffield Trust for Research and Policy Studies in Health Services, 2004 The full report is available at www.nuffieldtrust.org.uk/policyareas/.

Another facilitator had designed a programme called 'Education for Participation: The Voices of Older People' (see: www.qmuc.ac.uk/opa/Ed/ForOP.htm#EDFORP), which included a variety of creative and artistic methods for developing skills of engagement among older service users.

Both facilitators had many years of experience in designing practice development programmes in which participation and collaboration are central to ways of working.

Feedback on work previously undertaken was presented through a 'café' scene derived from whole systems methodology (see www.worldcafe.com). This approach enabled celebration of local achievements consistent with the overarching strategic direction.

Central to ways of working such as these is the 'development of a shared vision'. Drawing on the theory of neurolinguistic programming, a method of visioning derived from the work of Walt Disney has been developed – 'Walt Disney's Creative Visioning Process' (see <http://nlpu.com/Articles/article7.htm>). The use of this method at the workshop enabled the emergence of a shared vision for mental health and older people in Scotland.

Creative activities using paint, clay, poetry, music and movement were then introduced to unravel the vision and develop action plans. Other methods such as 'the evaluation wheel' and 'the wall of intent' were utilised to develop the action plans creatively and enable maximum opportunity for the democratic and meaningful engagement of workshop participants.

The use of creative arts in facilitation can encourage participants' engagement, increase the sense of democracy in the process and promote fun. The use of artistic approaches in the workshop created new opportunities for participants to express their creativity and overcome barriers to participation and for all those involved in the workshop to advance the strategic direction for mental health and well-being for older people in Scotland. Participants evaluations of the workshop are presented in Appendix 1.

4. 'Stirling Revisited' outcomes

Dreams

Participants were asked to team in pairs to discuss the kind of dreams they have for older people in Scotland. This was a 'no-holds-barred' session, with participants encouraged to think as imaginatively as they wished. A summary of 'dreams' is presented below.

The individual	Services	Policy
Choice and participation – having choice is a right and preserves people's sense of dignity	Good services for older people	Older people valued in society – a change in culture from 'old is bad' and 'young is good', with ageing redefined as a positive change
Provision of good information to individuals to inform choice and enable participation	Buildings that are genuinely accessible by all	Policy properly recognising different groups within the older population and not just treating them as a single mass
Every individual feels free to learn and participate	A cure for dementia, or a system to transcend memory loss	Proper allocation of resources to reflect positive attitudes to ageing
Interesting activities to take part in	A 'magic pill' to cure diseases such as cancer	Removing age barriers in planners' thinking
Opportunities to exercise rights in areas such as sexual activity	Decisions made with service users	An end to poverty
Opportunities for older people to have fun, with proper investment in facilities to support this	Better understanding of ageing among services	An end to age discrimination
Help for individuals to be comfortable with themselves and come to terms with their past	Education opportunities for older people that include learning with younger people	A society that genuinely listens to older people, includes them and supports them
Having enough money to do the things you want to do – instead of funds reducing in old age, they should double	Access created to good housing and transport with people's mixed abilities uppermost	A genuine sense of community, re-establishing what has been lost with the demise of community living

The individual	Services	Policy
Having control over your own life and how you spend your time	Resources shifted into illness prevention rather than treatment, encouraging 'wellness thinking'	Respect for family values
'Free thinkers' and people with a broader view encouraged rather than stifled	The development of retirement villages/hotels	An end to isolation by encouraging good neighbourliness and strong communities
Access to mid-life retirement courses	The development of 'gold standards' for caring for people who are dying	Support for young people to age well
The individual's strengths are recognised and utilised	No talk of 'mental health', only talk of 'the individual as a whole'	The public educated about ageing to bring an end to stigma
Having a genuine influence on community planning and the development of services – having a 'voice'	Understanding that mental health is about quality of life, not service provision	An end to means testing and the development of a 'citizen's pension' based on residency and offering guaranteed income
No illnesses or social problems	24-hour access to all services and professionals	An end to competition and greed
Opportunities for employment with training for older people	Staff properly trained in dealing with older people, with the focus on quality of life issues	More resources invested in research with evaluations of what works best
	Advocacy services	Investment in quality of life opportunities
	Services meeting all people's needs, regardless of intellectual or language barriers	Responsibility for older people's services devolved to local level
	Services working together effectively	Genuine political will to make progress
	Proper career structure, status and opportunities for staff providing services for older people	An end to 'short termism' and crisis management, with strategic plans in place to implement actions on older people

The individual	Services	Policy
	Arts encouraged for older people, with proper facilities and opportunities	A national campaign to promote older people, like the 'See Me' campaign to change attitudes to mental illness
		National standards for community engagement
		All national policies 'age-proofed' to ensure appropriateness for older people
		Greater accessibility of older people to politicians and political systems
		More positive depiction of older people in the media



Actions

From the 'dreams' sessions, participants met in groups to map out realistic actions that could be taken to bring their dreams closer to reality. A summary of these is presented below.

The individual	Services	Policy
Accessing lifelong learning opportunities defined as a right	Training for staff and recognition of staff status	Developing a national strategy and plan for older people
Increasing opportunities for intergenerational learning	Providing secure funding to ensure ongoing 24-hour service support and rolling out of good practice	Investing in quality of life measures
Increasing older people's involvement in planning, delivering and evaluating services	Ensuring accessible buildings	Age-proofing national policy
	Providing information and support to older people about existing resources and opportunities	Developing national standards for community engagement
	Raising awareness of mental health and well-being issues throughout services – health, social, transport, housing, etc.	Mainstreaming older people's issues with other policy areas
	Developing initiatives on transitions and retirement that target not only older people, but also school children and mid-life adults	Rejecting age as a criterion for allocation of resources
	Taking measures to link school projects to older people's experiences	Developing 'social prescribing' for older people
	Identifying 'older people's champions' in services	Launching campaigns to raise awareness of older people's value and to fight stigma and ageism
	Developing consistent approaches to planning, delivering and evaluating services for older people	Taking measures to increase older people's power and influence on the political process

The individual	Services	Policy
		Increasing investment in community development for older people, with mainstreaming of small grants in local authorities
		Developing a code of practice on older people for the media
		Identifying a 'figurehead' to spearhead the strategy

Building blocks

As a final act at the event, participants were asked to define the core infrastructure – the 'building blocks' – that need to be in place to support the delivery of actions. A summary of 'building blocks' is presented below.

The individual	Services	Policy
Lifelong learning opportunities for all	Services designed on need, not age	Social prescribing
Older people valued as employees	Learning from small projects widely shared	Code of practice for the media
Opportunities for quality-of-life activity	Better use of existing resources	True community engagement in policy and planning
Meaningful engagement with all services and policy-making process	Genuine understanding of non-homogenous nature of the older population	National campaign
	Sustained funding for good practice initiatives and small projects	'Figurehead' to spearhead national strategy
	Genuine engagement with older people in design, delivery and evaluation of services	National policies 'age-proofed'
	Training and education for staff	Mainstreaming older people's issues across policy agenda

5. Looking to the future

Health Scotland's Mental Health and Well-Being in Later Life Programme is now entering its fourth year. It does so from a base of solid achievement in involving older people, in understanding their needs, and in developing projects with partners to make life better for older people.

The programme has spanned a wide range of areas, as Section 2 of this report shows. The latest significant venture was the 'Stirling Revisited' event, which employed imaginative and novel facilitation techniques to encourage older people and other participants to identify core issues and discuss potential ways forward.

Emerging from all these areas of work are common themes expressed by older people about what works - and what doesn't work - in relation to enhancing their mental health and well-being. Combined with the lessons learned from the UK Inquiry into Mental Health and Well-Being in Later Life, these common themes will be central to the Programme's activity as it continues to put evidence into practice and practice into evidence over the next twelve months.

Appendix 1

Participant evaluations from 'Stirling Revisited' workshop

- The start of a very interesting journey. The one and half days proved to be very valuable and well organised.
- Highly enjoyable and creative day – though I don't envy those who now have to distil all these ideas!
- Maintained momentum and spirit throughout. Found Wheel Planning Session tricky – turning issues into actions is hard.
- Thought provoking.
- Put the words into action.
- Keep on building, we need the culture.
- Great fun combining words, music, art and relaxation.
- Intensive but enjoyable and very valuable.
- Fantastic way to 'discuss' issues, creative space has so much more to say.
- Inspirational and encouraging.
- Good for networking.
- Some creative ways of facilitating.
- Not enough time to focus on the future.
- Worried that we talked a lot but there won't be much action in terms of mainstreaming and integration.
- Very informative and enjoyable.
- Trust that ideas will be taken forward.
- Promote systems approach as the only way ahead
- Useful interchange of ideas, ideals and thoughts.
- Was going well until we reached the 'singing'.
- We didn't evaluate where we came from nor think seriously about what we should do in practical outcomes/actions for the next year. Too airy fairy.

- Exhausting, great fun! Never, never boring!!
- Food for thought for two days - we'll keep on dancing and campaigning.
- Thanks for the opportunity to share experience and learn from you all!
- Enjoyable, fun, encouraging, well done to all.
- Enjoyed the participative approach to such a serious subject. Look forward to getting involved in some of the work.
- Inspiring two days gives hope.
- Good, glad I came.
- Fun and productive.
- It's the story of life, the up and downs that occur.
- Inspiring, thought provoking – feeling very much part of changing things – exhausting!
- Educational.
- Powerful stories, thought provoking, imaginative, fun and a good laugh.
- Interesting and dynamic.
- Very good. Everyone got their say.
- Hope we achieve great things and move forward.
- We need elephants and fleas to work together!
- Fun!
- Very good and enjoyable seminar.
- Lots of opportunity for discussion and networking.



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