

mental health and well-being in later life

Report of a regional seminar programme,
April–May 2004

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The views and opinions expressed within this report are not necessarily those of Health Scotland, the National Programme for Improving Mental Health and Well-being, the Scottish Executive Older People's Unit, the University of Paisley, the Royal Bank of Scotland Centre for the Older Person's Agenda at Queen Margaret University College, or Age Concern Scotland.

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Executive summary

Background

Mental health is an integral part of the Scottish Executive's health improvement agenda. Health Scotland's Health in Later Life Programme, the Scottish Executive's National Programme for Improving Mental Health and Well-being and the Older People's Unit are working in partnership to improve mental well-being for older people across Scotland.

A Mental Health and Well-being in Later Life National Steering Group has been formed to take forward the work through four main interlocking strands:

- research and dissemination of evidence and good practice
- Health in Later Life regional interest groups
- Small Projects Award Scheme
- resource development.

In April and May 2004, three regional seminars focusing on mental health and well-being in later life were held across Scotland. The seminars, which built on previous work undertaken by Health Scotland with partnership organisations took place in the West (Paisley), East (Edinburgh) and North of Scotland (Nairn). They were organised respectively by staff from 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. Each event focused on a range of themes in relation to mental health and well-being in later life.

Transitions

The transition around retirement seemed uppermost in seminar participants' 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 are positive and others negative, but the shared view was that the individual's attitude was crucial in determining the impact the transition would have – even negative transitions can lead to positive experiences if the person has the right attitude and support, it was felt.

Some transitions can be outwith people's control, but it was felt important to remember that there are choices available within most transitions, and that people should use courage, honesty and 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; each of us has a different concept of our 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, however, particularly when the 'caring role' was foisted upon people. Some older people stated that they did not want to rely on family members to care for them, either because they want to retain their independence and make choices for themselves, or because they do 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 and, believed participants, services need to listen to older people's voices 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. The problem may be even more serious for lesbian, gay, bisexual or transgendered older people. Participants urged services not to view belonging to a minority as a 'problem', but as something to be accepted, embraced, and celebrated.

Making new relationships serves as a counterbalance to many of the negative experiences endured by older people, participants felt.

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 cope with poor health but also promote good health are urgently required.

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 – is 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.



1. Introduction

People's experience of mental health in later life is influenced by many factors. These include 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.

Mental health is an integral part of the Scottish Executive's health improvement agenda. Health Scotland's Health in Later Life Programme, the Scottish Executive's National Programme for Improving Mental Health and Well-being and the Older People's Unit are working in partnership to improve mental well-being for older people across Scotland.

The joint programme has arisen from listening to older people across Scotland. Two pieces of work in particular have addressed the factors that influence mental well-being according to older people. The first was a two-day workshop on mental health and well-being in later life attended by older people, health professionals, educationalists, researchers and policy makers.

The main aim of the workshop was to identify and prioritise the key issues to help guide local and national policy and the development of future initiatives. *Mental health and well-being in later life: Report of a workshop held at the Stirling Management Centre, 10–11 March 2003* provided a picture of life as an older person in contemporary Scotland; the anxieties and needs older people have, and the attitudes that erode older people's confidence and willingness to engage in society.

Participants at the event called for a more integrated approach to policy making and service provision, better communication between health and social care professionals and older people, and greater dissemination of evidence and ideas.

The second piece of work, a report based on research – *Mental health and well-being in later life: Older people's perceptions* – investigated what older people believe to be the key factors that affect mental health and well-being in later life. The report recommended that Health Scotland should review factors affecting mental health and well-being among older people to indicate areas for further research.

In November 2003, a Mental Health and Well-being in Later Life National Steering Group was formed to take forward the work through four main interlocking strands:

- research and dissemination of evidence and good practice
- Health in Later Life regional interest groups
- Small Projects Award Scheme
- resource development.

Research and dissemination

It is essential that information from the two pieces of work described above be disseminated effectively to the wider population of policy makers, practitioners and older people. Dissemination of the findings from this work is taking place through a variety of mechanisms.

Health in Later Life regional interest groups

One of the main strands of the programme is to support the development of a sustainable regional network of Health in Later Life interest groups in order to:

- enable local groups to develop and share learning
- develop a useful body of knowledge about achieving health and well-being as we age, 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 level
- support and assist in dissemination of information on health in later life activities
- inform the research agenda.

This strand of the programme stems from an evaluation of the University of Paisley Gerontology Interest Group (GIG). The principles and practices of the GIG were inspirational and were viewed by participants as a positive and appropriate model for regional interest groups. The evaluation report made a number of recommendations to improve and extend this model across Scotland and the programme will incorporate these into Health in Later Life regional interest groups.

Health in Later Life regional interest groups will focus on a holistic approach to health and well-being in later life, supporting people in their communities and improving social inclusion and health. The interest groups will promote and facilitate sharing, learning and linking between older people, practitioners, carers, academics and policy makers.

Local Small Projects Awards Scheme

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

Nine such projects have been supported, each with older people strongly involved in their development.

Resource development

To back up each of the strands of the programme, Health Scotland will be producing a series of resources based on the outcomes of research and ideas emerging from the local Health in Later Life regional interest groups. They will be published in a variety of media to suit the needs of a diverse range of people.

Each strand of the programme will be informed by the views and preferences of older people to ensure that not only does it focus attention on the importance of promoting good mental health and well-being among older people, but also ensures that older people's voices are heard and acted on.



Background to the seminar programme

In April and May 2004, three regional seminars focusing on mental health and well-being in later life were held across Scotland. They took place in the West (Paisley), East (Edinburgh) and North of Scotland (Nairn) and were organised respectively by staff from 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 was to begin the process of promoting and stimulating interest in the Health in Later Life regional interest groups. Each event focused on a range of themes in relation to mental health and well-being in older age (Box 1).

Box 1 Main themes for the three regional seminars
<ul style="list-style-type: none"> • Spirituality • Family relationships • Looking after yourself • Hospital/home care • Minority groups • Life transitions • Independence and attitudes • Spirituality and creativity • New skills for active living

Each event also 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 contribute. Detailed reports from each event have been produced, and many of the themes discussed in this document have been drawn from those reports.



2. Transitions

Of all the transitions older people negotiate throughout their lives, it was the transition around retirement that seemed to be uppermost in people's minds at the seminars.

Retirement, as was noted in the report *Mental health and well-being in later life: Older people's perceptions*, can be a positive experience in which people are liberated from the constraints of work and can pursue other interests. For some, however, it can bring loss of self-esteem and reduced social contact.

For the older people at the seminars, the experience of retirement and, by implication, of growing older was reported as almost wholly positive. One seminar in particular used a variety of creative techniques to explore transitions, encouraging participants to work with paints and other artistic materials to help them express their feelings and views. People at this seminar took a very optimistic view of life beyond working age.

A particular technique involved inviting participants to choose an image from a range of postcards, and then to speak to the group about the significance the image had for them in relation to their life transitions. One man, who chose a picture of a couple dancing, said that while he was not 'in the first flush of youth', he wanted to 'dance some more, and have some fun'. Another chose a picture of a person rock climbing, an activity he had pursued in his younger years. 'At my age, rock climbing isn't a good thing to do,' he said, 'but there are other peaks to be climbed in life and it's my job to find them.'

Women shared this positive view. One woman chose an image of the Larig Gru and spoke of how she had never had the time to walk it during all the years she had worked. 'Now I have retired, and it's giving me time to think,' she said. 'And I can either walk the gorge or climb up to the ridge – it's my choice.'

Another woman spoke of how she has reduced her working week to four days as she moves towards retirement. 'I now have each Friday off,' she said 'and it's the highlight of my week – it's my yoga day.' And a woman explained how important it was that as we move through life's transitions, we learn from our mistakes. 'I learned so much from my mistakes, I think I'll make another!' she said. 'You can even learn from the bad decisions you make in life.'

Not everyone shared this optimism, however. A woman who chose a postcard of a forest said that the image reminded her that a forest has no signposts. 'My life is rather bleak since I retired, with no signposts for me,' she said. She was, however, developing courage and optimism that she would be able to manage this particular transition. 'The forest itself is rather dark and bleak, too, but it's quite exciting to think that I might be able to make my way through it' she said.

The overall message was that transitions, and in particular the transition to life beyond working age, can be very beneficial if people adopt a positive, forward-looking attitude.

Participants were also asked to think very carefully about a particular transition they had experienced in their lives, then use creative media to help them explain it to the rest of the group.

A number of key themes emerged from this activity in the words and objects the participants produced:

- ‘Moving forward through life transitions is a *choice* – it’s important not to be pushed or cajoled into them.’
- ‘Growing older can be difficult – there’s more illness, and the “empty nest” syndrome to cope with – but keep your values and, most important, remain positive – it’s our time.’
- ‘Transitions are a journey towards self-knowledge and self-realisation ... but you have to put in an effort to get the outcome you want.’
- ‘Life isn’t black and white, and the more you move through it, the more you realise it.’
- ‘You have to see humour in the most absurd circumstances. The constant movement of life can be distressing, but you’re alive, and you have a responsibility to keep living. At the time, you might not think you’ll survive – but you do.’
- ‘I’ve had a fairly structured life, but then suddenly I’m retired and I think – “where am I?”’
- ‘Transitions means many things to me: family, who are always there to support me; fear and apprehension about having to cope with change; and excitement and dreams – if you have dreams, you have a future.’
- ‘I’m moving house, which is a big transition. But I feel like I’m leaving behind a sea of troubles – I’m moving forward, and I’m going to be OK.’
- ‘Transitions are either pleasant or unpleasant. To deal with them, we need to bring them under control – you have to work at life to make it OK.’

Transitions, then, were seen as life events experienced by all, and were a recurring theme throughout life. Some transitions are positive and others negative, but the shared view was that the individual’s attitude was crucial in determining the impact the transition would have – even negative transitions can lead to positive experiences if the person has the right attitude and support, it was felt.

Some transitions, however, can be outwith our control, and that was considered disconcerting. People felt it was important to see transitions as a normal part of life, and to accept that some of the emotions accompanying transitions – anger, grief, fear, anxiety and relief – were also ‘normal’. But it was also felt important to continue to remind ourselves that there are choices available within most transitions, and that we should use courage, honesty and sense when making those choices.

The way to live through transitions was to develop strategies to deal with them. One woman created a make-up bag during the creative media session – this she described as her ‘make-up bag of life’, which was always with her, and into which she placed all the tools, skills, knowledge, attitudes, support and experiences she needed to help her through transitions. The message was that older people have many things they can place in their own ‘make-up bag’ and have deep resources of experience, knowledge and support from which to draw.

Another session of the seminar, however, explored how transitions can be difficult, and how people can have problems seeing beyond the transition into the future.

This session involved the enactment of a play (performed by professional actors) depicting the interaction between three characters – two older women who lived together, and their female GP. One of the women, who had always been active and fit, was ill and was becoming increasingly dependent on the other, who was embarking on a new relationship with a man and was feeling guilty about possibly neglecting her friend's needs. The GP is an interested and increasingly involved observer.

Seminar participants used the play's dialogue to explore the complex emotions underlying transitions. The session revealed that these emotions can be difficult to deal with, particularly when they involve loss – loss of independence and perhaps loss of a carer, for instance – and also guilt, uncertainty and anger. These feelings, while unsettling and unpleasant, were nevertheless considered to be 'normal'.

Participants felt it was important to acknowledge and recognise the emotions that accompany transitions, and that it can be difficult to look into the future at certain times when things appear especially bleak. But open and honest communication, and helping people to talk about and share the way they are feeling – characteristics notable by their absence in the play – were seen as essential initial steps in working through the difficulties to a more positive view.



Spirituality

Participants' concepts of spirituality were broad and eclectic; what they appear to have in common is the sense that certain emotions, relationships, concepts and attributes provide inspiration.

When asked, 'what does spirituality mean to you?' older people said:

- life and nature – 'the cyclical nature of life'
- love (for example, 'for my children')
- family, people (and their achievements), relationships, 'connections'
- having choice and being valued
- awareness of the infinite
- my spouse and the sense of his/her presence
- determination – 'overcoming adversity', 'not giving up', 'triumph'
- learning/growth/development in myself and others
- simplicity
- diversity
- sacrifice, selflessness – 'helping others, 'giving freely', 'making a positive difference'
- fulfilment
- religion.

Religion was seen by older people participating in the seminars to give form to spirituality. This was often, but not exclusively, in the shape of formal religious practices such as sacraments, giving thanks, worship and confession. Religious gatherings also, however, gave older people the opportunity to, for example, reflect on life experiences (including unresolved issues), begin to accept death as a normal aspect of life, and 'have one's story heard'.

The breadth of approaches to and concepts of spirituality suggest that a common definition is difficult to pin down; each of us has a different concept of our own spirituality and how we meet, if we even do so consciously, the needs this creates.

This was reinforced by two singular presentations at one of the seminars. Dr Harriet Mowat took older people on an exploratory journey through ageing and spirituality. As she travelled on the journey, Dr Mowat guided her audience through facets of spirituality, drawing on literature (in particular, the poems of TS Eliot) and posing questions, the answers to which may help individuals examine their own spirituality and spiritual needs.

Dr Mowat described ageing as 'part of the spiritual journey ... bound up with the search for meaning ... 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'. The challenges and difficulties old age may bring, either as a consequence (such as pain, guilt, death and physical and mental

ill-health), or imposed by others (society 'screening out' ageing), need to be overcome: 'The human spirit is indomitable, it endures even under the most difficult of circumstances,' she said.

Dr Mowat quoted the thoughts of a 90-year-old woman who said: 'Happiness is something you decide on ahead of time ... it's how I arrange my mind. It's a decision I make every morning when I wake up. I have a choice. Old age is like a bank account. You withdraw from what you've put in ... so deposit a lot of happiness in the bank account of memories.'

'We need to pay attention to our own spiritual self and the ageing process, and start depositing in the bank,' said Dr Mowat. 'We need to encourage being, as well as doing, and recognise being as a valid activity in itself. We should try to know and remember ourselves and our own unique context. In this way, we can recognise the unique spiritual story and search for meaning in which we are each involved.'

In the life story of Margaret Ferguson, participants at the North of Scotland event saw a living example of the guidance Dr Mowat had proffered. Ms Ferguson actively embraced a period of transition in her life. She took early retirement from teaching, moved to Skye and took up painting. Ms Ferguson described the transition as 'reclaiming my life from the education system'.

The transition, however, was not easy, and at one stage she believed she had 'lost the belief and the drive' to pursue her dream. But the 'vital spark' came from seminars in art for the over 60s at An Tuireann, an art centre in Portree. She likened her life to falling over a cliff into turbulent water which, eventually, comes out into a calmer sea: 'My journey [from the waterfall to the sea] will take the rest of my life and I may never reach the more tranquil water,' Ms Ferguson said.

Her story is perhaps exceptional – not all older people will have the drive or opportunity to so radically alter their lives – but it is inspirational. Pursuing dreams is as legitimate for older people as it is for anyone else in the population.



Developing and maintaining relationships

Relationships are the mainstay of human society. Throughout our lives, we are continually developing relationships with other people – family members, friends, the wider community, work colleagues. We may also develop relationships with people from a wide range of services – health, social care and local authority, government, voluntary services, commercial, legal.

How important are these and other relationships in sustaining the mental health and well-being of older people? Which relationships provide the best support? These are some of the questions which were addressed at the three seminars.

Family

As we have seen, one participant described what transitions meant to her (page 11), and included ‘family, who are always there to support me’. The importance of family relationships in sustaining a person in adversity was a common theme throughout the three seminars. The pressures of family relationships were also recognised, however, particularly when the ‘caring role’ was foisted upon people.

One participant described her role as carer for her husband, who had had a stroke. ‘I got angry with him because of the pressure I was under,’ she said. ‘I felt it was his fault.’ Many people were able to sympathise or identify with her situation. Families start to ‘crack and crumble physically and mentally,’ she said. While she received support from her daughter, this was complicated by the fact that she also had her own children to look after. The husband too, as a result of the effects of his stroke, was not always able or willing to tolerate the children in the house for too long.

It was evident that older people see many patterns of family relations, and support often shifts between family members. Some older people do not want to rely on family members to care for them, either because they want to retain their independence and make choices for themselves, or because they do not want to be a ‘burden’.

Services

One participant predicted that this pattern was likely to change again in the future: ‘The younger generation won’t have the same expectations of support from their own children,’ she said. Health and social services were seen as a potential solution to this problem. In fact, many older people at the seminars felt they had a right to support from statutory agencies: ‘At the end of the day, every one of us who grows old has paid our dues, done our work, and don’t deserve to be put on the shelf,’ was how one participant described it.

The perception of services currently available was that they are ‘fragmented and arbitrary’; support seems to be available if you are 65 or over, and some services available to people under 65 are no longer available when they turn 65.

Many participants agreed that services were ‘too paternalistic’ and fostered the attitude that confusion and loneliness were ‘normal’ parts of growing older. ‘There is an attitude among GPs that it is normal to be confused when you are older,’ said one person. Health and social care professionals too often assume that older people who, for example, appear depressed require some kind of external medical and/or psychological care, seminar participants felt.

Families should receive better support from health and social care services, and participants were quite demanding in their requirements. As one person said, 'There should be more support for families and you shouldn't have to go looking for it ... not everyone has the ability and time to find out what's available for relatives.' Information on what is already in place should also be more readily available, it was felt.

Such criticism is rare, however, according to some participants, because 'people are just so grateful to get any attention, they are wary of criticising services in case they lose them'. But some families refuse support from health or social care services because they feel the expectation is that they – or more likely the women – will cope. 'We need to change the culture so that people don't feel like they have failed because they've asked for help ... it needs to be seen as an entitlement,' said one person.

Participants also wanted to make the distinction between services and support. As one person described it, 'We keep talking about support as if support and care are the same ... everyone needs support.' The majority agreed, however, that there was a need to listen to older people's voices and develop support based on individual need. A more sophisticated system was needed which could take account of the changing needs people have at different stages of their lives. 'Cut-off points are problematic,' said one participant. 'What we need is not a staircase with steps at various points in our lives ... we need a ramp to move up and down as we need!'

Friends and the community

Friends were another potential source of support. But just as ill-health may adversely affect family relationships, it can also change the nature of friendship. 'It was like my husband died when he had a stroke,' the carer explained, 'many friends saw him differently and stopped coming in to see him.'

Similarly, luck may influence how much support people receive from neighbours or the local community. 'In some places, there's a really good community spirit, but not in others ... it just depends on where you live,' said one participant.

Community spirit was regarded as a valuable commodity; where it exists, participants felt, people of all ages benefit. It may be fostered in communal areas such as information or drop-in centres where people can go for advice or just meet for a chat.

Minority groups

Labels attached by other people can be particularly difficult to face. 'Old' is a label that allows other people to make assumptions and treat older people in a uniform, often negative manner; being old and 'depressed' compounds the problem. Labels create barriers to the development and maintenance of relationships. The majority of participants agreed that being labelled old, or 'old and disabled', led to discrimination against older people.

This problem is magnified for older people in minority groups. Apart from the ageism many older people are subject to, they also experience, in common with people in these groups in the population as a whole, sexism, racism and prejudice because of religious or cultural beliefs, or for being 'homeless'. The problem may be even more serious for lesbian, gay, bisexual or transgendered older people, who are likely to experience repression and discrimination.

Participants noted that the attitudes of older people needed to be taken into account. For example, would they want to be associated with a particular minority group, particularly if they did not believe they belonged to that group? Should older people be expected to reveal, for example, religious and cultural beliefs or sexual behaviours when doing so may mean being treated differently by service providers? Some participants wondered whether there is a need for positive discrimination – would this help to create more diverse and responsive services, or add to the feelings of discrimination that people in minority groups already experience, they asked.

As suggested above, participants argued that services should be better tailored to the needs of individuals; this, they felt, may help to develop services that do not view belonging to a minority as a ‘problem’, but as something to be accepted, embraced, and celebrated.

Making new relationships

Over the three events, there were many positive examples of how older people, perhaps despite adversity or ill-health, or regardless of the transitions they experience in their lives, have been able to develop and maintain old and new relationships in many different ways. Activities such as going to the gym, hillwalking and painting were taken up again or tried for the first (and second and third) time. As a consequence, friendships were revived and new friends made. These examples served as a counterbalance to many of the negative experiences endured by older people.



Keeping healthy, keeping active and maintaining capacity and independence

Something dramatic is happening to the demographic make-up of the population of Scotland. In the not-too-distant future, we are likely to have more people beyond retirement age than we have people below age 16.

This raises some important issues, which the seminars explored in depth. There are concerns, for instance, that there will be insufficient numbers of younger people available to provide essential services for the increasing older population, with estimates of decreases in the working population of 7–8% over the coming few years. On the other hand, there is a growing sense that the greater the number of older people, the greater their potential political power, locally and nationally.

In relation to keeping healthy, keeping active and maintaining capacity and independence, the following issues were consistently identified as important in the seminars.

Keeping healthy

The need to promote older people's health was viewed as very important. Some participants were worried by statistics showing that while older people are living longer, their years of active living are not keeping pace. Health initiatives that not only cope with poor health, but which also promote good health, are urgently required, they felt.

Some seminar participants believed the key to encouraging older people to look after themselves and keep healthy was being valued by their communities. They resented popular images which depict older people as disabled or deranged – the road traffic sign, for instance, which shows two dishevelled older people with walking sticks. Their strong feeling was that if given the opportunity, older people can still play an active part in their communities, and that this has a knock-on benefit to their physical and mental health.

There was also a feeling among a group of professionals in one of the seminars that older people needed to be 'more selfish' about looking after themselves and improving their mental health and well-being. Many older people, in the professionals' experience, had lived lives characterised by sacrifice and service to others – now was the time for them to 'cut loose' a little and indulge in treats they have previously denied themselves. 'Doing something you love doing but haven't been able to for ages, like going to the theatre or cinema, or something you've never tried before – a spa bath, for instance – gives you a lift and makes you feel wonderful', one woman said.

Hospital services were identified as having an important role in enabling older people to retain the health they need to function independently. Older people are liable to access almost all specialist and generalist areas of hospital at some point, but particular attention needs to be paid to services offered by specialist departments of medicine and psychiatry for the elderly. Carefully-timed interventions in these environments can support the person to return home to a better quality of life.

It was recognised, however, that a hospital environment can also pose difficulties for older people, particularly those who have dementia or who are disorientated due to acute illness. Hospitals can be frightening places for older people, who may feel they have been torn away from their familiar surroundings to a very alien environment.

Participants at the seminars were able to identify key principles of practice they believed were important in maximising the benefits and minimising the potential traumas of hospital care:

- It should be recognised that all older people are different; each person will have different needs and will need a different management plan.
- Hospital admissions should be as short as possible, with care provided in the home whenever feasible.
- There is a need for well co-ordinated multidisciplinary services with expertise in caring for older people, working in partnership with GPs and other key carers close to the older person's home, and sharing their expertise with each other.

Keeping active

The seminars recognised the benefits of keeping active in promoting mental health and well-being, but also acknowledged that it involves lots more than just getting out and about on a daily basis.

The ability of older people to keep active – physically, mentally, socially and politically – is affected by a wide range of factors, including the person's:

- environment – is it stimulating, healthy, and safe?
- state of health – does he or she have an illness or incapacity that restricts activity?
- social network – how supportive are family members, neighbours and friends?
- access to essential services – can he or she, for instance, access the GP, social services and police with ease?
- wants and preferences – what kind of activities does he or she consider stimulating and fulfilling, and are they on offer?
- attitude – does he or she have a positive outlook, or is it perhaps hampered by fear of things like illness or crime?
- aptitude – how well-suited is the person to activity which requires, for instance, high levels of manual dexterity or familiarity with technology?
- financial circumstances – how much money does the person have to spend on the pursuit of preferred activities?



There is no question, however, of the importance of keeping active. Evidence suggests that older people who do not keep active are more likely to die at an earlier age than those who do. It was unsurprising, therefore, that the issue provoked much debate and discussion in the seminars.

Participants broadly focused on three main areas which impacted on their sense of mental health and well-being:

- keeping physically active
- keeping mentally active
- keeping socially active.

There are numerous examples of local and regional initiatives which encourage older people to take part in physical activity. Most seem to be grounded on the principles that:

- people sometimes need help to overcome barriers to taking part, whether these be social, financial, physical or mental
- physical activity can only be beneficial if it is seen as meaningful and enjoyable by the participant
- physical activity must not exceed people's physical or mental capacity.

The individual's preferences are therefore crucial, and the more positive the attitude, the better. As one participant said: 'It's important to be willing to think about taking part in new activities and ideas. Attitude is more important than ability.'

Keeping mentally active and socially active can be considered two sides of the same coin, and learning a new skill can cover both. Participants heard from people who have set up a scheme in the Highlands to help older people to learn basic computer skills. While this pursuit clearly has benefits in terms of mental activity and practical application, it is also considered a social activity by the participants, who enjoy meeting peers and discussing not just computing, but also wider issues. The presenters of this session said: 'We didn't set out explicitly to improve people's mental health and well-being, but people have a great time, and feel good about themselves.'

Social and political activism was also identified as an activity which successfully combines social and mental activity elements. As was mentioned above, older people have a potentially influential role in determining the shape and direction of local and national politics. Participants at one seminar heard an older person who is a member of the Highlands Senior Citizens' Network calling for the promotion of 'silver power' and 'pensioners with attitude'.

'Do you feel too old, useless and resistant to change?' she asked. 'Do you fear activity, don't want to be a bother to anyone, and are afraid to approach a politician for advice and help? Well, don't be! As part of the population of citizens who have worked and fought for this country, we should be standing up and making a challenge, making sure our voice is heard and that we get a fair deal'.

'Are we seen as moaners?' she continued. 'If so, good ... that's one of the pleasures of growing old. But don't complain – campaign!'

This woman took pride in being a thorn in the flesh of politicians and in taking up cudgels on older people's behalf. There was a unanimous feeling among her fellow seminar participants that her example is one that many older people should follow, representing as it does the triple benefits of remaining mentally active, socially active, and being involved at the heart of the community.

Maintaining capacity and independence

While physical and mental health and ability were unquestionably recognised as key elements in determining an individual's scope to maintain capacity and independence, seminar participants tended to focus discussions on wider issues.

Availability of transport, for instance, was identified as a significant determinant in maintaining independence, particularly for people living in remote and rural areas. Participants felt there was inequality of provision of transport and community transport schemes, which hit older people particularly badly. 'We need more transport schemes and ways of supporting transport costs,' one said. Willing drivers were also required, and some people felt it would be helpful to try and keep social activities as local as possible to minimise the need for transport.

The issue of isolation, which featured prominently in the previous reports on older people's mental health and well-being, was similarly influential. The greater the sense of isolation, it was felt, the greater the chance of the person's independence and capacity being limited through lack of support and stimulation.

There was a feeling that families and neighbours are perhaps not doing as much to support older people as they used to, and that agencies need to encourage greater involvement. This was not so marked in remote and rural communities, although they can have problems of their own: 'Small communities have a better community spirit,' one participant said, 'but they can also be nose!' The issue of the fine line between involvement and intrusiveness in the lives of older people is one that has also featured in the previous reports.

Intergenerational activities, where older and younger people get together to share activities, were considered important. The previous reports have highlighted older people's perceptions that the younger generation is no longer respectful; this view was not nearly so evident in this programme of seminars – indeed, there was much endorsement of the idea of older and younger people working and playing together. Some participants, however, did feel that the wider society views older people as dependent and 'useless', and the impact of this view could be demoralising on older people, affecting mental health and well-being and ultimately limiting capacity and the ability to function independently.

More generally, it was felt that health and social services need to be more proactive in identifying older people who are potentially isolated, and that this could be boosted through the adoption of holistic approaches in which professionals really get to know people as individuals.



Conclusion

by Liz O'Neill

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It is a big challenge to make our changing society work for older people. Their numbers are growing. In 1951, the year she ascended to the throne, the Queen sent 300 telegrams of congratulation to citizens who had reached 100 years. In 2031, 36,000 will have to be sent.

The lifespan has increased significantly – now we need to focus on adding life to years.

So many themes have emerged from the programme of three seminars to enrich our understanding of the issues that promote, and detract from, mental health and well-being in later life.

We've learned from older people themselves that while *doing* is very important in terms of keeping them mentally and physically active, and that the urge to play remains with us throughout our lives, sometimes just *being* is important, too.

We've learned that older people don't want their right to take risks taken away from them. They unequivocally reserve the right to make mistakes, and the right to be wrong. But they also want risks to be appropriately assessed and explained to them, to allow them to make informed decisions about their actions.

We've learned to be suspicious of anyone who says 'it's just your age, dear'. Older people have a right to proper care and treatment, and the same right to good health as the rest of the population. I'm reminded of the tale of the old woman who goes to her doctor complaining of pain in her right leg. 'It's just your age, dear', the doctor says. 'But doctor', she replies, 'my left leg is the same age, and it's fine!'

We've learned that ageing is a spiritual journey in which we discover purpose. This is a much more positive image than the 'older people are a burden' notion favoured by some. Older people should be shouting from the rooftops about the achievements of their lives.

We've learned that older people are catalysts for change in our society. They are taking up the cudgels, fighting back against the system to ensure their basic rights are not breached and they receive the respect they deserve. The ideas of 'silver power' and 'pensioners with attitude' are indeed strong ones.

We've learned that it is never too late to learn. Older people throughout Scotland are taking on new challenges – whether learning how to operate a computer or developing the ability to paint stunning pictures and create beautiful objects. They are taking advantage of the freedom of retirement to visit places they have never been, do things they have never done, and make new friends, new contacts and new networks.

We've learned that making transitions can raise difficult and sometimes conflicting emotions. Transitions accompany us all our lives, and while some can be heartbreaking, others offer opportunities for renewal and regeneration. It is through transitions that people move from helplessness to power, from blaming to understanding, from labelling people to accepting them as individuals, and from 'what should be' to 'what is'.

And we've learned that older people can choose to be positive. What better message to take from the programme than that of the older woman discussed at the North of Scotland seminar who, on entering a residential home, said: 'Old age is like a bank account. You withdraw from what you've put in ... so deposit a lot of happiness in the bank account of memories.'



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