

Meeting Minutes

Meeting Type:	Conference Workshop	Venue:	Berlin
Setting:	Older people's residences	Date/Time:	9th October 2009: 09:15 – 10:30
Workshop Leader:	Prof Eija Stengård/ Gert Lang	Rapporteur:	Katrin Zardo

PARTICIPANTS		
Name	Organisation:	Abbreviations:
Prof Fedor Jagla	Slovak Academy of Sciences / Institute Of Normal and Pathological Physiology	FJ
Kitty Mylonopoulou	Society of Social Psychiatry and Mental Health	KM
Arja Suni	Ikäinstituutti Age Institute	AS
Dr Maria Vuorilehto	Ministry of Social Affairs and Health (Finland)	MV
Jürgen Schefflein	EC, DG Sanco	JS
Gert Lang	Research Institute of the Red Cross	GL
Prof Eija Stengård	National Institute for Health and Welfare	ES
Katrin Zardo	Federal Institute for Occupational Safety and Health	KZ

Agenda Items

1. Round of Introductions
2. Introduction by workshop leader: Lessons from the field trials
3. Questions regarding practice: Does this reflect your experiences and practice? a) What are the most important elements? b) What aspects need to be clarified? c) Is there anything missing?
4. Questions regarding policy: a) In your experience which of these policy elements should have the highest priority and why? b) Which policy areas create the greatest challenges? c) Does the list represent a comprehensive policy agenda? – What should be added?

1. Round of Introductions

There were 8 participants in total participating in the workshop – 3 were partners, and 5 participants coming from science, practice and policy.

JS mentioned that he was not only interested in the workshop because of the planned EC thematic conference about older people but that it is envisaged to designate 2012 as European Year for Active Ageing and Intergenerational Solidarity.

2. Introduction by workshop leader: Lessons from the field trials

ES introduced the summary of the lessons that ProMenPol learned from the field trials in the setting “older people”:

Lessons for practice	Lessons for policy
<ul style="list-style-type: none"> • Spend enough time preparing the project in order to ensure high participation and the best use of the tool • Ensure that the staff has appropriate knowledge in gerontology, mental health issues and holistic care by providing training • Tailor your interventions to the specific needs of your target group • Involve older people in the planning, implementation and evaluation of the intervention • Respect the autonomy, religion and the values of the participants • Include continuous evaluation of the intervention • The MHP tools used were easy to use, helpful and created sustainable attitude changes towards mental health issues 	<ul style="list-style-type: none"> • Old people and their caregivers should be involved in planning, implementing and evaluation the services • The cooperation between NGO's and local authorities should be strengthen • Civil servants should participate in training courses together with the staff working in the older people's residences • Promote more widespread discussion about mental health, wellbeing and values of the society • Provide more practical mental health strategies • Provide more resources (staff, training in mental health issues, residences, support for caregivers) • Combat ageism • Focus more on mental health in health promotion • Build co-operative relationships between the experts, clients and their families and policy makers

After the short presentation ES initiated the discussion asking the questions mentioned above regarding practice and policy.

3. Questions regarding practice (see above):

There was general agreement with respect to the lessons learnt from the field trials. In the discussion the following issues were pointed out:

FJ mentioned the importance of home-based services as being equally important as residential homes. KM supported this view and added the importance of community services as, e.g. a so-called friendship club (i.e. place where older people can meet to socialize).

ES clarified that home-based services are also included in the ProMenPol database.

JS asked the group what people knew about the preferences of older people regarding being cared for in a residential home or at home.

MV answered that –without knowing any statistics- she was very sure from her experiences that there are some people who prefer to be at home as long as possible, while others feel more secure in the environment of a residential home. However, she felt that the most important was that people are free to choose what suits them best.

KM agreed that the **autonomy** is a key factor and added that no matter where the older people lived, social support was very essential, since loneliness was a widespread phenomenon among older people. Therefore anything supporting the involvement of them should be encouraged.

GL explained that for people living in residential homes a crucial factor for their wellbeing was how the **transition phase** from living at home to living in the residential home was being experienced and interpreted which depended on the supporting structures in place.

As another relevant subject the issue of **quality assurance** was brought up. FJ noted that in Slovakia private and public services differ quite substantially against the background of the economic interest of private service providers.

There was widespread agreement in the group that in addition to patient-oriented actions, a focus on **healthy ageing** was needed. Examples included social support or improved transportation services for older people.

KZ noted that, while fully agreeing to the positive approach to mental health promotion, one had to be careful **not to neglect actual impairments** due to ageing (e.g. dementia, Alzheimer); sometimes the positive focus gave the impression that with the right treatment older people could function the same way as younger adults. Participants agreed that proper health services and differentiated attitudes towards the older people (being aware of the capabilities as well as impairments/problems of them) were needed.

Finally there was one question with respect to the term “**continuous evaluation**” mentioned in the lessons learnt. ES explained that this did not necessarily refer to the evaluation of a programme, but to a “continuous learning” approach in the sense of formative evaluations. She added that this was especially important given the quite different individual needs of older people as a very heterogeneous group.

4. Questions regarding policy (see above):

Also with respect to policy people generally agreed to the ProMenPol lessons learnt. Additionally the following points were discussed:

There was general consensus that a distinction between different **levels of policy** (local, national, EU) needed to be made and that the most important policy level for concrete actions was the **community** level. **Structures for empowerment** should be located here; examples included age university, possibilities for occupational/volunteer activities, and “senior council” (political advice for local government without legislative rights). People shared the view that such structures “on the ground” would not only be most beneficial (FJ mentioned the existence of a national plan for mental health in Slovakia that did not reach the communities) but would also save money.

In addition participants agreed that apart from those empowerment structures, both **local and national governments** should also ensure the provision of and access to appropriate **health services** as well.

A topic mentioned with respect to **national and European policy** was the differences between Eastern and Western Europe in terms of wages. FJ described the problematic situation in Slovakia where there is an enormous **lack of nurses**, because many nurses prefer moving to Austria where wages are higher.

In this context AS stated a lack of nurses in Finland, too, because of little interest to work with older people. She mentioned that this was going to become particularly problematic in the future, as among the current nurses a great number would be retiring soon.

This led to the subject of **attitudes** in the general population towards older people. The group shared the view that more tolerance was needed and that specifically in younger people more positive views should be encouraged. Therefore the issue of **awareness raising** campaigns were regarded as important for all policy levels.

In terms of the **European policy** level, it was proposed that the EC should fund the building of local networks and the cooperation between local governments with NGOs. Furthermore at this policy level experiences between member states should be exchanged and best practice examples promoted.