

# Older adults & *mental* health

Preventing the risks  
of an ageist society in Europe



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Red Social Innovation is an international resource centre for social innovation founded by the French Red Cross and the Spanish Red Cross, and supported by the International Federation of Red Cross and Red Crescent (IFRC), the Solferino Academy, the International Committee of the Red Cross (ICRC), the United Nations Sustainable Development Solutions Network (SDSN), Ashoka and the Stanford Social Innovation Review. Its goal is to test, scale and highlight social innovations created and developed within the International Red Cross and Red Crescent Movement, and by other private or public actors.

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Acknowledgements

# Older people and mental health

## Preventing the risks of an ageist society in Europe

by Red Social Innovation

The COVID-19 pandemic and the associated restrictions triggered a 25% increase in prevalence of anxiety and depression worldwide<sup>1</sup>. These events remind us how important it is to define health through a state of physical, mental and social well being - and not just through the absence of disease. Older people, who were considered at risk during the pandemic were particularly isolated, making it difficult for them to maintain social bonds or physical contacts, leading sometimes to dramatic mental health consequences.

<sup>1</sup> | World Health Organisation. *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. March, 2nd 2022.

As early as March 2020, the United Nations published a policy brief highlighting the need for action and for making mental health a priority. On the one hand, older people who had no particular mental health problems have suffered the consequences of the crisis and experienced some problems for the first time: stress, anxiety, depression and loneliness.

Following months of lockdown, some older people encountered new difficulties in carrying out certain previously normal actions and habits. This phenomenon is due to a lack of activity which had a strong impact on their self-confidence and mental health. On the other hand, older people already affected by mental health problems experienced an increase in their symptoms. People living with dementia have significantly suffered from the sudden changes in their routines, restrictions of some services, and the distance from loved ones and relatives who represent essential points of relief.

Of course, it was - and still is - crucial to protect the most vulnerable people from the COVID-19 virus, among which older adults. But these past two years have raised many questions around mental health's perception in our European society and the stereotypes that still persist around it: How can we ensure healthy and decent ageing for all? How to fight ageism and stigma around older adults? How can we guarantee the freedom of choice for older adults as long as possible? How to foster intergenerational bonds to fight isolation?



15% of adults aged 60 and over suffer from a mental disorder and 25% of suicides in the world are attributed to people over 60<sup>2</sup>. Diverse factors can increase the vulnerability to mental health problems for older adults, such as social isolation, poor physical health, depression, socio-economic difficulties or even elder abuse. Yet, these mental health problems often go unrecognised or stigmatised, a phenomenon which is worsened by the fact that older people are much less likely to get psychological support than younger people.

In Europe, the average life expectancy was 82 years for women and 75 years for men in 2020 while the proportion of people over 65 in the European region will increase from 14% in 2010 to 25% in 2050. Whereas scientific progress has made it possible to increase life expectancy, these gained years go hand in hand with the physical, cognitive or mental disorders inherent in ageing. Indeed, this lengthening of human lifespan increases the risk of being affected by dementia.

However, living with mental health problems over 60 has to be taken seriously and actions should be taken to improve upstream prevention and mental care. All over the continent, many initiatives have already been created to support older people's mental health. In Serbia, the Serbian Red Cross has created small informal groups of older persons with common interests so that they can have regular meetings in which they engage in different fields. As the activities of these self-help groups were unable to

continue during the lockdown, the Serbian Red Cross encouraged the transition of these groups into telephone and app-based circles, where the members are simultaneously both beneficiaries and volunteers. In Spain, Cruz Roja te escucha (Red Cross listens to you) is a telephone service of the Spanish Red Cross that offers psychosocial support to the most fragile people, especially the elderly. In France, the social enterprise Arbitryum, supported by 21, the Social Innovation Accelerator of the French Red Cross, has created a digital platform coupled with an artificial intelligence device to collect and analyse data in care homes for the elderly from a wide variety of stakeholders (managers, employees, carers, etc.), with the aim to improve the quality of life of their residents.

The worldwide population over 60 will double between 2015 and 2050 worldwide. As the subject of mental health of older adults will be increasingly important over the years and because it is crucial to give a bigger role in society to older adults, Red Social Innovation has decided to shed light on this crucial issue. Supported by the IFRC Reference Centre for Psychosocial Support and EY Fabernovel, strategic transformation and innovative products & service consulting firm, this publication explores the topic providing experts' views, key figures, definitions and solutions to build a more inclusive society - protecting elderly people and ensuring better conditions of life for all.

2 | World Health Organisation. *Mental health of older adults*. December, 12th 2017.

1.  
Fighting  
stigma  
against  
*ageism*





### **Ebbe Johansen**

President of Age Platform

Age platform Europe is a network of European organisations aiming to voice and promote the interests of the 200 million citizens aged 50+ in the European Union. Present in 27 countries through its 110 members, Age platform Europe works with the European Commission, by advocating for older people's rights on a range of policy areas, from antidiscrimination to employment of older workers to social inclusion. Since 2017, Ebbe Johansen is the President of Age Platform. He has also been the Vice president of Dane Age, a Danish non-profit organisation that works to protect the interests of senior citizens in society.

**“ To end ageism,  
we have to consider  
people individually,  
with respect and dignity ”**

*Ebbe Johansen, President of Age Platform*

#### **What is ageism and where does the concept come from?**

Ageism is a new concept and people don't really know about it. They know about racism and are very much against it but are less aware of ageism. Ageism is a negative attitude towards all age groups and it goes on for the whole life. It means that even as a kid, you can be faced with ageism, as much as when you are an older person. I think it comes out of the way we organise our societies: we group people by age. We put our kids in kindergartens, then they go to school, and at the end of life people are put into long term care institutions... So all this grouping of individuals makes it easy for people to be treated, or to treat other people, with some kind of standardised approaches.

And that's where ageism starts, a concept that could be further developed through the following three points: the first one is stereotypes: we regard all people alike. Easily, some people say that all older people are the same and group them behind stereotypes. It is a sort of systematic classification to gather them behind the same characteristics because of their age.

#### What is ageism ?

First coined by the American gerontologist Robert Butler, ageism is a term which refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. It can be institutional, interpersonal or self-directed<sup>1</sup>. In the world, it's estimated that one in two people have ageist behaviours against older people and that an estimated 6.3 million cases of depression globally are estimated to be attributable to ageism<sup>2</sup>.

The second point is what we call prejudice. That means that once we have classified them regarding their age, we have a pre-judgment about them. The prejudgment represents all the ideas we develop on older people before knowing them individually.

A lot of people easily say about older adults that they "are very slow, they can't hear, their vision is bad, they are lagging behind".

And the fact of thinking this spontaneously without personally knowing the person is a prejudice, with all the consequences that goes after.

And the last point is discrimination. Discrimination take various forms. We have had, with the COVID-19, a serious example of discriminating approaches towards older people. Some older adults in long term care were locked in their rooms, not allowed to go out or to have visitors. There was no respect for these people.

Moreover, with ageism, you don't consider people of an age group as individual persons. You regard them as a class and you don't care about the single person. What we really need to obtain, by fighting ageism, is to obtain dignity and respect for the persons.

<sup>1</sup> World Health Organisation, Demographic Change and Healthy Ageing department. *Global report on ageism*. 2021, March.

<sup>2</sup> World Health Organisation. *Ageism is a global problem*. 2021, March.

#### To what extent is ageism spread out in Europe?

One third of the older population is concerned by ageism in Europe. The problem is not only the other's vision of older people, it is also their perception of themselves. Some of them consider that they are lagging behind. So they actually impose ageism on themselves. The consequence is that they are not going out, they limit themselves in their socialisation with other people and so on.

The second thing is that the interaction with the community around them is also lagging behind. Their social life is suffering because even some relatives and friends act through the ageism approach.

Finally, we can also mention the situation that can arise within institutions. In some long term care, the employees start regarding the people not as individuals, but as items. They are like boxes that are moved from one place to another, from bedrooms to dining rooms... It is awful and against the dignity of older people. We have to fight the leadership of institutions or organisations that normalise this way of treating older people. People tend to think "that's the way it is...". Even older people themselves, somehow, accept ageism because they feel that the discriminatory way they are treated is normal. Yet, we want them to be more regarded as individuals because they are not defined by their age. I mean, someone can be 70 and really slow whereas somebody else can be 80 and really quick, and it can be the same at 90 and so on.

So you cannot judge people through an age classification or a stereotyped approach, you have to regard people individually.

**What consequences does ageism have on the mental health of older people?**

The consequences of ageism are serious. It can generate in older adults' minds some depression, low self-esteem, loneliness... and thus health problems. In my opinion, social contact is really the one thing which shapes people's way of acting and thus, mental health. If someone feels uncomfortable in a social situation and dependent on others, there will be a risk of a step back from the person and therefore less participation in social life. The person will lose self confidence and well being. It is a very big psychological loss to accept and suffer from ageism, many older people end up doing it unconsciously.

**“ Life is a learning adventure which means that the older years of life are equally important to take advantage of. ”**

The lack of self confidence generates depression and a bad perception of oneself. Thus, ageism can also be fought by trying to get people active and participating to really join

social activities and therefore protect their mental health. We call it active ageing. As we live longer and longer, what are we going to do with all those years we get? Life is a learning adventure which means that the older years of life are equally important to take advantage of. What could we do to keep this learning dynamic in the later years, especially not to fall into isolation and loneliness ? Working life could be thought of in another way, so that we don't work so intensely in younger years, enabling us to give more time to our kids for instance. And then in the later years, make a balance between having some participation in work and some education and training linked to our work. Professional careers don't stop but evolve thanks to education all life long to learn new things to do and develop oneself. I think with all the extra years we are having, we should try to make them useful, worthwhile and enjoyable.

**What does ageism say about our society? How can we act collectively against it?**

That is really the big problem because it's grown into our self estimation or this is regarded as being natural. Changing our society's perceptions is a long process. We need to put some strategies and processes in place to make mindsets evolve.

The first step to do against ageism is policy and laws. We need a convention protecting the older people, and we are working on it with the United Nations. Education would be one item of it, access to legal advice another, abuse would also be addressed. Our objective is to make a proposal of such a convention very soon.

Our fight is to make older people's rights respected and more protected. It is a question of human rights.

Moreover, after laws and policies, educational activities for older adults are a way to act against ageism. In addition to developing and stimulating older people through new knowledge, educational activities are also social activities. It is an opportunity to maintain a social life and to stay healthy and active. Consequently, it improves the well-being and the ability to participate and function with other people. The last step to act against ageism is what we call intergenerational activity, or interactions.

As the previous tool, it is a key element to keep older adults active and social but moreover, it can help change the wrong image that some people can have of them. Somehow, we need to bring people together. And what kind of activities can you do in order to get people to function together? The best is of course grandparents and grandchildren's interactions that benefit both parties. These interactions would really serve to fight loneliness and isolation issues that represent a major issue in our societies. Fighting ageism is also getting a better understanding of the individual person that is another age than us by interacting with.

### Solution\_01

## Oldyssey

An epic global journey on the lifestyle of older adults  
[ France ]

When they first met in Brazil, Julia Mourri and Clément Boxebeld shared the same observation about the lack of recognition of the elderly in our society and the stigma that exists around the older age. Both very close to their grandparents and with complementary professional experiences - Julia as a journalist and Clément as a consultant in innovation - they decide to initiate the Oldyssey project with the idea of shaking up preconceived ideas. In order to change the way our society - and especially the youngest members of our society - look at older people, they decide to undertake a world tour to discover and present innovative initiatives that promote the inclusion of older adults in society and intergenerational links.

Through short portrait videos widely distributed on social networks, Oldyssey changes our perception of older people while facilitating the sharing of good practices between different countries.

However, Oldyssey does not stop at producing original content and putting it online. Since October 2018 and with the support of partners, the organisation has held events in France, to facilitate the replication of specific initiatives and their adaptation to the French context. The videos are used as a basis for conference debates, which bring together professionals as well as ordinary citizens interested in the topic of ageism.

A new travel season also started in October 2019. This time, Oldyssey decided to highlight French initiatives, through



eight videos of experiences and seven portraits of elderly people.

The added value of their project is based on an empathetic and embodied approach to the problems associated with ageing, as well as on the use of new information technologies. Since 2017, more than 150 videos have been viewed more than 10M times, supported by a growing community of more than 50,000 people on social networks.

In 2020, Oldyssey published the book “Growing old together, a world tour of solutions that bring generations together“ introduced by a preface of the French sociologue Edgar Morin.

Solution \_ 02

## Senior Voice Milton Keynes

How elderly people redefine local services

[ United Kingdom ]

Senior Voice MK is a community development project implemented by the local charity of AGE UK Milton Keynes in England. Since 2007, the project consists of an independent group that gathers several older adults of the city to share their views about local services and any issues which affect their quality of life. The group is composed of a maximum of 18 people and sets its own agenda, based on the knowledge of its members and the feedback it receives from other older people of the city. The aim is to prevent public and private institutions from overlooking the needs and concerns of older people, when making policy and implementing it. By collecting the views of older adults of the city, the Senior Voice group attempts to represent those views as fairly and inclusively as possible, and make sure that the voice is effectively heard. Moreover, Senior Voice group, during its quarterly meetings, invites prominent speakers to improve their understanding of current issues and important topics including health and social services, housing and transport.

The group also has an annual work plan, covering areas of interest to older people. Each member of the group has an area of responsibility enabling the whole group to be aware and to respond quickly to statutory consultations, for example from Milton Keynes Council or the local Health Services. Senior Voice project therefore allows a better representation of the older adults in the local debate to ensure a relevant response to their needs and an efficient sharing of information.



2.

Promoting  
healthy  
ageing and  
*freedom*  
to decide





### **Aneta Trgachevska**

Regional Delegate for Health and Ageing  
Programmes of the IFRC

Aneta Trgachevska is a double functional delegate for health and ageing at the International Federation of the Red Cross Red Crescent Societies (IFRC). She is also the head of the Health and Care Unit in the Budapest regional office. The IFRC is the world's largest volunteer-based humanitarian network. Around the world, it supports National Societies to run many programmes and services responding to the specific health needs and risks among older populations. The community-based healthy ageing programming developed by the IFRC is designed to empower community members to make the best choices to live longer, healthier and more active lives. A healthy ageing toolkit for facilitators, volunteers and community has been deployed.

# “ Mental health is about providing security and freedom, developing adequate housing and social support ”

*Aneta Trgachevska, Regional Delegate for Health and Ageing  
Programmes of the IFRC*

**While the proportion of older people is set to rise in Europe, how can we define healthy ageing and where does the concept come from?**

Healthy ageing is the focus of WHO's work on ageing for 2015 – 2030. Healthy ageing replaces the World Health Organization's previous focus on active ageing, a policy framework developed in 2002. Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. It is the process of developing and maintaining the functional ability that enables the wellbeing of older people. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing,

as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing.

So, healthy ageing, according to the WHO, includes a person's ability to meet their basic needs, to learn, grow, and make decisions, to be mobile, to build and maintain relationships and to contribute to society. These abilities rely on intrinsic capacities comprising all the mental and physical capacities that a person can draw on such as their ability to walk, think, see, hear and remember. Many factors influence these intrinsic capacities, for instance the presence of diseases, injuries or age-related changes. Healthy ageing also depends on the environment of the people: their homes, their communities and the broader society especially its values, health and social policies, supporting systems and services... Being able to live in environments that support and maintain one's intrinsic capacity and functional ability is key to healthy ageing.

Healthy ageing does not only concern the older age, it embraces a life course approach to health that recognizes the impact that early life experiences have on the way in which population groups age.

#### **Why is healthy ageing so important to maintain a good mental health for older people ?**

Mental health is just as important as physical health for older adults. Our mental health affects how we think, feel and cope with life's ups and downs. What is important to recognize is the

fact that as we move through life, as our environment changes, our mental health can change, too. Thus, one way to improve mental health of older adults is through promoting healthy ageing, and it includes providing security and freedom, developing adequate housing through supportive housing policy, providing social support for older people and their caregivers, creating programmes to prevent and deal with elder abuse and so on...It is crucial to be proactive in our efforts to delay the onset of mental health issues in later life.

**“ Healthy ageing does not concern only the older age, it embraces a life course approach to health. ”**

The importance of mental health in ageing populations should be a key priority. Research has shown that participating in meaningful activities can have a positive impact on the mental wellbeing of older people. Maintaining good mental health and wellbeing is one way to ensure that we, and those around us, are able to lead long and healthy lives that are enjoyable and fulfilling. Moreover, older people should challenge themselves to learn and try new things on a regular basis in order to keep their brain ticking and active. It can be through activities that many of the Red Cross Red Crescent's National Society are implementing in regard to the healthy ageing toolkit that

is produced by IFRC, such as new learning opportunities like playing, learning chess, or a new sport or even a new language. Whatever they want and they find enjoyable.

Studies have shown that exercising as part of a group is better for the physical, emotional and mental health and a lot of the Red Cross and Red Crescent National Societies are offering this kind of opportunities to older people in their countries like: yoga classes, Nordic walking, cycling etc.

**To what extent would you say that “healthy ageing” is linked to the “freedom to decide” of older people?**

To be healthy, so to be in a good physical and mental health condition, is a key goal to maintain autonomy and independence as one grows, for both individuals and policy makers. Indeed, healthy ageing helps reduce the pressure on health care and social services. Moreover, older people who stay healthy, active and independent can continue to contribute, with their skills, knowledge, and experience, to society. By being independent and active, they can make decisions for themselves and even have an influence on the policies and legislation that are linked to them. In a survey that we conducted last year, during the COVID-19, 70% of the older people, especially in the southern countries, were not aware of their rights and that they could be active members of lobby groups or decision-maker groups. To be part of such instances can bring good opportunities for older people in a country in order to promote a dignified

life. So healthy ageing awareness is very important both for the older people to have dignified and independent lives but also to preserve the countries’ social systems.

**What are the different determinants that compose healthy ageing?**

One of the key points of the healthy ageing approach is to understand that there is no typical older person. There are many determinants that impact someone’s life and thus the ageing process. Firstly, biology and genetics have a great influence on how a person ages. Ageing is a set of biological processes that are genetically determined. Therefore, genetics have a great influence on the development of chronic conditions such as diabetes, heart disease, Alzheimer’s Disease and certain cancers... These genetic factors are of course influenced by different kinds of behavioural and lifestyle habits such as, for example, smoking, nutrition, personal coping skills or network of friends and relatives.

Then, the environment is very important: age friendly areas can make the difference between independence and dependence for those growing older. For example, older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems. Urbanisation and the migration of younger people in search of jobs may leave older people isolated in rural areas with

**What is healthy ageing?**  
The World Health Organization defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person’s ability to meet their basic needs, learn, grow and make decisions, be mobile, build and maintain relationships and contribute to society. Functional ability consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them<sup>1</sup>.

<sup>1</sup> World Health Organisation. *Healthy Ageing and functional ability*. 2020, October 26th.

little means of support and little or no access to health and social services.

Accessible and affordable public transportation services are needed in both rural and urban areas so that people of all ages can fully participate in family and community life.

The level of social support is also key because if it lacks, it causes an increase in mortality, morbidity and psychological distress. Social isolation and loneliness in old age are linked to a decline in both physical and mental wellbeing, whereas supportive social connections and intimate relations are vital sources of emotional strength. Finally, economic determinants and social factors are major elements determining the good conditions to age. The income, work and social protection are even more important for older people as they are more vulnerable. Many elderly people, especially women, live alone or in rural areas do not have reliable or sufficient incomes. This can seriously affect their access to nutritious foods, adequate housing and health care.

**Do you have any concrete examples of initiatives developed within Red Cross Red Crescent National Societies in Europe?**

There are many! In Europe and Central Asia, a health and ageing advisory group has been created with the goal of strengthening the capacity of National Societies in working with older people. It has 29 members, such as representatives of National Societies

of the Red Cross or Red Crescent, IFRC members, volunteers and experts providing technical advice and inputs to the group. The Red Cross of Montenegro, since 2017, has implemented the Healthy Ageing Project in several municipalities with the aim of contributing to healthier ageing of all generations through several events and activities to promote healthy ageing... Annually, there are around 1,000 people of all generations that participate in it.

## Solution \_ 01

**Fit für 100**

Never stop moving

[ Germany ]

Fit für 100 is an exercise-based support programme for older people to help them maintain and increase strength while participating in fall prevention. Through improved balance and coordination, the programme's aim is to maintain - and if possible improve - everyday skills, mobility and thus independence and quality of life of older adults. « Fit for 100 » was initiated and developed in 2005 under the direction of Prof. Dr. Mechling by sports scientists, social workers and care staff - based on training science and gerontological findings. The project started at the Institute for Exercise and Sport Gerontology of the German Sport University of Cologne. It was scientifically conducted and evaluated from 2005-2007. Based on scientific findings, the «Fit für 100» exercise programme is carried out twice a week for an hour. The group of participants is composed of a maximum of 15 people. The training is implemented via the principles of repetition and continuity and builds muscle strength in a targeted way with free weights for arms and legs. Other components include a variety of coordinative and sensorimotor exercises and cognitive tasks – in a pleasant atmosphere. A “Fit für 100” online « home-based exercise » is also available. The training has a significant impact on participants: a one-year study showed that participants increased their hand strength by an average of 53%, developed their mobility in the shoulder by an average of 13.3 cm ; reduced the time they needed to stand up (through a 5 times repetition, the overall time decreased of almost 5 seconds).

## Solution \_ 02

**Arbitryum**

Listening to the needs of the elderly

[ France ]

In France, more than 1 million elderly people live in an EHPAD (establishment for dependent elderly people), divided among 10,000 collective structures. Today, the housing of the elderly in France is confronted with a social, political and confidence crisis that weakens the freedom of choice of the dependent elderly, whose number will explode in the next forty years. Created by a Doctor in sociology of ageing, Arbitryum is a digital platform coupled with an artificial intelligence that helps and accompanies EHPADs to enable them to offer a service of follow-up of their steps while respecting the freedom of the residents. Indeed, three years of research have shown that there is a real need in the field to measure the respect of the freedom of the elderly and its impact on the quality of life of residents. Arbitryum is a solution designed to analyse data collected from all stakeholders in these establishments (professionals, residents and their caregivers), through questionnaires, with the objective of improving the quality of life of residents by protecting their freedom «until the end of their life». Thanks to the questionnaires, an analysis report identifies the points of improvement of each establishment. The latter will be able to draw on suggestions to develop their professional practices in an ever more ethical and respectful manner, while reaffirming their commitment to the preservation of human dignity. Arbitryum follows up the facilities in their evolution and measures the efficiency of the actions carried out.

Solution\_03

## Alphonse

Retirement as a new beginning

[ France ]

Every year in France, nearly 700,000 people retire. This transition is sometimes a delicate moment in life for a few reasons: the administrative preparation as well as the projection after retirement (budget management, realisation of future projects, moving, etc.). In order to accompany people going through this transition in the best way, Alphonse sets up two support programs that would help each person design the retirement plan that suits them best, starting at the age of 55. The first support program is a 4-weeks course that helps people plan the end of their career. It includes the access to a retirement expert, the analysis of a career journey and a roadmap to guide the participant to retirement.

The second one can start as early as 2 years before the professional departure. The course supports the participant in designing their retirement project. During 6 weeks, an individual coaching is offered through specific exercises: taking ownership of this new stage of life; aligning participants' needs with their ambitions; defining their projects; making decisions for retirement. With the assistance of these programs, Alphonse was able to help more than a thousand people in their transition. The only task the participants have to do is let Alphonse help them choose the best starting plan, based on personal reflections and group discussions, and then start the courses that will help them transition to their retirement in the smoothest way possible.



3.  
Maintaining  
*social  
bonds*  
to improve  
wellbeing





### **Nataša Todorović**

Programme manager for health and care  
in the Red Cross of Serbia

Nataša Todorović is the programme manager for health and care in The Red Cross of Serbia, vice president of The Gerontological Society of Serbia and a representative of The International Network for the Prevention of Elder Abuse (INPEA) for Europe.

The Red Cross of Serbia has implemented a volunteer-based home care programme for healthy ageing. It consists in supporting older persons to live in their preferred environment by decreasing the need for institutional and medical assistance. The aim is to motivate older persons to fully use their physical and mental potential. Over the years, it has been expanded to more dynamic forms, such as self-help groups, which led to the involvement of 400 older persons, both in urban and rural communities.

# “ Social contacts are extremely valuable resources, both in every- day life and in challenging times ”

*Nataša Todorović, Programme manager for health and care  
in the Red Cross of Serbia*

### **How can loneliness and isolation lead to older adults' depression?**

Although ageing brings multiple challenges, it is important to remember that depression in older age is definitely not “normal” and should not be ignored. Several studies have shown that older persons are significantly less likely to recognise depressive symptoms than younger persons. They attribute them to the normal course of ageing or to weaker physical conditions. In addition, patients and their doctors often see depression as a problem that is accepted instead of a condition to be treated. Some research shows that only 20% of older people with a depressive disorder are diagnosed or treated.



There are different risk factors for depression in older persons: grief over loss, sleep disturbance, disability, previous depression, as well as female gender. Loneliness and social isolation are another strong risk factor.

A recent UNFPA survey on loneliness for older people (65-85 years) in six territories in Eastern Europe and Central Asia showed that 79 % of older people were at least moderately lonely, with 18 per cent being extremely lonely, which was consistent across the six territories. The survey showed that there were four primary contributors to loneliness in the population: tangible support, size of social network, social support and social confidence.

Loneliness as a risk factor for depression in older persons was identified in many studies. Loneliness may lead to serious health-related consequences. Declining health, significant loss due to death of a spouse, lack of social support are all contributing factors while loneliness is known to contribute to increased risk of heart diseases and hypertension.

#### **Are there some geographical disparities and gaps within the European Union?**

The prevalence of loneliness among the older population varies greatly across Europe. More than 30% of older people in Romania, Bulgaria and Greece stated to have felt lonely “more than half of the time, most of the time or all of the time” in the two weeks preceding the survey conducted by the European Centre

for Social Welfare Policy and Research. Over 20% said the same in Hungary and Lithuania as well as in Italy, Cyprus, Portugal and France. The lowest share of older people reporting frequent loneliness was found in Denmark, Sweden, Finland and Ireland. Most affected by the lack of emotional support are older people from countries like Slovakia, Bulgaria, Lithuania, Latvia, the Czech Republic and Italy. In these countries, more or close to 20 % of older people have nobody to discuss intimate matters with.

**“ Only 20% of older people with a depressive disorder are diagnosed or treated. ”**

These results indicate that loneliness and social isolation are more common among older people living in Southern and particularly Eastern Europe than in the Northern and Western parts of the continent. This variation must be interpreted as a result of various factors, including individual and societal characteristics. The differences in social norms and values concerning family obligations as well as the composition of social networks older people rely on for support are additional factors that need to be considered. For instance, family ties are stronger in Eastern and Southern Europe so social support by and within the family is higher.

#### **Loneliness and social isolation**

“Loneliness” is the painful subjective feeling – or “social pain” – that results from a discrepancy between desired and actual social connections<sup>1</sup>. “Social isolation” is the objective state of having a small network of kin and non-kin relationships and thus few or infrequent interactions with others. “Solitude” describes the act of being alone voluntarily, which once again involves the objective condition of being away from others, but also the possibility of pleasant and positive feelings about this situation<sup>2</sup>.

<sup>1</sup> World Health Organisation. *Advocacy brief: Social Isolation and loneliness among older people.* 2021, July 29th.

<sup>2</sup> Baarck, J., Balahur, A., Cassio, L., d’Hombres, B., Pásztor, Z., Tintori, G. *Loneliness in the EU – Insights from surveys and online media data.* Publications Office of the European Union. 2021.

In Serbia there is a link between social isolation and the risk of depression. A survey from 2016 shows that among more socially active older persons there is a 28.7% rate of mild and moderate clinical depression, and this percentage rises to 42% in the population of less socially active older persons. For severe depression, the rate among less socially active is 2.3% and it rises to 9.5% for less socially active older persons.

**Two years after the beginning of the COVID-19 pandemic, what have been the consequences of the isolation of older adults?**

COVID-19 changed our life, extremely, not only for the older adults, but for all of us. The research shows that the COVID-19 pandemic, and the measures taken by governments to contain it, have disproportionately affected older people and have intensified social isolation and loneliness for many.

It is important to ensure that older adults have access to tangible support and social support at all times, including during the pandemic or similar emergencies but it is crucial that they are also encouraged and supported at all times in developing and maintaining their social networks and social contacts because these are extremely valuable resources both in their everyday life and in challenging times.

One significant effect of the COVID-19 pandemic and the lockdown periods was moving most of the social activity and socialising of younger persons and adults online.

However, for a significant part of the older population this was a barrier. Either they lacked digital literacy to participate in online social life or they simply did not see it as an acceptable or desirable replacement that would fit their needs. Some great examples showed older persons being very active online and volunteering online during the lockdown period in Serbia but this is still a minority percentage of them.

**Do you have concrete examples of initiatives promoting intergenerational bonds in Europe?**

There are many examples in Serbia, in small communities where the Red Cross of Serbia runs its Healthy Aging Program activities. Older persons benefit from workshops with younger people or children. For example, children may learn how to meet or behave in society and the older persons can learn how to use smartphones or the internet. After the lockdown, we had one very good project with older persons and young persons together shooting different short films about intergenerational solidarity. Another example is coming from Slovenia. The country has international daily centers funded by the local government people from all three generations take part in different activities: cooking, kindergarten or different collaborative things.

To finish, an example from France which is called “Le Pari Solidaire”. Founded in 2004, this organisation creates connections between young and older persons through intergenerational

housing. It is about connecting older persons who have a free room and who need extra income or need some kind of help, with students who need an apartment in Paris and other French cities. The mission of this association is to foster intergenerational links while creating mutual benefits: reduced loneliness, increased sense of security and additional income for older adults, and cheaper housing for students. The more time a student spends in providing services and helping older persons, the lower the price of renting an apartment will be, all the way to free accommodation.

**What should be done to fight older adults' isolation? What is the role of the International Red Cross Red Crescent Movement?**

Firstly, I would say that we have to consider older adults as potential volunteers and not only as beneficiaries. Volunteering in old age is a good example of how to fight older people loneliness and help older people for their mental health and for their physical health. At the national level, we need to develop compassionate social communities to fight the loneliness issue. Persons who are isolated need to be recognised and attempts made to provide them with social interaction. In this case, transportation represents a major component as well as mobilizing youth and other community volunteers to become friendly visitors (via phone or in-person visits). So communities and the society as a whole need to think about

multiple dimensions that create communities welcoming, safe and friendly to all ages: safe and reliable public transport, public spaces accessible and appropriate for everyone etc.

In preventive terms, promotion of healthy ageing would ideally start long before people are 65 years old. Creating healthy lifestyles, both socially and physically, is essential throughout life. Thus, there should be an emphasis on policies and programming to support healthy lifestyles. This could include age-appropriate lessons on healthy lifestyles in schools - as well as cross-generational programming for adults - focused on regular exercise, healthy diets, positive social interactions and support. Educational group activities - that are a part of a loneliness intervention and address other risk factors for ageing (such as diet or exercise) - could help address loneliness while promoting healthy ageing more generally.

Solution \_ 01

## Cycling without Age

Sport and fun on wheels

[ Denmark ]

Cycling without Age is the dream of a world in which the access to active citizenship creates happiness among citizens, regardless of age and ability, by providing them with an opportunity to remain an active part of society and the local community. In 2012, Ole Kassow, the founder of Cycling without age invited the residents of a local nursing home out on a three wheel bike with a seat in front- a trishaw, because he loves meeting his neighbours and riding bikes.

He didn't know them yet, but they soon became friends and started enjoying weekly rides together. The idea quickly spread and is now represented in 2,700 locations in 52 different countries and on the 6 continents. Every day, change-makers in all corners of the world go on a joyride with new friends, and sometimes they organise big adventures: long rides across their country, which for many means the holiday of a lifetime and a truly inclusive experience, regardless of age and ability. Cycling without Age works with researchers to document the positive effects of trishaw rides for the mental and physical well-being of the pilots and passengers. The project's operation allows for the involvement of several stakeholders who all benefit differently from the activity, starting with the elderly. Thanks to the trishaw, they can comfortably go out for an original activity that allows them to continue to live their city and what is happening in it. Passengers always sit in the front which makes sharing stories easier and it also makes them feel like the center of attention. People forget about their disability and

remember who they used to be. The social link created with the cyclist who pedals is a warm stimulation to exchange and be enriched and stimulated by social interaction. As a passenger once said: "it's better than medicine". On the other hand, for the pilots, the impact is very much on physical health.

A study has been conducted with the laboratory Novo Nordisk to show the great results of reduced risk of developing diabetes for pilots, and the positive impact the trishaw rides have on people who are diabetic.

Finally, the local community is brought into the loop and businesses are invited to be partners so that the rides are punctuated by activities (café, theatre...) for the benefit of all.

Solution \_ 02

## Humanitas Deventer

Promoting intergenerational housing

[ Netherlands ]

In the Netherlands, Humanitas is a one-of-a-kind retirement home where elderly people cohabit with university students. In exchange for free housing, students have to devote at least 30 hours a month of their time to senior guests, including helping them with meals, teaching them how to use technological devices, celebrating birthdays, and more. The centre offers different types of services, from short to long term stay with all the necessary medical and psychosocial care. Activities are organised on a daily basis and may be open to non-resident elderly people to combat their isolation. This successful practice of intergenerational coexistence brings benefits both for seniors, in alleviating social isolation, and students, in providing free housing and a sense of connection with older generations. Humanitas has been

growing a lot since its creation in 2012 and keeps attracting young and elderly people alike. The CEO Gea Sijpkens said the goal was to make Humanitas “the warmest and nicest house where every elderly person wants to live”, and it seems the project has been delivering on its promise so far.

Solution\_03

## Telephone Circles for Older Persons

Calls to fight social isolation

[ Serbia ]

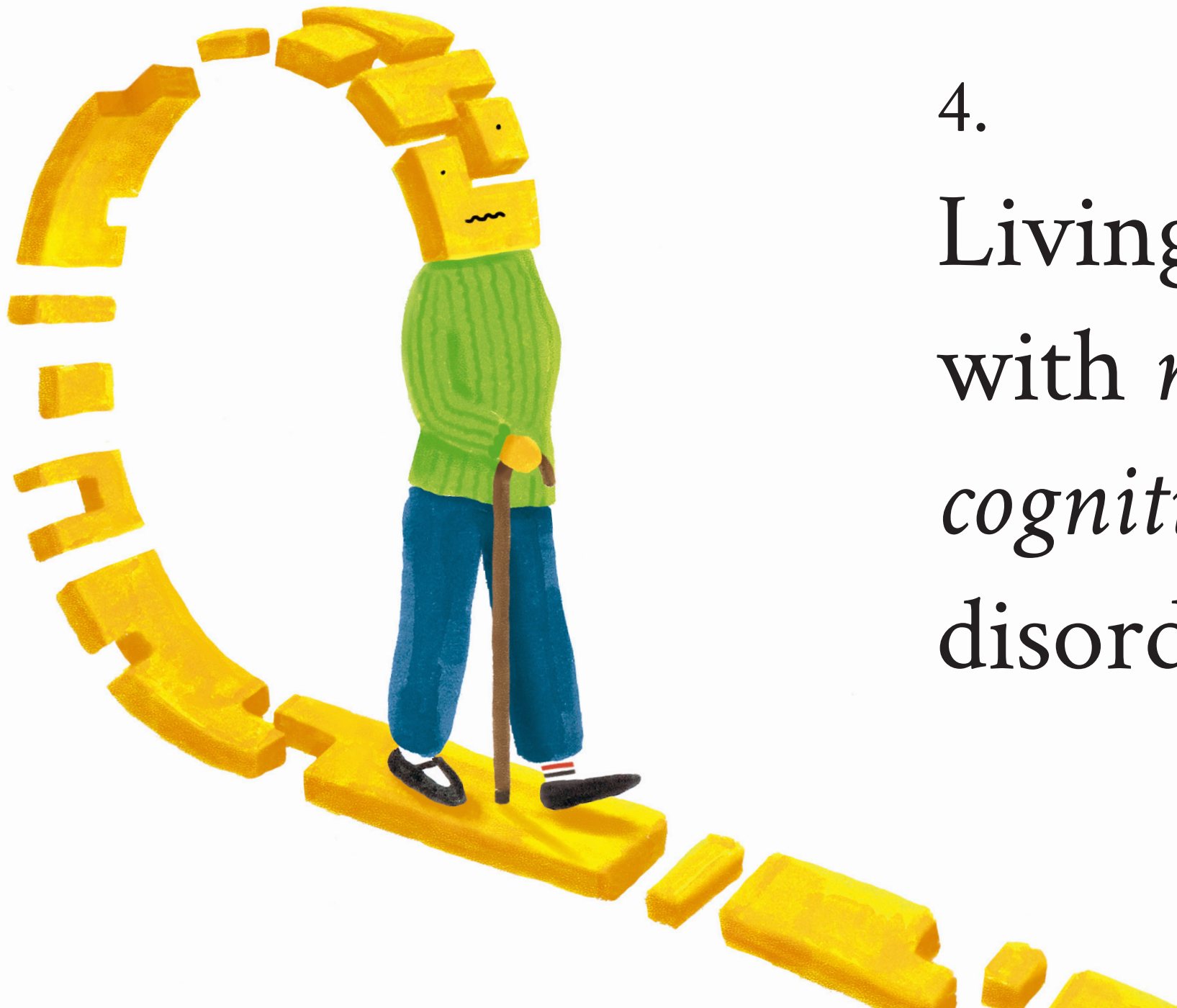
During the COVID-19 lockdown crisis, telephone circles were created by the Serbian Red Cross to address the ban on leaving home for people over 65. In recent years, the Red Cross of Serbia has helped to establish 32 physical self-help groups for older people in 20 municipalities across the country. These small, informal groups, which are flexible in structure and operation, are made up of older people who are brought together by affiliation, common interests or any other criteria. They meet regularly and engage in a variety of activities, ranging from leisure activities to the exchange of important information (e.g. social assistance or health services) to local activism (e.g. advocacy for a cleaner local environment). The activities of these self-help groups - based on the principles of healthy ageing - could not continue during the lockdown because of the impossibility for older people to leave their homes and meet physically. Therefore, the Red Cross of Serbia encouraged and negotiated the transition of these groups to telephone and app-based circles.

In this context, the members of the phone circles are both beneficiaries and volunteers.

In practice, this activity is implemented by linking 10-15 older people, most of whom live alone or in elderly households. In order to reduce the risk of social exclusion for these people and to increase the likelihood that they will get timely help and support in an emergency, the telephone circles operate according to the following procedure: The lead volunteer - the most experienced older person - calls the first person in the circle at the same time every day. The conversation is brief; it is a daily check-in call to see if that person is okay, and then the next person will do the same to make sure they are okay, and so on until the last person in the circle calls the lead volunteer back and confirms that the circle has been closed and that everyone has answered the phone and is okay. The whole circle is closed in 15-20 minutes maximum and this is repeated every day. If a person in the circle cannot be reached after several calls, the lead volunteer is informed and contacts the local branch of the Red Cross of Serbia to intervene, if necessary.

The mental health effects of these groups have been beneficial, as they have allowed older people not to feel abandoned through peer to peer support. This enables to combat loneliness and develop a sense of security among older people who benefit psychologically from knowing that they are being cared for and that someone is there for them.

Telephone circles have also spontaneously evolved into groups with strong ties and longer telephone conversations, communicating several times a day.



4.

Living  
with *neuro-*  
*cognitive*  
disorders



### **Carol Brayne**

Professor of Public Health Medicine  
at the University of Cambridge

Professor Carol Brayne is a medically qualified epidemiologist and public health academic at Cambridge University, UK. She has pioneered the study of dementia in the population. Since the mid-80s Carol Bayne's principal area of research has been longitudinal studies of the health of older people, with a focus on the brain, from a public health perspective. Alongside her Directorship of Cambridge Public Health, Carol Brayne leads The Public Health of Ageing Research Unit of the Cambridge University, an involved team of specialised dementia researchers whose work includes specific risk reduction trials, studies on ageing and technology, age-friendly cities, plus the impact of ageing and dementia in the populations of low and middle-income countries.

## “Facing dementia, we should always look for the persons”

*Carol Brayne, Professor of Public Health Medicine  
at the University of Cambridge*

### **What is dementia and how spread is it among older adults in Europe?**

Dementia is a syndrome which is a decline in cognitive capability from an earlier point. That decline has to be sufficient to interfere with the person's daily activities and ability to function day to day. And it has not to be part of a terminal process or part of an acute illness where you might have an acute confusional state. If we look into the older age population and we do some tests, we will find some people who are at an extreme end of neurocognitive disorders and who would be classified having developed dementia, but also people across the whole spectrum from clear cognitive impairment to high performance.



**Dementia**

Dementia<sup>1</sup> is a syndrome in which there is deterioration in cognitive function beyond what might be expected from the usual consequences of biological ageing. Currently more than 55 million people live with dementia worldwide, and there are nearly 10 million new cases every year. Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain. Alzheimer's disease is the most common form of dementia and may contribute to 60-70% of cases.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large.

In the population, according to studies that we have done, most people will have to face either dementia or moderate or severe impairment by the time they die, especially if they are dying in their late 80s or their 90s. So to pick out dementia as a category can be quite difficult, because there are grey boundaries around it, particularly in the older old in our populations.

Depression that is both a risk factor for dementia development as well as associated with dementia's early course. People experiencing inequalities have higher risk of dementia, as people would live shorter lives and have a higher risk of dementia during their life course. Thus, thinking ahead for those reaching older age in the future, including from early life, addressing inequalities is the most important thing for brain health for societies.

The biggest risk for dementia remains age. When a population ages, dementia is more likely within it. However, dementia has become less common age for age in some countries. This has been shown in France, in Scandinavia, in the US and Canada.

There have been quite a few studies that show that dementia has decreased, without any dementia-specific medication. The reason is probably that our brains are larger, generally more healthy and have more capacity now – for example education has increased and vascular risk such as smoking have decline in those countries with this drop in the occurrence of dementia. The drop is also likely to be associated with improved living conditions and our better capacity for prevention more generally.

Although inequalities remain across the world, in high income countries a hundred years ago, people were stunted, and the conditions were very different between generations. We now have evidence that can change the risk for dementia populations by having a healthy life course from conception to the end.

**Do you think that the focus on dementia is relevant or should we focus on neurocognitive disorders in a broad way?**

There is a concern about just focusing on dementia alone, given the fact it occurs in the context of an individual's other conditions and life circumstances. Many people don't get a diagnosis of dementia, even if they meet the contemporary criteria, although a benefit is often assumed. In addition, many people in the population will have degrees of impairment or also fluctuating cognition. Mild Cognitive Impairment (MCI) is a categorisation that has become commonly used although it tends to be used in those who are younger, with few additional medical conditions. Because we have this strong focus on dementia we tend to ignore the other areas where people have cognitive impairment in more complicated contexts. Cognitive impairment generally is very heterogeneous, and like for dementia, there are lots of different potential reasons. In the community the formal categorisation of MCI is an unstable one from which most people 'recover'. You can't recover from dementia, there is no curative intervention. Dementia is considered to be irreversible

1

World Health Organisation.  
Dementia. 2021, September.



whereas MCI is a kind of intermediate condition where you can move in and out of it.

#### **How dementia impacts older adults' mental health?**

Dementia as a concept has become very prominent in many societies' public discourse. People are frightened of it now. This is to a large extent the result, and many would say success, of dementia awareness campaigns. People worry about the quality of life not only for themselves, if they develop dementia, but also of their families and the impact on their communities. There is the fear of becoming a burden to other people and their family. This often contributes to anxiety and depression, particularly if an individual is aware of his or her changing cognition.

**“ Not all dementia is a catastrophe, its impact varies according to many things such as the family and the environment. ”**

Clinicians diagnose dementia earlier and earlier now and it raises the question about whether that increased length of time of awareness, including uncertainty about the meaning of an early diagnosis, increases quality of life or not. Because even if there is a better diagnosis, there is no curative treatment, and there's not

much support for most people with an early diagnosis.

If we talk about the wellbeing of people, it is possible to live well with dementia. Not all dementia is a catastrophe, it varies according to many things such as the family, the environment and each person's context.. Of course, it is very sad to know somebody that you love is slipping into dementia. And it can be very distressing for the concerned individual when they're aware of it, particularly in the early stages. But, to say it's a terrible thing, because the loss can be balanced against the enduring capacity for joy in life and relationships with as positive an attitude as possible.

#### **How can we improve the mental health of people with dementia? Do you have concrete examples to share with us?**

I would point you towards the Alzheimer's Society that, with the UK Government, had developed a strategy on living well with dementia. They developed a guide with several topics and information to help people that were diagnosed with dementia.

In terms of how we can improve the mental health of people, there's quite a lot of evidence not from the medication angle, but there is a good evidence from well-conducted trials that may be relevant to try. The Cochrane organisation website publishes reviews of trial evidence. Also, two years ago, the Lancet Commission on dementia published a fairly rigorous look at the evidence for what we call primary, secondary and tertiary prevention. And all the work about tertiary prevention, which is about

improving the lives of people with dementia, is very enlightening, especially because the literature search was worldwide.

**What should be done to make dementia and neurocognitive disorders more accepted in society?**

We should always focus on the person themselves. Too often when regarding the care of people with dementia, there is no contextual information given to carers who have not previously known the person. The link between individuals' history and their care is really important. When somebody develops dementia, those who are very close to that person might know important things that are useful for the care of the person. Somebody who has known them all their lives or for a long time, will know what a fragmented conversation might mean. Whereas, even the most caring carer who doesn't know that person can interpret what somebody's trying to say. Today, we are dealing more with packages of care that are itemised, and this approach can lose sight of the person, the person who is and who has been.

Solution\_01

## Remember to dance

Improving wellbeing of people with dementia  
[ United Kingdom ]

The project Remember to Dance has been launched by Green Candle Dance, a dance studio that was founded on the belief that everyone has the right to experience dance, but that many people are deprived of the opportunity to exercise that right. Starting to work with groups of older people, the staff observed the impact created by the work often made on people living with dementia.

To bring this impact to light, especially to medical and health care professionals, Green Candle approached the Sidney De Haan Research Centre for Arts and Health and the Mental Health Department of the local NHS Foundation Trust, as well as the Alzheimer's Society. Through this partnership, a real scientific study of two years started: the Remember to Dance sessions have been divided between two separate groups – one, people with early to mid-stage dementia and another group of people with more advanced conditions in a dementia assessment ward in hospital. The study's final report found that '...following regular Remember to Dance sessions, delivered by specialist practitioners, the participants showed evidence of improved wellbeing and positive moods, better coordination and sequencing, demonstrations of being in the here-and-now, positive social interactions and greater confidence, a reduction of listlessness and distress, and enhanced relationships with carers. Furthermore, the research suggests that programmes like Remember to Dance could potentially offer cost savings to health and social care budgets by reducing the need for premature admission into long-term care

settings and administration of drugs.’

Hence, the dance sessions take place every week since 2013, with groups from 10 to 15 people. Even during the pandemic, the weekly sessions have been maintained thanks to Zoom. This allowed Green Candle to reach an even wider audience, including people for whom travelling to the studio was too tiring.

Sessions are led by one experienced dance artist, an assistant and a musician, usually playing an accordion or other harmonising instrument. Most participants have a partner or carer to help set up the Zoom connection and occasionally troubleshoot for the participant. Participants are usually seated throughout the sessions which last an hour and often include some singing as well as dance; in fact, the importance of live music in all sessions cannot be underestimated.

Solution \_ 02

## The Irish Dementia Cafe Network

Welcoming families and people with dementia  
[ Ireland ]

The Irish Dementia Cafe Network is a network of dementia cafes around Ireland each of which is run according to a set of shared principles and guidelines. There are currently about 64,000 people living with dementia in Ireland. This figure is expected to double to 150,000 by 2045. Over 60% of these people are living in the heart of our communities either alone or being cared for in their homes by family members and other loved ones. A dementia café is a safe and welcoming meeting place for those living with dementia and their loved ones. The network brings dementia cafes together and supports the start-up of new ones.

The project was launched by Minister for Mental Health and Older People, Mary Butler and Miriam O’Callaghan on 17th September, 2020. It is managed by Engaging Dementia, as part of the NDO’s Post-Diagnostic Support Pathway Project. A dementia café aims to welcome people with dementia, their families and friends, health and social care professionals, but more broadly all members of the local community who are interested and involved in dementia activities in their community. The cafes take place at least once a month in the same place and participation is free of charge. The philosophy of the network relies on four pillars : Atmosphere, Information, Support, Community. This is particularly true for the communication and language used at the cafe, they are accessible and support personhood for people with dementia. The information is shared through speakers intervention and talks organised at most cafe meetings (at least 7 a year). Research has shown that the cafes can help to ease the loneliness and social isolation that those living with dementia and their carers can often experience.

Moreover, the Dementia Café Network supports those who wish to set up a local café. A 80 page toolkit “How to Set Up a Dementia Café” is available which contains detailed guidelines to support start-up dementia cafes, information and resources. Information and networking workshops are also run by Engaging Dementia to deliver online sessions to those interested or who may have questions.

5.  
Facilitating the  
acceptance of  
*psychosocial*  
*support*





### **Alba Luque**

Therapist and Technician Health Knowledge Area  
of the Spanish Red Cross

Alba Luque graduated with a Master in General Health Psychology. She covers the field of research in health issues, positive ageing and positive psychology. She worked in the clinical field and in private psychology centres for several years. She is now responsible for the psychological health department of the Spanish Red Cross and works for the program of “Cruz Roja te Escucha”.

“ We have always lived with a great stigma against everything related to mental health ”

*Alba Luque, Therapist and Technician Health Knowledge Area  
of the Spanish Red Cross*

**25% of suicides in the world are attributed to people over 60. Why is it particularly important to provide psychosocial support to older adults?**

There is no single causal explanation to which we can attribute suicide in this age group, because, as in everything, there are many relevant variables. It is important to work on suicide prevention and care in the entire population regardless of age.

People over 60 have traditionally been a population that has not had access to psychological care services, and they have probably grown up with a stigma towards everything related to mental health, so it is likely that this generates a refusal to ask for help, and highlights the need to provide greater facilities for access.

In addition, this is a group that is going through an important change of life stage: retirement, numerous losses of close people due to old age, illness, economic changes, changes in their physical and cognitive capacities, etc. Changes generally generate uncertainty and emotional discomfort, and if they are as pronounced as at this stage, it can be even easier to develop emotional symptoms of anxiety or low mood.

And finally, older adults have been the group most affected by COVID-19. They have been the most vulnerable population in terms of the aggressiveness of the virus, and this has led them to adopt the most restrictive security measures. This has caused the perception of their wellbeing to drop considerably according to studies published in recent years.

For all these reasons, I believe it is important to take care of and attend to the particularities of this age group in order to improve their psychological well being.

#### **Is psychosocial support more stigmatised among adults than the rest of the population today? If yes, why?**

As I said before, we have traditionally lived with a great stigma and great prejudices against everything related to mental health. For years, people with mental health conditions have been categorized as ‘crazy’, and people often shied away from sharing their psychological problems for fear of being judged, misunderstood, or even for fear of discriminatory behavior or negative consequences in their environments. So the group of older adults may

have even a greater stigma to everything related to psychological support, as it may be more complicated for them to access the resources available to them. Fortunately, we are more and more beginning to normalise and understand that physical health is not the only important aspect, and that psychological health also deserves attention and care.

#### **Why is this stigma dangerous and how can it be fought?**

Any stigma towards mental health carries high risks at the population level and at the particular level of people who have these types of problems, or who may have them in the future. Not having access, or not feeling it is normal to access a safe space to talk about psychological health problems can have serious consequences on a person’s health.

**“ Older adults have been the group most affected by COVID-19. ”**

And how can we combat this? There are many actions that can be taken: for example, normalising that just as there are physical and biological health problems, there are also problems at the psychological level; having psychology professionals (and not only psychiatry professionals) to evaluate and treat these problems; building prevention and awareness programs from

#### **What is depression?**

Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years<sup>1</sup>. Depression is a leading cause of disability of older adults and is associated with cognitive and physical decline, poor quality of life and excess mortality<sup>2</sup>. First, older adults are less likely than younger adults to recognize signs of depression and to perceive a need for using Mental Health Services to seek treatment. According to the World Health Organization (WHO, 2017), around 15% of the geriatric population worldwide has a mental health disorder.

<sup>1</sup>

World Health Organisation. *Depression*. 2021, September.

<sup>2</sup>

Horackova, K., Kopecek, M., Machů, V., Kagstrom, A., Aarsland, D., Motlova, L., & Cermakova, P. *Prevalence of late-life depression and gap in mental health service use across European regions*, *European Psychiatry*. 2019, January.

school, with the youngest children; encouraging reflections and communication, in a correct way, on these types of issues; disseminating awareness and information in the media, in culture, etc.

**Are there specific psychosocial support programmes dedicated to older adults and how can their access be facilitated for older people?**

Yes, they do exist. For example, at the Spanish Red Cross, we have specific programs for the elderly. For instance, caregivers are giving support in situations of unwanted loneliness, like through Cruz Roja te escucha. It is not addressed specifically to older adults but they represent the majority of the people we support. We have different levels of support and there is one dedicated to the people calling because they feel lonely. So it is generally older adults and we provide them some psychological support adapted to their situation.

We can also count on psychology professionals who are in the day centres or in the residences and can welcome the elderly who need it. Moreover, we have some programs for the reactivation of impaired cognitive functions or focused on memory stimulation, etc. In all these projects the target group is the elderly and we pay attention to meet their needs to respond correctly to their issues.

More generally, numerous measures can be taken to facilitate psychosocial support for the elderly. I believe it is important

to raise awareness about older adults' realities, their mental health and what ageing really means.

In addition, it is also necessary to psychoeducate older adults, since many of them do not even know terms as commonly used as mental health. Educate them on the importance of this area of health. Show them how it affects their daily lives, and what consequences, both positive and negative, caring for it can have. This is vital for older adults to be receptive to psychological health care, attention and treatment programs. And in this regard, it is essential to provide accessible spaces for it. To have programs and individualised care in senior centers, day centers, residences, primary care centers...

Finally, it would also be interesting to invest efforts and resources in expanding scientific research on mental health of older adults, so that we could obtain objective data that would allow us to adapt the available resources to the real needs.



Solution \_ 01

## The Warm visits

Feeling supported in everyday life

Lithuania

There are more than half a million people over the age of 65 in Lithuania and the number is growing every year. One in three people over the age of 65 lives alone. According to psychologists, people who experience loneliness are much more likely to suffer from depression, feel unnecessary, uninteresting, and forgetful. To address this issue, the Lithuanian Red Cross created the Warm Visits program with the objective of helping older people to live at home for as long as possible - by safeguarding their independence, encouraging greater self-care and helping them find opportunities to be needed in local communities. It is aimed at single people, mostly the elderly, who rarely leave their homes or care homes due to health and other barriers and do not have a circle of people close to them. They are regularly visited by Red Cross volunteers to reduce the sense of loneliness of older people and to strive to improve their emotional well-being. A personal volunteer is assigned to each senior. He or she devotes at least 10 hours per month to quality communication or joint activities with the senior he or she interacts with. The trained volunteers provide quality psychosocial support through listening and warm communication. Moreover, there is also an objective of engaging seniors in activities that they can no longer do on their own and encourage them to cross the doorstep when possible.

The team shares valuable information about ways to overcome loneliness, self-help they can learn to do and all the benefits of a healthy lifestyle. They support the older people to

develop useful skills that facilitate everyday life, such as first aid for themselves and others. . If necessary, the volunteers can also help the seniors to access the relevant care services, sometimes a senior psychologist. In 2021 the volunteers of the Warm Visits programme reached 815 elderly people at home and visited 440 elderly people at retirement homes.

Solution \_ 02

## Red Cross listens to you

Taking the time to build trust

[ Spain ]

Cruz Roja te escucha (Red Cross listens to you) is a telephone service of the Spanish Red Cross that offers psychosocial support and accompaniment to the most fragile people in our society, especially the elderly, who have been particularly affected by the COVID-19 health crisis and the associated restrictions. Indeed, Cruz Roja te escucha was created in April 2020 to respond to the risk of increasing social isolation that threatened some people. Isolation can have both physical and mental consequences, particularly for older people who are the first victims. Yet, this mental suffering is often not well expressed and generates a very important psychological malaise. Among the many objectives of Cruz Roja te escucha, that of ensuring this role of social link with isolated elderly people has been very strong from the creation and continues to be so today with the dimension of encouraging mental health care. The service is a telephone number (900 107 917) linked to a contact centre. Since its creation, almost 11, 200 calls from all over Spain have been answered, most of them for episodes of depression, anxiety or stress. Cases considered more complex are dealt with by a team of psy-



chology professionals who establish a therapeutic course of action with the people concerned that can last up to three months. So far, 830 people have benefited from this second specialised level of the Red Cross Listens to You service. This sustained support offers older people a more discreet and accessible form of psychological care than going to a psychologist's office. Other national societies, such as France, Italy or Germany, have set up this listening and support service to protect as much as possible the psychological well-being of the most vulnerable and emotionally distressed people.

6.

Unleashing  
the *power of*  
*technologies*  
to support older  
adults' mental  
health





### **Johan Girard**

National Delegate for the elderly  
of the French Red Cross

Johan Girard, is the National Delegate for the elderly and home-based services at the French Red Cross. His role is to accompany the French Red Cross strategy on all issues concerning the homecare sector and the professions around older adults in order to put into practice the strategic orientations and public policies related to this subject. By being at the service of field operations, the objective is to develop interprofessional synergies to decompartmentalise activities and develop new partnerships at the service of the French Red Cross. Since July 2022, Johan Girard is Deputy Director Innovation and Attractiveness for services and facilities at the French Red Cross.

## “ Digital technology is useful as long as it frees up human time ”

*Johan Girard, National Delegate for the elderly  
of the French Red Cross*

**We have just gone through two years of COVID-19 pandemic and lockdowns. How did it affect the mental health of older people in France?**

In France, the COVID-19 restrictions were not the same for everyone. Although the objective was to protect older people from the virus, the level of protocols and restrictions that have been put in place in care centres for the elderly reminded us that people did not have the same freedom to move, depending on where they lived. At the beginning of the pandemic, the notion of visiting rooms was introduced in care centres so that the elderly could interact with their relatives. We are talking here about an environment reminding prisons organisation, a universe of total deprivation of freedom.

**Digital divide**  
It refers to the “gap between individuals, households, businesses, and geographic areas at different socioeconomic levels with regard to their opportunities to access information and communication technologies and to their use of the Internet for a wide variety of activities. The digital divide reflects various differences among and within countries”.

What happened is paradoxical when we think about the vision of the public authorities in France, which stated that care centres for older adults should be a place of life, as a continuum of the home. This raises an ethical question because it means that when a person lives in a care centre because of degenerative disorders or physical dependence, his or her freedom is called into question. Even though we have not measured the concrete impact of these restrictions on older adults’ mental health, we have obviously seen that there has been a psychosocial impact. Older people in care centres were deprived of the presence of their loved ones, of the usual visits of the family carer who is sometimes an essential companion. In some cases, it is the family who comes to help the resident to eat, and this facilitates the intake of food, which is not possible with a professional carer. We have underestimated the consequences of these restrictions on the quality of life of the elderly and this has led to other problems, particularly on mental health. We forgot that the rupture of social links can lead to death. Indeed, a senior citizen can quickly develop a «disinvestment syndrome» or «slip syndrome», which means a form of letting go, sometimes fatal, when there is no longer any reason to live.

**What have been the effects of the COVID-19 crisis on the social and health care services?**

The COVID-19 crisis came on top of an existing crisis, related

to the attractiveness and recognition of the social and healthcare professions, which had already begun before the pandemic.

It is true that during the first months of the crisis, care workers were applauded from balconies all over France and the general enthusiasm helped to restore the value of this social body and of those who were there to care for the most vulnerable. However, the frenzy quickly faded away. In addition, following the Segur public consultation held in France (May 2020), different bonuses were provided depending on whether one came from the public or private sector or whether one worked at home.

Finally, the crisis highlighted the issue of loneliness and isolation. How do we consider social links, relationships with others, as real care? How will this relational care contribute to the fight against the worsening of the loss of autonomy? How can taking mental health into account, also in old age, be an element of life quality, of ageing well, of preparation for ageing until the end of life? All these issues are essential elements of the problem of mental health of the elderly.

**What role did digital technology play during this period and what did you put in place within the French Red Cross facilities?**

At the French Red Cross, we created a digital package for mental health during the COVID-19 crisis. It was important not to focus on a single device, as we know that mental health wellbeing is

not a universal solution (it depends on each person, their cognitive and functional reality, their acceptance of technology, etc.). We have therefore tried to deploy different tools to respond in a personalised way to the support of older people.

First of all, this was done through simple things: the introduction of tablets and internet boxes. These tablets made it possible to recreate social interactions, both inside and outside the home, with relatives.

## “ Via digital technology, older people can interact remotely with their children or grandchildren who live far away ”.

At the same time, we had to find ways to respond to the stress, anxiety, and need for escaping and relaxing our residents. Virtual reality headsets appeared at that time as a real solution to disconnect them from this anxiety-provoking atmosphere, thanks to immersions in different worlds: nature, historical places, unusual experiences such as swimming with dolphins.

Similarly, during the crisis, we deployed applications on tablets to stimulate the elderly, to replace as much as possible the workshops organised in normal times and limit neurocognitive degeneration.

Finally, I am firmly convinced that non-medicinal interventions, such as digital technology, have a real added value on the mental health of the elderly, in addition to a real added value in terms of reducing the use of medication. We know that stress and anxiety can lead to sleep problems and this was observed during the COVID-19 crisis. We have deployed 250 headsets and music therapy applications, operating in hypnotic cycles, either autonomously or accompanied. This makes it possible to choose different modules according to one's needs: to act on one's pain, on one's sleep disorders, etc. The results have been spectacular. The entire digital package has been distributed to all the French Red Cross care centres for older people and autonomous residences and some tools have been deployed at home, such as the music therapy headsets. Of course, this meant training staff and recruiting digital referents, which was a sudden and accelerated change in professional practice. This set the stage for the place of digital technology after the COVID-19 crisis and its role in the psycho-social well-being and mental health of the elderly.

### **How do you make sure that digital solutions do not replace human intervention?**

Digital is useful as long as it frees up human time where humans have added value. Too many activities currently take up the time of nursing staff and health managers, to the detriment of local management, the evaluation of the quality of care, the development of projects and also to the detriment of relations with fa-

milies and even with residents. Digital technology has its place when it frees up time that can be used for the elements mentioned above, which are at the heart of the meaning of their job. Nevertheless, not all digital solutions are relevant. I sometimes prefer frugal, simple innovation such as adopting a pet from the SPA (society for the protection of animals), which will have a better psychological impact on the elderly person than the use of superfluous robotic tools. Ethics must guide the design of digital technology: how are the tools designed? For whom? The question is how does it serve the human being without replacing him, because artificial intelligence or digital technology will never replace the human being.

**Can you describe a digital solution implemented for the mental health of the elderly and how was it welcomed?**

In our French Red Cross facility in Nissan-lez-Enserune, a woman was announced as being at the end of her life at the beginning of the health crisis. This woman was a friend of another resident of the care centre with whom she shared many moments of life. However, with the lockdown, there was no longer any interaction between them, which generated a slippage syndrome. She had nothing to live for and stopped eating, which was obviously very dangerous. The staff of the care centre, experienced in digital technology, recorded a video of their friend to stimulate the dying patient. In this video, the friend told her that ‘she couldn’t leave, that she needed her, so she needed to feed

so they could get together after the crisis to share moments like before’. This video was shown to the lady and, believe it or not, at the end of it, the lady started eating again and did not die. The two friends were reunited at the end of the lockdown.

Digital technology has made a real improvement in the social connection of the elderly. Of course, face-to-face visits are always preferable to an exchange via a phone or tablet. However, today, digital technology is very relevant for keeping in touch with each other. Older people can interact remotely with their children or grandchildren who live far away, study abroad... which was not possible before. Digital solutions can sometimes generate wonderful and very positive events for isolated elderly people.

**What links do you have with other actors in the social innovation ecosystem in France and Europe?**

There are several. Firstly, at the French Red Cross, we have 21, the Social Innovation Accelerator. It is a vehicle for opening up to the social innovation ecosystem through which we can create moments of exchange and events with various players, particularly from the Silver Economy with «silver breakfasts».

Also with the 21 accelerator, we want to acculturate tomorrow’s leaders to social, digital and organisational innovation. We also participate in some of the Masters degree classes of the Conservatoire National des Arts et Métiers (French National Conservatory of Arts and Crafts), such as the one on humanistic management for institutions for the elderly. Finally, from a personal

**Digital inclusion**  
It means that everyone can contribute to, and benefit from, the digital economy and society by ensuring that digital technologies and the Internet are available, affordable, accessible and that all individuals have the skills and abilities to use them. Assistive technologies can promote social inclusion by enabling individuals with cognitive and physical disabilities to perform activities that they would not be able to perform otherwise. In 2019, in the 27 members of the European Union, 24% of the people aged between 65 and 74 had the basic or above basic overall digital skills compared to 80% of the people aged between 16 and 24. One quarter (25%) of people aged 55-64 years and more than two fifths (44%) of people aged 65-74 years in the EU-27 in 2017 never used a computer.

point of view, I interact with many players in the silver economy ecosystem, through participation in think tanks or exchanges with players in the public sector to try to change things. I am a member of the CNSA's «Solutions of Tomorrow» laboratory, which is responsible for innovation and the transformation of the service offer. In particular, I was able to address the subject of the methodology of third places, which can concretely open up institutions for the elderly to the outside world, for the benefit of inclusion, participation and consequently the psycho-social well-being of the elderly.

#### Solution \_ 01

### Mobile Telecare

How to increase autonomy and safety

[ Spain ]

The mobile telecare project aims to increase the autonomy and safety of the elderly, people with disabilities and other vulnerable populations when they are away from home, using a mobile application or a connected watch. Thanks to new communication technologies, this service allows the elderly, people with loss of autonomy and/or functional diversity, to be taken care of by professionals trained in emergency situations, whether they are health or social.

Developed by the Spanish Red Cross in collaboration with the Vodafone Foundation and the Tecnologías Sociales Foundation (TECSOS), this service is guaranteed 24 hours a day, 365 days a year, regardless of the person's location, thus ensuring greater autonomy for people, especially those living alone. As highlighted in the various parts of the publication, active aging, freedom to choose one's daily activities and socialisation are all essential levers for the mental health of older people. The installation of an application on a smartphone or a connected watch allows the user to launch an alert by pressing the button that appears on the device's screen. This emergency call is then received by Spanish Red Cross call centers that qualify the nature of the situation to take action. Mobile telecare, extending outside the home, offers a new tool to maintain security so that the elderly can leave their homes in peace. The service demonstrates its inclusiveness by being accessible to people who are deaf, blind, hard of hearing, with reduced mobility or with cognitive or motor disabilities.



## Solution \_ 02

## Share Ami

Long distance friendships to build social bonds  
[ France ]

Launched in May 2020 during the first lockdown, ShareAmi is a tool for seniors and young people at risk of isolation to maintain social links. Every week, ShareAmi's learners and seniors meet in front of their screens to talk about everything they want, in French. By adapting to the constraints of social distance and thanks to the use of digital technologies, older people and young people can benefit from weekly conversations which are considerably richer than one might think: it is precisely behind this apparent "small talk" that is everything. For some, it is a question of practising French, academic improvement or social integration. For others, it is a question of transmitting knowledge, of feeling useful, as well as the simple joy of sharing and discovering the other. ShareAmi receives registrations from seniors and learners and matches two profiles to form a pair. The experience relies heavily on volunteer facilitators who match seniors and learners. The facilitator calls the learner and the senior separately to introduce the programme, trains the senior in the use of video when necessary, helps them find a time to call each other and is present during the first conversation to ensure that everything goes well. Following an initial test conversation, learners and seniors commit to 3 months of conversations. Since its starting in May 2020, Share Ami formed over 750 duos that generated an overall satisfaction of 91% of seniors and 99% of learners. 95% of participants said they had created a friendship with their partner which led to a positive impact on their morale.

## Solution \_ 03

## Bonjour Henry

A vocal assistant to open the doors of communication  
[ France ]

In 20 years, the active dematerialisation of society has created a digital divide that has accelerated the loss of autonomy for 8 million people in France. Seniors are the first victims and are deprived of an activity that is necessary for their good ageing: social links. This has a real impact on their capacity of being independent. Today, 95% of seniors wish to age in their own home. Bonjour Henry is the first voice assistant dedicated specifically to the elderly who are losing their independence. It accompanies them on a daily basis and provides support for their carers.

The solution consists of two products. On the one hand, a voice assistant dedicated to the elderly, which allows them to simply send messages to their loved ones, to call them by video and to consult their agenda. On the other hand, an application - Henry-Care - dedicated to family caregivers, allowing them to enter events in a schedule that Henry will share vocally with the person being cared for.

Henry Voice Assistant is delivered through a tablet and a speaker specifically designed to respond to the problems of age enabling older adults to make video calls or send messages more easily.

The solution is now deployed to 200 people in care homes for older adults and at home. Since January 2022, the first results have shown that beneficiaries called their relatives 11 times more than with a standard smartphone and exchanged 17 times more messages, the content of which consisted mainly of photos and videos.

**French Red Cross** | The French Red Cross is a recognised public utility organization which prevents and alleviates all human suffering without any discrimination since more than 150 years. With its history, its roots in all the departments of Metropolitan France and overseas, its involvement in the largest humanitarian and social movement in the world, it is the leading social organisation in France. The Association relies daily on the commitment of 59,000 volunteers in 1,000 local units and 17,000 employees working in 664 health, social and medico-social and training establishments. The French Red Cross operates mainly in the following areas: training in health, social and medico-social professions, social action, international action, emergency relief, and first aid operations.

**Spanish Red Cross** | As a volunteer-based humanitarian organisation and strongly rooted in society, the Spanish Red Cross provides comprehensive responses to vulnerable groups from a human and community development perspective, reinforcing their individual capacities in their social context. The organisation consists of professionals and volunteers geographically distributed through 665 local delegations, covering different contexts (both urban and rural). The entity's programs and activities are aimed at vulnerable groups in society including the elderly, immigrants and refugees, children in social difficulty, victims of gender violence, and unemployed. Spanish Red Cross' missions are organised under Knowledge Areas, the main ones being: relief, social inclusion, employment, health, and environmental education. This is made possible by the support of 231,053 volunteers and 13,342 multidisciplinary professionals: social workers, doctors, psychologists, therapists, nurses, psychologists, engineers, etc. In 2019, 2,849,827 people have received assistance through the Spanish Red Cross services, and 11,589,787 have benefitted from national, international and awareness programs.

**21, Social Innovation Accelerator of the French Red Cross** | 21 is a 1000 m<sup>2</sup> space dedicated to social innovation located at the French Red Cross headquarters in Montrouge, Paris. Composed of a coworking space open to social enterprises, 21 runs different programs of incubation and acceleration for internal and external projects with social impact.

**TECSOS Foundation** | The Social Technologies Foundation, TECSOS, is a non-profit foundation created in 2002 through the joint promotion of the Spanish Red Cross and the Vodafone Spain Foundation. In the TECSOS Foundation, the social experience and technological excellence of each of the entities come together with the aim of addressing social needs. TECSOS relies on technological innovation and Information & Communication Technologies to respond to social needs in a responsible manner, contributing to skill development and paying special attention to the most vulnerable.

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