



Advocating for Better Mental Health Care for Older Adults

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Abstract

A possible negative consequence of the rapid aging of the world population is the increase of the number of older adults with mental disorders. More than 20% of people aged 55 and more may suffer from mental health problems. Mental health problems have a significant impact on an older adult's ability to carry out the basic activities of everyday life and reduce the person's independence, autonomy, and quality of life. Despite the already significant and increasing number of well-prepared professionals, a well-developed body of knowledge, and a large number of caregivers, it is

becoming more and more difficult to persuade the authorities to invest in the overall older adults' mental health. It is the responsibility of all mental health professionals, together with those involved, to advocate and to act to ensure that the distribution of available mental health resources is done in an equitable manner to adequately meet the needs of all. One of the ways to bring about a real change in the older adults' mental health care is to rely on the local, national, and international associations and organizations of the persons concerned by this theme. This chapter reviews some of these international organizations and their current projects.

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Key Points

- One of the consequences of the rapid aging of the world's population is the increase in the number of older adults with mental disorders who may overwhelm mental health systems.
- It is becoming increasingly difficult to convince the authorities to invest in the overall mental health of the elderly.
- One way to ensure an equitable distribution of available resources and to provoke a real change is to rely on local, national, and international societies, associations, and organizations to ensure a credible defense of interests.

- This chapter presents some of these organizations active in Europe and in the world, as well as some of their strategies, projects, and actions.

12.1 Mental Health of Older Adults: An Important Public Health Subject

The world population aged over 60 is estimated to become 2 billion by 2050 [1]. In the same year, 30% of the population residing in the European Community area will be over 65 years of age, and 10% will be over 80 years of age. The growth of the older adults' number will be rapid in middle- and low-income countries, with enormous consequences for these vulnerable economies [2]. In the less developed regions, by 2050, older persons are expected to account for a fifth of the population. Many people live a long and happy life without any mental health problems, and, despite the widespread image that older people are sad, slow, and forgetful, mental disorders are not an inevitable consequence of aging. Nevertheless, one of the possible negative consequences of the rapid aging of the world population is the increase of the number of older adults with mental disorders, which is likely to overwhelm mental health systems in all countries [2] as they are now already doing.

More than 20% of people aged 55 and more may suffer from mental health problems. Biological changes can interfere with the functioning of the brain. Social change can lead to personal isolation or devaluation. Somatic diseases are also important factors in breaking an already fragile psychic balance. Mental disorders can exacerbate the symptoms and functional disabilities associated with medical illnesses and increase the overall cost of care [3].

Mental health problems can have a significant impact on an older adult's ability to carry out the basic activities of everyday life and reduce the person's independence, autonomy, and quality of life. The first step to reduce these negative consequences is simply by making a proper diagnosis. Unfortunately, mental health problems are not

often diagnosed and treated. Many older adults struggle without proper help—or simply without any help at all [4].

There are many prejudices about the meaning of mental illness. Many older adults today still see mental illness as a sign of weakness and are unlikely to admit their difficulties. In addition, symptoms of dementia and depression are too often considered as part of normal aging.

Despite the significant and increasing number of well-prepared professionals, a well-developed body of knowledge, and a large number of caregivers, it is becoming more and more difficult to persuade the authorities to invest in the overall older adults' mental health. This is not consistent with the growing demographic position of this age group in the population. The distribution of skilled mental health resources for caring older adults among the different regions of the world and income groups is significantly uneven, and in many countries, they are even scarce.

In this context, the absence of a comprehensive policy and targeted programs for the older adults' mental health is not surprising. Despite the improvement in educational programs, the recruitment of new human resources to work in favor of the older adults' mental health is becoming increasingly difficult. Even in Europe, where services are considered to be better developed, between 2011 and 2014, there were a 3% reduction in the median number of total psychiatrists per 100,000 inhabitants and an increase of only 1% in the median number of nurses per 100,000 inhabitants: Europe is the WHO region with the most skilled human resources in mental health and the region of the world with the highest rate of older adults [5].

Other health professions working with older adults are also affected. The lack of psychologists specialized in older adults' mental health severely reduces training opportunities for psychologists and is an obstacle to the development of positive attitudes toward the choice of a career with the older adults. The low availability of specialized psychologists also reduces the availability of supervision of nonspecialized psychologists providing support to older adults. However, the lack of adequate resources is not the only factor limiting the recruitment of adequate health personnel. Negative prejudices among the general public, decision-makers,

and health-care providers, including doctors, have long contributed to making careers related to care of older adults less attractive than other specialties.

While in some parts of the world professionals interested in this area of care argue for designing specific services catering to the older adults, in some countries, there is a movement to close specific mental health services for older adults, considering that this exclusivity reinforces segregation within the health system. This specificity was originally recognized as being necessary to treat patients with multiple comorbidities and special needs and for which there was a natural tendency not to consider them as a priority adult population. Developing services should be closely matched with the resources available, existing health systems, and prioritization. While developing specialist services at a national level may be appropriate for some health systems and countries, integration of old-age care and old-age mental health care into primary health services may be more appropriate in others.

The organization of services for older adults suffering from mental disorders needs vast improvement. There has been little attention on the needs of older adults suffering from anxiety and affective disorders, with suicidal ideation or with psychotic disorders.

It is the responsibility of all mental health professionals, together with those involved, to advocate and to act to ensure that the distribution of available mental health resources is done in an equitable manner to adequately meet the needs of all. The Declaration of Alma-Ata on Primary Health Care [6] states in Paragraph IV that every human being has the right and the duty to participate individually and collectively in the planning and implementation of health care. One of the ways to bring about a real change in the older adults' mental health care is to rely on the local, national, and international associations and organizations of the persons concerned by this theme. Putting together their energy, competences, and representativeness, it becomes more efficient to produce a significant change in all area concerned by mental health care for older adults: to produce better policies and more efficient programs and to develop more and better facilities to deliver care and education for all.

We will review some of these international organizations and their current projects.

12.2 The Nongovernmental Organizations

12.2.1 The European Association of Geriatric Psychiatry (EAGP: <http://www.eagp.com>)

The EAGP, the oldest association of the specialty (founded in 1972), has a very important role in bringing together old-age psychiatrists from European countries, creating opportunities for teaching, and promoting research. It is an association of professionals, which also encourages the development and promotion of national organizations of old-age psychiatry to join it. The objectives of the EAGP are to promote research, pre- and postgraduate training, and the development of old-age psychiatry and to cooperate with national and international organizations involved in the field. In addition to its congress, the association has participated at national and international congresses and as well to consensus meetings and has collaborated to significant consensus statements in the field.

Since 2013, the association organizes every 2 years in Lausanne the 1-week course in old-age psychiatry. This course offers a forum for bringing together European old-age psychiatrists with an academic or institutional potential. Participants have the opportunity to improve their knowledge on old-age psychiatry, to develop new ideas, and to share experiences about mental health programs and organizations. The course includes workshops, group discussions, and lectures by European experts in the field of geriatric psychiatry. The association also offers every year a 3-day refresher course for postgraduate training.

12.2.2 The International Psychogeriatric Association (IPA: <http://www.ipa-online.org>)

For more than 30 years, the International Psychogeriatric Association (IPA) has symbolized the entire mental health of the older

adults. For the IPA, the spirit of connection, collaboration, and community is fundamental. The IPA facilitates the bringing together of professionals and their collaboration to interact and work together in research, to improve care practices, and to promote mental health improvement for all older adults around the world. The IPA promotes this spirit of community within the association but also seeks to work with other organizations that share its commitment, such as those included in its *IPA Affiliate Organizations* program (involving 27 associations from 24 countries), the World Health Organization, the United Nations, the World Psychiatric Association, the Alzheimer's Disease International, and many others.

Some activities of the IPA in addition to the organization of its congresses:

IPA Junior Research Awards in Psychogeriatrics: presented every 2 years at the International Congress, the IPA recognizes the best original research yet unpublished in the field of old-age psychiatry carried out by young professionals who are initiating in the specialty.

IPA Member Forums: these are the communities of IPA members who can connect and collaborate online as well as at meetings and congresses. Based on disciplines, regions of the world, and common interests in old-age psychiatry, members collaborate in forums to share best practices, communicate current projects, write articles, research, develop programs, and produce publications.

Expert Consensus Meeting: beginning in the 1990s, with the first meeting on behavioral and psychological symptoms of dementia (BPSD), until the most recent meeting for a universal definition of care and criteria for research on agitation, the IPA has been at the forefront of older adults' mental health. Regularly, IPA brings together renowned experts to conduct these invitational meetings only to examine and to discuss an important and determined issue in an effort to reach consensus and to advance the field.

12.2.3 The European Psychiatric Association (<http://www.europsy.net>)

The association was founded in October 1983 with the name of Association Européenne de Psychiatres (AEP) with the aim of promoting European psychiatry in the fields of research, treatment, and education. Another objective was to establish an association that would act as a privileged mediator between practitioners and public authorities on issues related to mental health policies.

In order to achieve these objectives, the ASP has gradually set up the organization of the annual European Congress of Psychiatry, as well as other regular scientific meetings, the publication of an international scientific journal, the award of research grants, and the creation of sections corresponding to sub-disciplines of psychiatry.

Since its foundation, the number of AEP members has grown steadily, and its openness to all member countries of the Council of Europe has evolved rapidly. As a result, in February 1989, it was granted consultative status with the Council of Europe, followed by a participatory status in 2003. In 2008, the Extraordinary General Assembly changed the name of the organization to become the European Psychiatric Association (EPA). Since 2012, the EPA offers the possibility for national psychiatric associations to become full members while retaining the possibility of individual membership: 39 national psychiatric associations from 36 European countries are by now members of the EPA.

EPA is the most visible psychiatric association in Europe, basing its growth on developing collaborative projects with other major psychiatric organizations such as the European College of Neuropsychopharmacology (ECNP), the German Research Network on Schizophrenia (ECSR), the International Society of Neurobiology and Psychopharmacology, the European Brain Council (EBC), and the European Union of Specialist Physicians (UEMS).

12.2.3.1 The Section of Old Age Psychiatry

EPA has created sections that have their own steering committees. These sections organize their own symposia under the aegis of EPA and annual conferences in Europe. The mission of the Section of Old Age Psychiatry is to promote the discipline of old-age psychiatry within the framework of the EPA, through the following objectives:

- To ensure that the executive committee and the board are well informed about issues of geriatric psychiatry
- To organize symposia and workshops during the EPA congress
- To collaborate with other international organizations with similar interests and participate in major international meetings relevant to the discipline
- To develop and disseminate educational materials for practitioners in the field
- To provide technical support to national member organizations of EPA

The Section of Old Age Psychiatry has proposed an itinerant course on dementia which was first presented in Riga in October 2013 at the annual meeting of the Latvian Psychiatric Society and after at the Portuguese National Congress of Psychiatry and Mental Health in November 2015. The section has collaborated with the fifth EPA Academia Summer School held in Strasbourg from 10 to 13 July 2015, with the theme of comorbidity between mental and physical disorders, focusing on the health of the elderly.

As an example of advocacy action, the section supported the Royal College of Psychiatrists Faculty of Old Age Psychiatry. In December 2013 the section contacted the EPA president to ask for a response on the risk of closure of specialized mental health services for the older adults in the UK. An open letter was published in *The Times* in January 2014 [7], with the signatures of representatives from the Royal College, EPA members, and other global specialists. The

EPA directors and its National Psychiatric Associations (NPA) board discussed this issue in Munich in March 2014. The EPA sent a letter in March 2014 to the UK Secretary of State for Health. The British health authority issued the following statement in its 2014 annual report: “Mental health problems in the elderly are common, often undiagnosed, but are amenable to treatment as in other age groups. Helping people with physical, psychological and social difficulties combined in the context of aging and the end of life requires specialization. This could be compromised by switching to generic services that are not organized according to the age of the users.”

Finally, this section was represented at the meeting held in Lausanne in July 2002, where a paper on skill-based objectives for the training of specialists in old-age psychiatry was proposed [12].

12.2.4 The World Psychiatric Association (<http://www.wpanet.org>)

WPA is an association of national psychiatric societies aimed at increasing the knowledge and skills needed to work in the field of mental health and care for the mentally ill. Its member societies currently are 135, covering 117 countries, representing more than 200,000 psychiatrists.

WPA organizes the World Congress of Psychiatry every 3 years. It also organizes international and regional congresses and meetings, as well as thematic conferences. It has 65 scientific sections, aimed at disseminating information and promoting collaboration in specific areas of psychiatry. WPA has produced several educational programs and books. Encouraged by years of complaints about the political abuse of psychiatry, the WPA General Assemblies have formulated ethical guidelines on psychiatric practice, including the Madrid Declaration of 1996, amended in 1999 in Hamburg. WPA works equally well with the United Nations and the

World Health Organization to protect the rights of the mentally ill.

More recently, WPA has paid more and more systematic attention to teaching activities, often in coordination with the World Health Organization. Curricula have been developed, targeting psychiatrists and other health professionals around the world, particularly those residing in developing countries.

The Sections: they are the scientific backbone of WPA. They cover virtually all aspects of psychiatry and enjoy a high degree of independence under the WPA regulations under the supervision and direction of the secretary for the sections. Specifically, the aims of the sections are the collection, analysis, presentation, and dissemination of information on services, research and training in the various areas of psychiatry and mental health, and advancing knowledge in these fields.

The sections will achieve these by:

- The establishment of relations with national and international organizations which share the objectives of WPA in the specific area of the section, with a view to achieve better coordination of the activities of the interests of the section and the WPA
- The organization of scientific meetings on subjects of interest to the section
- The organization of symposia dealing with the specialty of the section at the World Congress of Psychiatry and other scientific meetings organized under the auspices of WPA
- The development of curricula, guidelines, and publications
- The elaboration of proposals for adoption as consensus declarations and position statements
- The promotion and conduction of international collaborative research

The Section of Old Age Psychiatry: The Section of Old Age Psychiatry has proposed symposia and working groups for the last 2 years at World Congresses of Psychiatry, WPA Regional Congresses, and other relevant associations such as the EPA and IPA. The section co-authored three consensus declarations

[8–10], jointly with WHO, and sent representatives at two other consensus meetings that produced relevant statements [11–13]. In 2009, it was at the origin of a consensus statement on ethics and the assessment of the capacity of older persons with mental disorders [14]. Finally, in 2002, the section, in collaboration with the WPA section on affective disorders, published a reference book on depression in the elderly [15] and conducted a survey in 2003 on the state of education in geriatric psychiatry in the world [16].

12.2.5 The World Federation for Mental Health (<http://wfmh.com>)

The WFMH is an international organization founded in 1948 to promote the prevention, treatment, and care of mental disorders at the global level and to promote mental health. Through its members and contacts in more than 100 countries in 6 continents, the federation has responded to international crises in mental health through its role as the sole credible advocacy base and as organizer of public education in the field of mental health. Its members (organizations and individuals) include mental health workers from all disciplines, consumers of mental health services, family members, and concerned citizens. This organization makes possible collaboration between governments and nongovernmental organizations to advance the cause of mental health services and of research and advocacy around the world.

WFMH supports older adults with mental disorders through two projects:

- The World Mental Health Day, which is celebrated on 10 October each year, with the overall objective of raising awareness of mental health issues worldwide and mobilizing efforts for mental health. The Day provides an opportunity for all stakeholders working on mental health issues to talk about their work and on what remains to be done to make mental health care a reality for people around the

world. The WFMH leadership has chosen “Mental Health and Older Adults” as the theme for the World Mental Health Day in 2013—and for the WFMH annual report. The theme highlighted the lengthening of life expectancy, which in many developed countries involves more years at work, more years of active retirement, and a cohort of “very old” people, over 80 years. This creates a new concept of “old age.” In low-income countries, citizens often have a shorter life span and receive limited assistance as they get older (http://wfmh.com/wp-content/uploads/2013/11/2013_wmhday_english.pdf).

- The World Dignity Project (www.worlddignityproject.com): Every human interaction represents an opportunity for one person to treat another with dignity—it is a meeting in dignity. People and families affected by mental illness can often describe what dignity should look like. However, experience shows a completely different reality. The stigma of mental illness can no longer be tolerated. Stigma interferes with the full participation of people in society and deprives them of their dignity. Making dignity in mental health a reality requires that every member of society works with others and that mental health problems become more visible and no longer considered as shameful. The World Dignity Project aims to identify and invite a million people, organizations, countries, and states to become members of the foundation by adopting the project symbol to make it possible to form a global movement to combat stigma linked to mental health and launch it to the general public all around the world since 2016.

12.2.6 Alzheimer Europe (<http://www.alzheimer-europe.org/>)

Alzheimer Europe (AE) is a nongovernmental organization aiming to raise awareness about all forms of dementia. Formed in 1996, AE is based in Luxembourg and operates a common European platform through cooperation among its 36 mem-

bers, all of which are active Alzheimer’s organizations in Europe. AE is primarily a lobbying organization that fosters awareness of dementia and care and research in EU institutions. This effort includes the European Alzheimer’s Alliance, a group of more than 100 deputies of the European Parliament which aims to make dementia a public health priority. In addition, AE is a source of information on all aspects of dementia, including through annual research publications. The AE also publishes the *Dementia in Europe* and delivers a monthly newsletter to more than 5800 subscribers. At the national level, AE member associations have always been at the forefront of efforts to establish strategies to combat dementia in their countries. The annual AE conferences attract people from diverse backgrounds around dementia.

Here are some recent actions of the association:

Paris Declaration 2006: In 2006, AE and its member organizations adopted a declaration on the political priorities of the European Alzheimer Movement at the AE conference in Paris in 2006. In this Paris Declaration, Alzheimer Europe called on European policy makers to give Alzheimer’s disease and other forms of dementia the political priority they deserved.

European Dementia Ethics Network: At the 2008 French Presidency Conference on Alzheimer’s Disease, the president stressed the need for EU Member States to include in the discussion agenda some of the ethical challenges posed by dementia and advocated the creation of a European network for this purpose. This acknowledgment of the importance of the ethical aspects of dementia was taken up in the European Commission’s Alzheimer’s Disease Initiative: the European Dementia Ethics Network was created and became operational in 2009. By now, several of its working groups addressed ethical issues related to dementia research, restriction of freedom, and perception and representation of dementia and are currently working on a guide to help caregivers and people with dementia to address the ethical dilemmas they may encounter as a result of life experience with a person with dementia.

Elections to the European Parliament 2014: AE identified the elections to the European Parliament in 2014 as a key opportunity to contact current members of the European Parliament and candidates in the election and asked them to support the campaign of the organization to make dementia a European priority. AE asked them about the essential progress for people with dementia and their caregivers in the current mandate of the European Parliament and asked them to adopt their priorities for political action in the years to come.

Glasgow Declaration 2014: The Glasgow Declaration was published in 2014. It calls for the creation of a European dementia strategy and national strategies in all countries in Europe. The signatories also call on world leaders to recognize dementia as a public health priority and to develop a global plan of action on dementia.

European Collaboration on Dementia (EuroCoDe): The aim of the project is to create an European network of all actors in the field of dementia to jointly develop consensual indicators, to establish a permanent dialogue between these actors to identify ways to highlight synergies and closer collaborations in dementia European level. To develop these guidelines and indicators, the network brought together a number of European organizations, European projects, and informal collaborations.

12.2.7 Alzheimer's Disease International (<http://www.alz.co.uk/>)

ADI believes that the key to winning the fight against dementia lies in a unique combination of global solutions and local knowledge. As such, it operates at the local level, empowering Alzheimer's associations to promote and deliver care and support for people with dementia and their caregivers while working globally to draw attention to dementia: ADI has formal relations with the World Health Organization.

The ADI has an Alzheimer University, a series of hands-on workshops to help Alzheimer's staff and volunteers to build and to strengthen their organizations. ADI organizes an annual international conference which is a unique multidisciplinary event aimed at uniting people who have an interest in dementia around the world. World Alzheimer's Day, celebrated annually on 21 September, is an opportunity to raise global public awareness about dementia and its impact on families and to showcase the important work of its members around the world.

The *World Alzheimer Reports* provide the most comprehensive and up-to-date dementia data worldwide, including prevalence and economic impact.

The *10/66 Dementia Research Group* is made up of researchers who are studying the epidemiology of dementia, modalities, and services for the support of patients and their families in developing countries. ADI and the Fondation M d ric Alzheimer are working together to award the *Alzheimer's Award for Psychosocial Interventions* to promote this type of research aimed at supporting and improving the quality of life for people with dementia and their caregivers. The *IMPACT* study was designed to assess the current beliefs and behaviors of Alzheimer's disease and dementia among stakeholder groups from five European countries. The *Stroud Symposia Series* is a collaborative effort between the Stroud Center, the ADI, and the The Institute of Psychiatry, Psychology and Neuroscience in London and has collected stories about the experiences of people with dementia and their caregivers. These stories provided insight into the improvement in the quality of life of people with dementia and their caregivers.

12.3 The Governmental Organizations

12.3.1 The European Commission

The *European Commission's Directorate for Health and Consumers* and the Ministry of Health and Social Affairs of Spain co-hosted in

2010 in Madrid, with the support of the Spanish Presidency of the European Union, the conference Mental Health and Well-Being in Older People—Making It Happen (http://ec.europa.eu/health/mental_health/events/ev_20100419_en.htm).

The organizers invited 182 representatives from 29 European countries, the European Commission, and the European Parliament, including members of the health and social services authorities, governmental and nongovernmental organizations of professionals, and consumers. The conference stressed the right of older Europeans to the highest level of health and well-being. It was stressed that it is the duty of all to give greater priority to the promotion of mental health and well-being and to fight mental health problems. Several horizontal themes have been identified and should be taken into consideration in the developing measures to improve the mental health and well-being of older persons. Some principles have also been considered for building action to improve the mental health and well-being of the elderly.

The following five priority areas were discussed:

- The promotion of mental health in old age
- The prevention of mental disorders and the promotion of autonomy
- The older adults in vulnerable situations
- Health systems for care and treatment
- Support for informal caregivers

The conference invited the organizers to communicate the results to the presidency of the conference on *active and healthy aging* and encouraged the initiation of actions to promote the mental health and well-being of the older adults. The European Commission and Member States were invited to collaborate with regional and local authorities in partnership with professionals, informal patients and informal caregivers, NGOs, the older adults themselves, and other health sectors and the social sector concerned, to develop several initiatives to ensure the best possible mental health and well-being of older persons in Europe.

12.3.2 The United Nations

Through a series of decisions, conventions, and resolutions, the United Nations has made a decisive contribution to protecting the rights of all patients with mental disorders and disabilities. Two of them are:

- The United Nations Resolution 46/119 of 17 December 1991: Principles for the Protection of Persons with Mental Disorders and for the Improvement of Mental Health Care (http://www.equalrightstrust.org/ertdocumentbank/UN_Resolution_on_protection_of_persons_with_mental_illness.pdf)
- The United Nations Convention on the Rights of Persons with Disabilities of 2006 (<http://www.un.org/disabilities/convention/conventionfull.shtml>)

The UN was also linked to the 2002 Political Declaration and Madrid International Plan of Action on Aging [17] and the follow-up to the Second World Assembly on Aging in 2010 [18]. The Political Declaration committed itself to provide seniors with universal and equal access to care and services, including physical and mental health services. The United Nations Plan of Action on Aging provides a very specific contribution to the promotion of mental health in old age. Most recently, the United Nations Economic Commission for Europe (UNECE) realized in cooperation with the Government of Portugal at Lisbon in September 2017 the Ministerial Conference on Ageing (A Sustainable Society for All Ages: Realizing the potential of living longer).

The conference completed the third review and appraisal cycle (2012–2017) of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS). The focus was on “Realizing the potential of living longer.” Conference panels addressed this theme through the lens of:

1. Recognizing the potential of older persons
2. Encouraging longer working life and ability to work
3. Ensuring aging with dignity

The *United Nations Convention on Older People's Rights*: the protection of the human rights of older peoples is still considered insufficient. Human rights, and their protection, are an important determinant of basic social health [17]. The Universal Declaration of Human Rights [19] deals with the rights of all human beings, but the rights and needs of certain groups are not sufficiently covered by it. The General Assembly of the United Nations decided on 16 November 2010 to set up a working group to strengthen the protection of the human rights of the older persons ([http://globalaging.org/agingwatch/convention/humanrights/Strengthening20Rights%%202%20-\[update\]%20Low20Res.pdf%](http://globalaging.org/agingwatch/convention/humanrights/Strengthening20Rights%%202%20-[update]%20Low20Res.pdf%)). A Convention on the Rights of Older Persons is the most effective way to ensure that all people now and in the future can enjoy their human rights in their old age on an equal basis with others. This agreement is necessary to:

- Establish legal norms that challenge and replace attitudes and behaviors that stigmatize and discriminate older people.
- Clarify how human rights are applicable to older age.
- Ensure that states understand their human rights obligations for all in their older age.
- Better understand and assert the rights in old age.
- Improve the accountability of states for their human rights obligations toward the elderly.
- Provide a framework for policy development and decision-making.

12.3.3 The World Health Organization

WHO, through its Department of Mental Health and Substance Abuse, plays a very important role in policy making, suggests the development of specific programs, and provides decision-makers around the world with relevant information on mental disorders. It is impossible to describe here all his actions in favor of the mental health of the older adults, but here are some of the most significant and recent.

The *WHO Collaborating Center for Psychiatry of the Elderly*: In 1994, WHO decided to appoint a collaborating center for the specific aspects of mental health for people over 65, and the University Service for Old Age Psychiatry of Lausanne was chosen. A protocol for a first collaboration was signed for the participation of this service in the program *Quality Assurance in Mental Health Care*. Quality indicators and a glossary to assess a day hospital in old-age psychiatry were developed, tested, and published [20]. Other indicators and glossaries were also developed to assess an outpatient facility and a liaison consultation in old-age psychiatry. Thanks to this first successful collaboration, the University Service of Old Age Psychiatry of Lausanne was appointed in 1996 as WHO-CC for Psychiatry of the Elderly and since then has assumed a consultative role for WHO in mental health for older adults.

Initially, this collaborating center received the mandate to organize three consensus meetings and to prepare and publish consensus statements on a definition of psychiatry for the elderly [9], the organization of care in psychiatry of the elderly [10], and the training in the psychiatry of the elderly [11]. These three meetings and documents were jointly organized and published in collaboration with WPA.

WHO decided to devote the year 2001 to mental health and published the World Health Report 2001: Mental Health, New Understanding, New Hope, to which the WHO-CC, Lausanne, contributed [21]. The collaborating center also organized a new consensus meeting on the reduction of stigma and discrimination against older persons with mental disorders and published it in several languages [11].

In 2012, the center organized another meeting to propose skill-based objectives for training in old-age psychiatry [12]. After its publication, the final document was submitted to the European Union of Specialist Physicians.

The WHO-CC has also contributed to the creation of fact sheets of references circulated by WHO. The latest, published in 2013, refers to depression. The center participates in the effort to raise awareness and disseminate information on old-age psychiatry in countries where this spe-

cialty is still underdeveloped, for example, in Brazil, where a project is under way to create a training program for caregivers. In addition, the center was also mandated to organize a collaboration among international experts in the revision of the International Classification of Mental and Behavioral Disorders (ICD-11). These include identifying the diagnostic features of psychiatric illness in older adults.

The Mental Health Gap Action Programme (mhGAP): After the World Health Year 2001 on mental health and the publication of WHR 2001 [21], WHO developed the mhGAP (http://www.who.int/mental_health/mhgap/en/) program to strengthen care services for people with mental disorders, neurological disorders, and substance dependence, particularly for low- and middle-income countries. The program states that with appropriate care, psychosocial assistance, and medicines, tens of millions of patients could be treated for depression, schizophrenia, and epilepsy and freed from their suicidal ideation and could begin to lead a normal life—even when resources are scarce. This program published the *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings* [22]. The IMH-mhGAP is destined for health-care providers in primary and secondary care settings. It is presented in a succinct form to facilitate interventions by nonspecialized and already very busy staff. It details what to do, but does not attempt to explain how to do it. It is important that nonspecialized care providers be trained, supervised, and assisted in using the IMH-MhGAP in the assessment and management of people with mental, neurological, or psychoactive substance-related disorders. Although not specific to older adults with these disorders, it nevertheless presents a very useful chapter on dementia.

WHO and Dementia: In 2006, WHO published the document *Neurological Disorders: Public Health Challenges* [23]. It presents the public health perspective for neurological disorders and presents estimates and forecasts of the global burden of these disorders. Separate sections deal with some of the most important disorders in detail, dementia in particular. This chapter

on dementia provides comprehensive information to decision-makers and can also be used as an awareness tool.

A major turning point, however, was the publication in 2012 of the report *Dementia: A Public Health Priority*, which was developed jointly by WHO and ADI [24]. The aim of this report is to raise awareness of dementia as a public health priority, to articulate a public health approach, and to advocate for action at national and international levels. Indeed, there is a lack of awareness and understanding of dementia in most countries, leading to stigma, barriers to diagnosis and care, impacting caregivers, families, and societies physically, psychologically, and economically. The report should enable governments, policy makers, and other stakeholders to address the impact of dementia as a growing threat to global health.

This hope has not been in vain. In March 2015, WHO organized its first Ministerial Conference on Global Action Against Dementia. Ministers [25] from several countries around the world, as well as experts from research, clinical communities, and NGOs, met in Geneva for the first time to discuss the global problems of dementia. The aim of the conference was to raise awareness of the socioeconomic burden created by dementia and to stress that this burden can be reduced if the world collectively commits dementia to a global public health priority.

12.4 Conclusion

It is clear that developing services catering to the mental health needs of older adults would be much easier in age-friendly cultures and societies and hence the importance of building and working toward them cannot be overemphasized. Awareness creation about the impact of mental health conditions on the older adults should be done among the general public, policy makers, funding bodies, as well as health-care and social care professionals.

We already count with two specific associations on old-age psychiatry (EAGP, IPA), sections of old-age psychiatry in international psychiatric associations (WPA, EPA), an associa-

tion that plays a major role in defending the rights of the mentally ill (WHMH), and major associations involved in the debate on dementia (AE, ADI), plus official organizations such as the UN, WHO, and European Commission. National organizations including old-age mental health sections of psychiatric associations do play a role at the national level in several countries, some big and some small. With several of these organizations in existence, we would hope that the mental health of older adults would be fairly protected, but in reality there is a long journey before we reach this objective. There should be a concerted effort by all stakeholders involved including governmental and nongovernmental organizations, health and social sectors, and above all caregivers, service users, and general public.

It is extremely necessary to recognize the difficulties existing in the articulation of interests and in the provision of resources between these various actors. On the other hand, it is also necessary to accept the role of many other associations and medical organizations (World Federation of Neurology, International Association of Gerontology and Geriatrics, World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, etc.) and nonmedical organizations (the International Council of Nurses, the International Federation of Occupational Therapists, many associations of psychologists, etc.) in their contribution to improving the mental health and well-being of the older adults and difficulties in articulating with the previous institutions. Finally, it should also be recognized the valuable role of national, regional, and local institutions in their efforts to collaborate with international institutions and who share the harsh reality of the older adults with their multiple health problems and with their material and social difficulties.

Many older adults do not yet receive the care they need. While in low- and middle-income countries this is mainly due to inadequate resources, in settings where care and assistance services are available, the reasons are lack of information, prejudice, and discrimination. Many professionals do not recognize the alarming severity of the problem and do not receive ade-

quate mental health training in old age. The means to develop programs and services are too insufficient overall. But we must not deny that progress has been made. It is our responsibility to continue to develop them.

References

1. United Nations. World population ageing 2009. New York: UN; 2009.
2. World Health Organization, Alzheimer's Disease International. Dementia: a health public priority. Geneva: WHO; 2012.
3. American Association for Geriatric Psychiatry. Geriatrics and mental health—the facts. http://www.aagponline.org/prof/facts_mh.asp.
4. United States. Public Health Service. Office of the surgeon general. Mental health. A report of the surgeon general. Washington, D.C.: NIMH; 1999. <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>. Accessed 26 May 2013.
5. World Health Organization. Mental Health Atlas. Geneva: WHO; 2014. p. 2015.
6. Organisation Mondiale de la Santé. Déclaration d'Alma-Ata sur les soins de santé primaires. 12 September 1978. http://www.who.int/topics/primary_health_care/alma_ata_declaration/fr/.
7. Warner J, Graham N, de Mendonça Lima CA, Broadat H, et al. Mental health — and how the other half lives. Letter to the editor. The Times, 24th January 2014.
8. World Psychiatric Association/World Health Organization. Psychiatry of the elderly: a consensus statement. (Doc: WHO/MNH/MND/96.7). Geneva: WHO; 1996. p. 11.
9. World Psychiatric Association/World Health Organization. Organization of care in psychiatry of the elderly: A technical consensus statement. (DOC: WHO/MSA/MNH/MND/97.3). Geneva: WHO; 1997. p. 15.
10. World Psychiatric Association/World Health Organization. Education in psychiatry of the elderly: a technical consensus statement. (DOC: WHO/MSA/MNH/MND/98.4). Geneva: WHO; 1998. p. 9.
11. Graham N, Lindsay J, Katona C, Bertolote JM, Camus V, Copeland JRM, de Mendonça Lima CA, Gaillard M, Nargeot MCG, Gray J, Jacobsson L, Kingma M, Kühne N, O'Loughlin A, Saracenen B, Taintor Z, Wancata J. Reducing stigma and discrimination against older people with mental disorders: a technical consensus statement. *Int J Geriatr Psychiatry*. 2003;18:670–8.
12. Gustafson L, Burns A, Katona C, Bertolote JM, Camus V, Copeland JRM, Dufey AF, Graham N, Ihl R, Kanowski S, Kühne N, de Mendonça Lima CA, Alvarez M, Rutz W, Tataru NL, Tudose C. Skill-based

- objectives for specialist training in old age psychiatry. *Int J Geriatr Psychiatry*. 2003;18:686–93.
13. Katona C, Livingstone G, Cooper C, Ames D, Brodaty H, Chiu E. International Psychogeriatric Association consensus statement on defining and measuring treatment benefits in dementia. *Int Psychogeriatr*. 2007;19(3):345–54.
 14. Katona C, Chiu E, Adelman S, Baloyannis S, Camus V, Firmino H, Gove D, Graham N, Ghebrehiwet T, Icelli I, Ihl R, Kalasic A, Leszek L, Kim S, de Mendonça Lima CA, Peisah C, Tataru N, Warner J. World psychiatric association section of old age psychiatry consensus statement on ethics and capacity in older people with mental disorders. *Int J Geriatr Psychiatry*. 2009;24(12):1319–24.
 15. Baldwin RC, Chiu E, Katona C, Graham N. Guidelines on depression in older people. *Practising the evidence*. London: Martin Dunitz; 2002. Prepared under the auspices of the WPA Sections of Old Age Psychiatry and Affective Disorder.
 16. Camus V, Katona C, de Mendonça Lima CA, Hakam AMA, Graham N, Baldwin R, Chiu E. on behalf of the WPA section on old age psychiatry. Teaching and training in old age psychiatry: a general survey of the World Psychiatric Association member societies. *Int J Geriatr Psychiatry*. 2003;18:694–9.
 17. United Nations. Report of the second world assembly on ageing. Madrid 8–12 April 2002. New York: United Nations; 2002.
 18. United Nations. Follow-up to the second world assembly on ageing. New York: United Nations; 2010.
 19. United Nations. Universal declaration of human rights. New York: United Nations; 1948.
 20. World Health Organization. Day-hospitals for the elderly. In: WHO. Quality assurance in mental health care. Check-lists & glossaries. Geneva: WHO; 2007. WHO/MSA/MNH/MND/97.2.
 21. Organisation Mondiale de la Santé. Rapport sur la santé dans le monde 2001. La santé mentale : nouvelle conception, nouveaux espoirs. Genève: OMS; 2001. <http://www.who.int/whr/2001/en/>.
 22. Organisation Mondiale de la Santé. Guide d'intervention mhGAP pour lutter contre les troubles mentaux, neurologiques et liés à l'utilisation de substances psychoactives dans les structures de soins non spécialisées: Programme d'action Combler les lacunes en santé mentale. Genève: OMS; 2011.
 23. World Health Organization. Neurological disorders: public health challenges. Geneva: WHO; 2006.
 24. World Health Organization. Dementia: a public health priority. Geneva: WHO; 2012.
 25. World Health Organization. First WHO ministerial conference on global action against dementia: meeting report, WHO Headquarters, Geneva, Switzerland, 16–17 March 2015. http://apps.who.int/iris/bitstream/10665/179537/1/9789241509114_eng.pdf?ua=1&ua=1.