

CAPACITY BUILDING AND MANPOWER TRAINING IN THE FIELD OF AGEING: THE INTERNATIONAL INSTITUTE ON AGEING, UNITED NATIONS-MALTA (INIA)

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Introduction : Although 31 years have passed since the First World Assembly on Ageing, the implementation of the recommendations of the Vienna International Plan of Action on Aging, has not often met the expected results. As was emphasised in the Madrid International Plan of Action on Ageing twenty years later and in various UN General Assemblies, the very implementation of the Plan fundamentally requires two essential facets which though distinct are intrinsically related. These are: national capacity building and the mainstreaming of ageing into national development policies and programmes on ageing. Results : When referring to training in the various aspects of ageing, there is the danger of restricting it to high levels of specialisation given at universities. While not minimising this need, it is important to emphasise that training should be made available at all levels and for different functions. This includes all those who work with older persons at home, in the community or in institutions, be they volunteers or family members as well as the older persons themselves. Education in the field of ageing needs to be multi-sectoral in nature covering 1) the professionals; 2) those who directly work with older persons; and 3) the older persons themselves. Conclusion : This presentation aims at reviewing and analysing the work being carried out by the International Institute on Ageing (INIA), to meet this need emphasising the fact that a new orientation in capacity building and new skills among all those involved is required. Keywords : Population ageing, Capacity building, International perspectives.

SS24 214-S

GERIATRIC MENTAL HEALTH AND POSITIVE AGEING IN THE ASIA-PACIFIC REGION

SS24 214-S-1

LIVING WITH 'HWA-BYUNG': THE PSYCHO-SOCIAL IMPACT OF ELDER MISTREATMENT ON OLDER MIGRANTS IN NEW ZEALAND

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Introduction : Elder abuse and neglect is an issue that adversely affects the health and well-being of older people in most societies. The purpose of this paper is to describe the psycho-social experiences of older migrants who are involved in elder abuse and neglect in New Zealand. Method : Data were collected from in-depth interviews with older Korean people in New Zealand. The lived experiences of elder abuse and neglect were investigated with older people who were, or had been, mistreated in their transnational family setting. Data were analysed using a concept mapping technique, with a focus on the broader cultural and social context of the information collected. Results : Elder mistreatment can cause both emotional and physical health problems. The findings of the study show that the older persons who were mistreated in family settings experienced a range of psychological distress and physical symptoms. Many of them identified Hwa-byung (literally, anger disease) as a health issue associated with suppressed emotions of anger, demoralisation, heat sensation, and other somatised symptoms. This culture-related anger syndrome often contributed to low rates of help-seeking among those people who were involved in elder mistreatment. Conclusion : Elder

abuse and neglect in the migrant setting is a traumatic event that has an adverse impact on the health and well-being of older migrants. It is important to address the issue in the social and cultural context within which older migrants and their families are embedded. Keywords : Older migrants, Elder abuse and neglect, Hwa-byung

SS24 214-S-2

MENTAL HEALTH CARE NEEDS OF AGEING POPULATIONS - A SITUATIONAL ANALYSIS OF POLICIES AND SERVICES IN DEVELOPING NATIONS

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Introduction : Geriatric Mental Health (GMH) refers to a sub-domain within the main domain of mental health. It is a multidisciplinary approach to assessment and treatment of mental illness or impairment of the older persons from a bio-psycho-social perspective. It primarily encompasses functional disorders or organic disorders among the elderly. It focuses primarily on persons who experience their first onset of mental illness around the age of 65 or over. Individuals under 65 whose cognitive impairment is related to a disease associated with aging may also be more appropriately served by GMH care. Method : This paper attempts to document the psychiatric morbidity rates among the elderly in developing nations and the extent of geriatric mental health services and the enormous mental health manpower needs in the developing world. Results : Three-quarters of those afflicted with mental disorders live in developing countries. Mental disorders are a leading cause of disability globally and represent 14 per cent of the global burden of disease. Despite the enormous health burden, it remains one of the most neglected diseases. Geriatric mental health is an area which is almost totally neglected in the mental health care policy framework and programming in the developing nations. Conclusion : the author argues for due attention by healthcare planners to the growing needs among older persons for mental health services, proper assessment of psychiatric morbidity rates among the elderly, training of geriatric mental health manpower and development of appropriate geriatric mental health services in the developing countries. Keywords : Geriatric Mental Health, developing country, bio-psycho-social perspective

SS24 214-S-3

MENTAL WEALTH IN OLD AGE: AGEING WELL IN AUSTRALIA

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Introduction : This paper employs the model of mental wealth to investigate protective factors against mental disorders in older population using an Australian sample. The model of mental wealth captures two aspects of mental development: mental capital and mental well-being. Mental capital encompasses both cognitive and emotional resources. It includes people's cognitive ability, their flexibility and efficiency at learning, and their 'emotional intelligence' which can also be described as social skills and resilience in the face of stress. Mental well-being is a dynamic state that refers to individuals' ability to develop their potential, work productively and creatively, and build strong and positive relationships with others and contribute to one's community. This paper focuses on the role certain aspects of mental capital, such as resilience and proactive coping strategies, play in enhancing mental well-being among older Australians. Method : Using the Clinical Assessment Scale for the Elderly, this study examined mental health among 250 Australian

older adults. Particular attention was paid to the effects of resilience and proactive coping strategies on the participants' mental health. Results : Results reveal that high resilience scores and high proactive coping scores are negatively correlated with mental health indicators. Participants with a high resilience score and a high proactive coping score generally displayed better mental well-being. Conclusion : Resilience and proactive coping appear to act as psychological buffers. Both seem to be protective factors against mental disorders. Keywords: Resilience, proactive coping, mental health

SS24 215-S

CROSS-CULTURAL PERSPECTIVES ON PSYCHOSOCIAL SYMPTOMS AT THE END OF LIFE

SS24 215-S-1

CONTEMPORARY PERSPECTIVES ON THE ASSESSMENT AND TREATMENT OF DEPRESSION AT THE END OF LIFE IN THE UNITED STATES

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Introduction : While symptoms of depression are common among individuals with serious, life-limiting illness, they are also variable over time, within individuals, and across individuals. Adding to this complexity, cultural and contextual factors can influence the experience and presentation of depression at the end of life. Method : This presentation reviews several different perspectives, methods, and instruments to assess depression, each with their own strengths and weaknesses and cultural sensitivity. The presentation also summarizes the theoretical foundation of treatments for depression, empirical evaluation of their efficacy and effectiveness, and the extent to which they integrate cultural variations. Results : Traditional instruments to assess depressive symptoms have limitations among patients with life-limiting illness, often because the phenomenology of depression near the end of life is so variable. Several more recently developed instruments are more sensitive to the issues of patients at the end of life. Similarly, traditional psychological treatments may be effective with seriously ill patients, and treatments recently developed for this population may have more substantial benefits. To date, assessments instruments and treatments have not yet integrated cultural variability to any great extent. Conclusion : The phenomenology of depression at the end of life is complicated by biopsychosocial factors and variations. More research is needed to clarify the experience of disrupted mood near the end of life, and more research is needed to develop and evaluate assessment tools and treatments. Throughout this process, cultural issues deserve close attention. Keywords : End of Life Care, Depression

SS24 215-S-2

BEREAVEMENT AMONG CHINESE PEOPLE IN HONG KONG

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Introduction : Bereavement care is an integral part of palliative care. The care extends from the patient to the entire family holistically even after the death of the patient. Studies of effectiveness of bereavement care are found to have diversified result, thus there is a call for robust development and examination of bereavement care. Based on the Dual Process Model, the team of Utah University developed a bereavement group work intervention model. Method : Adopting a focus group method, information was collected from a group of Chinese professionals in Hong Kong to translate the Utah model into a Chinese Hong Kong model. Four pilot groups were carried out and data was

collected at pre-group and post group. Areas of assessment include emotional reactions, grief reactions, loneliness, dual process coping and social support. Results : The Utah model was converted from a 14-session group to an 8-session one. Cultural relevant content was added to the new model as well. A manual was produced. Forty-six widowed older adults joined the four pilot groups. They had statistically significant increase in coping ability and decrease in emotional loneliness after having the intervention. Conclusion : When adopting bereavement intervention model from another culture, modulations have to be made to fit in the contextual environment. The Dual Process Intervention Model for bereaved older adults is promising and found to have positive results in both United States and Hong Kong. Keywords: Bereavement Care, Dual Process Model, Chinese

SS24 215-S-3

END-OF-LIFE CARE AND EXISTENTIAL NEEDS IN INSTITUTIONS FOR OLDER PEOPLE IN SWEDEN AND JAPAN

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Introduction : Existential needs are often neglected in end of life care - also at care homes for older persons. Why is this so? How are such needs expressed and encountered in institutions which should provide opportunities for a good everyday life as well as a good end of life? The Japanese and Swedish empirical cases further question in what ways care cultures, settings and systems influence the care. Method : The study has three parts: a previous study in Sweden (2008), a pilot study (2012) and a new study in Japan (2013). While qualitative interviews were carried out in the previous and the pilot studies, participant observations in combination with interview talks will be central in the new study. Secondary data and policy documents will also be used. Results : The result from the Swedish study showed that existential needs were expressed in various ways, including themes of faith, hope, love and relations. The Japanese pilot study showed that more time was needed to observe the residents in their natural environment in order to better understand the existential nuances embedded in their accounts. Expected findings of the new study is that verbal and nonverbal expressions will show that older persons, with or without dementia, are able to express existential needs if the environment allows and supports it. Conclusion : In order to carry out existential care, staff needs opportunities to reflect on the value and sense of such care in the end of life, and be given tools to be able to accomplish it. Keywords : existential care

SS24 216-C

THE DIGITAL REVOLUTION AND THE PRACTICE OF GERIATRIC MEDICINE

SS24 216-C-1

USING ELECTRONIC RECORDS TO AID PATIENT TRACKING FOR HEALTH CARE IN RURAL AREAS IN A DEVELOPING COUNTRY

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Introduction : Telemedicine is a digital /electronic method of providing healthcare to patients in remote, hard to reach areas. Telehealth programs in the Philippines were established and strengthened thru the National Telehealth Center, National Institutes of Health, University of the Philippines Manila. The Community Health Information Tracking System (CHITS), is an electronic medical record