# SOCIAL WORK NETWORKS FOR THE ELDERLY WITH MENTAL DISORDERS – A COMPARATIVE INSIGHT

Autori: Gabriela Kelemen, PhD, Mihaela Gravrila-Ardelean, PhD <sup>1</sup>, Dr. Cecile Hanon, <sup>2</sup>, Simon Vasseur-Bacle <sup>3</sup>, Jocelyn Deloyer <sup>4</sup>, Christine Maes <sup>4</sup>, Nicolas Hustinx <sup>4</sup>, Marguerite Moraitou <sup>5</sup>, Emmanouil Tzanakis PhD <sup>6</sup>, Isabelle Tournier, PhD <sup>7</sup>, & Isabelle Ernens, PhD <sup>8</sup>

# **Affiliations**

- <sup>1</sup> Affiliation: Aurel Vlaicu University of Arad. Address: Bd. Revolutiei, no. 77, Arad, Romania
- <sup>2</sup> Affiliations: Hôpitaux Universitaires Paris Ouest, Service de psychiatrie et d'addictologie, AP-HP, Paris, France. Faculté de Médecine, Université Paris Descartes, Sorbonne Paris Cité, Paris, France. Centre ressource régional de psychiatrie du sujet âgé, Hôpital Corentin-Celton. Address: 4, parvis Corentin-Celton, 92130 Issy-les-Moulineaux, France
- <sup>3</sup> Affiliation: CCOMS / EPSM Lille Metropole. Address: 211 rue Roger Salengro, 59260 Hellemmes, France
- <sup>4</sup> Affiliation: Centre Neuropsychiatrique Saint-Martin. Address: Rue Saint-Hubert 84, 5100 Dave, Belgium
  - <sup>5</sup> Affiliation: Kepsipi. Address: 66 Dimitrakopoulou Str. Korydallos, Attiki 18120, Greece
- <sup>6</sup> Affiliation: University of Crete. Address: Gallos Unicersity Campus, Department of Sociology, 74100 Rethymno, Greece.
- <sup>7</sup> Affiliation: University of Luxembourg. Address: Maison des Sciences Humaines 11, Porte des Sciences, L-4366 Esch-sur-Alzette, Luxembourg
- <sup>8</sup> Affiliation: Luxembourg Institute of Health. Address: 1A-B, rue Thomas Edison, L-1445 Strassen, Luxembourg xix

Abstract: Our article refers to the work of the Réseaux professionnels et personnes âgées project, which is an ERASMUS Plus project, a strategic project aimed at improving the professional networks of intervention and care for the elderly who have contacted a mental illness. The project puts forward innovative objectives through close collaboration between the partners involved who have a diversified professional experience. The project benefits from a multidisciplinary team: sociologists, psychologists, psychiatrists, doctors, pedagogues, social workers, etc. who, through study, exchange of good practices and experience, aim to improve the professional skills of professionals accompanying older people with mental health problems. Their interventions aim at improving the quality of life of elderly people in vulnerable and risk situations. The purpose of the project is in fact to have a dual perspective: improving healthcare networks and optimizing the care of elderly people with mental health problems.

**Keywords:** mental health, training, education, competences, involvement, strategies

xix This project has received funding from the European Union's Erasmus+ programme under the grant agreement 2016-1-LU01-KA204-013827. This document reflects only the author's view and the Research Executive Agency is not responsible for any use that may be made of the information it contains

#### Introduction

Health is one of the main concerns of society, and Romania since 1977 has stated that "the main social goal of governments and WHO in the coming decades is to achieve a health condition for the entire population of the Globe, allowing all people to take a productive life from an economic and social point of view. Health prevention and preservation, especially mental health and the fight against mental illness, are permanent concerns of modern society, which seeks to prolong human life as much as possible. The issue that concerns modern society is that of the quality of life, the hope of active life is the one to be pursued. Medicine often contributes to prolonging life, but efforts must be made to increase the quality of life. This concept is also a social indicator that states the quality of life of the elderly people. An obvious challenge are the mental disorders that bring about significant changes in social and family life. The OECD in the annual report on the health of Europeans states: "We can and must do more to promote psychological well-being and prevent mental illness." Mental health is part of a multidisciplinary system of theoretical and practical means that seeks to protect, preserve and strengthen mental health, but also to prevent and eliminate suffering, respectively to increase the quality of life and, implicitly, the well-being of the individual. According to S. D. Kipman, 1996 the concern must be directed towards mental health care, and after P. Bailly-Salin, 1996, the focus must be on the causes that lead to the deployment of mental illness, with a view to their final elimination. In our project, we have carried out a rigorous analysis of the social context of each country involved in the project, we have identified the pressing needs of optimizing mental health networks and the need to improve the care system for elderly people suffering from different mental illnesses.

## Social context

At least 250.000 Romanians suffer from a severe mental illness (Kelemen, G., Laurence Fond-Harmant, Michel Pluss, Jean Michel Stassen, Catalin Nache 2015), therefore urgent and necessary measures are mandatory (Gavrilă-Ardelean, 2008; Fond-Harmant et al., 2016). According to a national statistic from 1965, at the time there were 460,000 psychiatric patients. Of them, 82% (381.000 patients) suffered from neuroses, alcoholism, personality and behavioural disorders and 18% (79,000 patients) suffered from a severe depressive syndrome, psychoses, dementia, and other mental diseases. (Gavrilă-Ardelean & Gavrilă-Ardelean, 2017). The situation in Romania is similar to that in Europe in so far general population ageing is concerned and unfortunately demographic ageing is increasing concerned and statistics show that by 2050 the general population will register a systematic decrease, some studies showing that by 2100 the number of citizens will be around 7 million.

At the moment 20% of Romanians are over 65 years of age and it is a well known fact that once one advances in age, several physical and psychological problems start to emerge, hence the large majority of those over 65 start to accuse different unwanted effects.

Psychological modifications are determined by several factors, hereditary, retirement, loss of social status, biological decline, hormonal modifications, loss of a partner or family member, the feeling of uselessness, loneliness etc. (http://www.insse.ro/cms/sites/default/files/field/publicatii/coordonate\_ale\_nivelului\_de\_trai\_in romania veniturile si consumul populatiei 2015.pdf)

As for life expectancy there are several differences compared to developed European states, Romania registering lower numbers with a higher difference between women and

\_

<sup>\*\*</sup> World Health Statistics 2010, http://www.who.int/whosis/whostat/2010/en/index.html

men, the latter category registering an average of 69.76 years compared to women who in average live to 77.30 years.

Studies identify several categories of seniors:

- young-old), between 65 and 75;
- middle-old, between 75 and 85;
- old-old, over 85.

http://www.cnpv.ro/pdf/analize2014/studiu calitatea vietii 2014.pdf

Services dedicated to seniors with mental issues in Romania are far from satisfying society's real needs. Statistics show that in Europe 36.1% of psychological issues lead to disability, therefore considerable funds are allocated from public health resources for preventing and treating mental illnesses; Denmark allocates 44% of social services funding to the issue, Finland 43%, and Romania 37%. Although the necessity of investing resources in the domain of mental health is permanently repeated, as for example on the 10<sup>th</sup> of October - World Mental Health Day- funding remains insufficient and poorly distributed. In accord with Law no. 292/2011 (The Social Work Law) continuous care for the elderly is conducted at home, in day centres, residential centres as well as within the social worker's home. Theoretically it sounds good but in fact things are rather disconcerting. We must acknowledge that there are socio-economic and cultural boundaries apparent mostly in countries from the ex communist bloc such as: bureaucracy, the lack of a national geriatric network, the lack of objective evaluative criteria, lack of transparency within the public administrative network, lack of specialists, lack of a database for beneficiaries and providers etc. The aforementioned law as well as in Strategia Națională pentru promovarea îmbătrânirii active și protecția persoanelor vârstnice pentru anii 2014-2020 (national strategy for promoting an active ageing and the protection of the elderly for 2014-2010), objectives have been proposed regarding social inclusion and the reduction of poverty.

In Romania elderly people are by large taken care of by relatives and social dossiers are very cumbersome and hard to complete. Nursing homes do exists (both private and state funded); according to a 2016 statistic, in the state sector there were 123 such institutions registered providing a total of 7630 places and 246 private nursing homes providing 9659 places. Besides these there are several other similar institutions:

- 53 Socio-medical centres 49 public and 4 private;
- 3 Palliative care centres 0 public and 3 private;
- 42 Protected domiciles-, 23 public and 19 private;
- 4 Crisis centres, 3 public and 1 private. (www.mmuncii.ro/)

Several improvements are necessary for bettering social work services in Romania for the mentally ill elderly, chief amongst these a decentralization of financing and service providing for the elderly and further training of those specialists who work in the field:

- developing of a unique strategy for decentralizing and specializing on providing services for each category of mental illness;
- identifying the necessary resources and of associated costs;
- setting quality standards for various social work services;
- setting social indicators based on which the budget should be decided.

## **Good practices**

Prior to 1989, when the state and the party controlled everything, non-profit organizations didn't exist in Romania. After the liberalisation a series of foundations and associations have

been established with the help of foreign charitable organizations. Romania's accession to the European Union offered the possibility to submit proposals and win projects that added value to the social work system. Below are listed some successful examples:

- a) **Estuar Foundation**, an NGO resulted as an outcome of a European project in partnership with the *General Directorate* for *Social Assistance and Child Protection and the* Community Mental Health Service. It aims to create a nationwide social services network for vulnerable persons, for people with mental health problems and their families.
- b) **Senior Net** association established for the elderly in 2014 by Caritas Romania Confederation and the Romanian White Cross Foundation.
- c) The "Caritas Metropolitan" Association, a Christian, Greek-Catholic Association established in Blaj, aims to help people with special needs.
- d) "Pilantropia", the Christian-Orthodox Association is an association dedicated to vulnerable people in Deva.
- e) **The "Floare Rosie"** elderly care center, which provides residential services, socio-medical recovery services and saline therapy services.
- f) The "Princess Margarita" Foundation from Romania, offers a free phone number for the elderly to ask for help.
- g) "Never alone" is another nonprofit association that supports those seeking help.
- h) **The "Caritas" Romanian Federation** is a nonprofit association for social protection of the elderly and has 43,000 members. (Http://www.carp-omenia.ro)

# **Urgent Needs - Necessary Measures**

Thus, a series of measures to qualitatively and quantitatively improve the social care system for elderly people suffering from a mental illness, must be taken:

- developing a specialized infrastructure for the elderly with psychiatric disorders;
- training professional specialists: social assistants, geriatric doctors, psychiatrists, caregivers, ergotherapists, kinetotherapists, doctors, etc.;
- creating a social care system comprising multidisciplinary teams providing specialized home-based services to elderly people with mental health problems;
- creating services to deal with social and professional reintegration and maintaining an active life of elderly people with mental health problems.

# Brief qualitative study

I thought it might be useful to discuss social perception about the elderly, but especially about those who have acquired a mental illness, as well as determining the patterns of perception that young people possess about elderly people and capturing the social effects which these patterns of perception, such as social stigma, bring about. If we identify the stereotypes resulting from the way in which elderly people with mental health problems are perceived, we can have a vision of how social stigma can be combated, how mentalities can be changed, how the reactions of young people and other social actors can be positive.

Table no. 1. Questionnaire respondents

Age					Master		Tota
Grou	Students	Students		Master	Student	Master	l
p	Educationa	Social	Students	Students	S	Students	
	1	Assistant	Pshycholog	Educationa	Social	Pshycholog	
	Sciences	S	y	1	Work	y	
			-	Sciences		,	

20-25							
years	10	12	11	6	7	5	51
25-30							
years	12	11	10	7	7	6	53
30-35							
years	10	9	9	10	12	10	60
35-40							
years	10	11	12	10	9	8	60
45+	11	12	10	9	8	2	52
	53	55	52	42	43	31	
							276

The respondents are students and master students from the specializations of the The Faculty of Educational Sciences, Psychology and Social Work 'Aurel Vlaicu' University from Arad.

The questions were distributed on the internet and students volunteered.

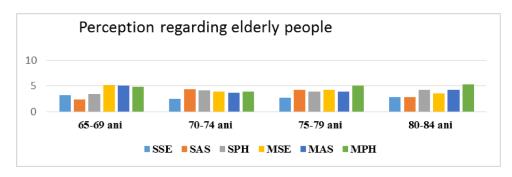
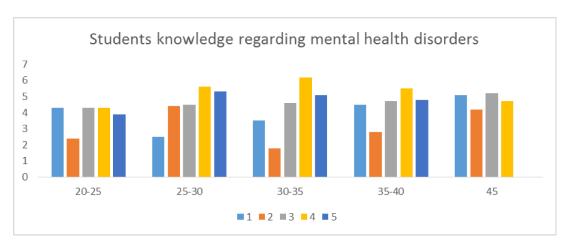


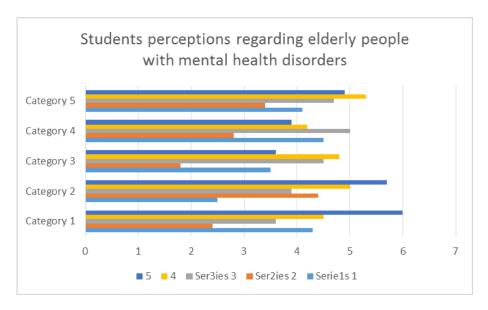
Fig.nr.1. Perception regarding elderly people

We find that the answers of students and master students are very little different regarding the way to perceive the age.



Based on a questionnaire containing simple questions about the mental health issues of elderly people who have acquired a mental illness, students and master students are required to rank on a scale from 1 to 5 the answers they consider relevant: 1-strongly agree; 2. agree; 3. poorly agree; 4. disagree; 5.I do not know.

- 1. Which are the main needs of the elderly:
- a. medical care;
- b.surveillance;
- c.affection.
- 2. Which are the main symptoms of mental illness at the elderly:
- a. strange behaviour;
- b. memory losses;
- c. lack of livelihood;
- 3. Which are the most common mental illnesses at elderly people?
- a. Alzheimer;
- b.Dementia;
- c.Depression.
- 4. Where do you consider it is better-cared an elderly person with mental health problems?
  - a. In the family;
  - b.In residential centers:
  - c.In specialized medical units, psychiatry type.
  - 5. Which are the main ways to reduce stigma:
  - a.Education;
  - b.Mass media;
  - c. Specialized promotion campaigns.



Our study reveals a fairly good knowledge of students about stigma issues, especially of those students from the Educational Sciences. Regarding mental illnesses, we notice a more in-depth knowledge of students from the psychology program. Concerning the symptoms and the ways of intervention there are differences between the answers of the students, the ones from the social work speciality are better documented.

### **Conclusions**

Poverty, social isolation, loss of independence are causes of worsening the mental health of the elderly people. Promoting mental health involves creating conditions for elderly people to enjoy life, personal qualities and talents, to develop creative activity and to participate actively in social life. *Good mental health is related to mental and psychological* 

well-being. WHO's work to improve the mental health of individuals and society at large includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders. (https://www.who.int/mental health/en/)

## **References:**

Commission européenne (2010) Stratégie Europe 2020, Communautés européennes. Informations disponibles sur: http://ec.europa.eu/europe2020/index fr.htm

Corbière, M, Durand, MJ (Eds) (2011). Du trouble mental à l'incapacité au travail: Une perspective transdisciplinaire qui vise à mieux saisir cette problématique et à offrir des pistes d'interventions. Québec: Presses de l'Université du Québec, 412 p.;

Fond-Harmant, L, Deloyer, J, Moraitou, M, Nache, C, Thome, J, Fuenzalida, C, Folens, B, Kelemen, G, Gavrilă-Ardelean, M (2016). Employment Crisis In Psychiatry And Mental Health And European Tutoring: Interim Evaluation Of The Tuto Programme, în Journal Plus Education, Editura Universității "Aurel Vlaicu" Arad, 14(1): 262-284, DOI: 10.24250/1.2016.jpe.a22a.mh;

Hamdy, R. C. Kinser, A., Depelteau, A., Repetitive Questioning II, Gerontology and Geriatric Medicine, February 13, 2018

http://journals.sagepub.com.am.e-nformation.ro/doi/full/10.1177/2333721417740190

Gavrilă-Ardelean Mihaela; Laurence Fond-Harmant; **GabrielaKelemen**, *The improvement of the counselors' competences for the Professional integration of people with mental disorders*, Asian Academic Research Journal of Social Sciences & Humanities, Volume 3, Issue 4, (April 2016) ISSN: 2278 – 859X, p.29 – 40.

Iovanas Eugenia, Raspunderea juridica a functionarului public pentru pagubele aduse autoritatii publice, publicata in studii si cercetari socio umane, Vol.27, Editura limesc, Cluj Napoca, 2017.

Kelemen, G., Laurence Fond-Harmant, Michel Pluss, Jean Michel Stassen, Catalin Nache, *Urgent needs for training, social integration and employability*, Wulfenia Journal Klangenfurt, Austria, A-9021, ISSN 1561-882X, Impact Factor: 0.267 No.10, volume 22, Oct 2015.

Normal și patologic în îmbătrânire

http://www.rasfoiesc.com/educatie/psihologie/NORMAL-SI-PATOLOGIC-INIMBATRA32.php

Pop, Cosmina-Elena, 2010. Starea de sănătate a populației din România în context European. O abordare din perspectiva calității vieții, Revista Calitatea Vieții, ICCV București, XXI(3-4):274-305, http://www.revistacalitateavietii.ro/;

http://www.cnpv.ro/pdf/analize2014/studiu calitatea vietii 2014.pdf

http://www.insse.ro/cms/sites/default/files/field/publicatii/coordonate\_ale\_nivelului\_de\_trai\_in\_romania\_veniturile\_si\_consumul\_populatiei\_2015.pdf

https://www.mmuncii.ro/

Legea nr. 292/2011 - Legea Asistenței Sociale;

http://www.mmuncii.ro/j33/images/Documente/Familie/2018/Situatie\_servicii\_sociale\_licentiate\_pana\_la\_data\_de\_1203.pdf

http://www.mmuncii.ro/j33/images/Documente/Transparenta/Dezbateri\_publice/2015-07-15 Anexa1 ProiectHG SIA.pdf