

ACTIVE AGEING: AN ASSORTMENT OF IMPLICATIONS FOR MENTAL HEALTH

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INTRODUCTION

History tells us that 'old age' is viewed as a less than positive experience for many people. Narrative found in anthropological literature, books, plays, songs and drama suggest a period in people's lives when security and stability are under extreme threat. Is this just an historical artefact? Or is the 21st century for older people a safer place in which to age, retire and reflect on life? Certainly since the industrial revolution with the development of capitalism we are left with a new stereotypical and widely held legacy for later life – 'uselessness'. The theme of uselessness in old age can be re-emerged as a theme in the late 19th and early 20th century. Uselessness as a psychological construct in later life is noted in the themes of novels, for example Anthony Trollope's 'The Fixed Period'¹. In this novel, which purports to describe a British colony, attempts were made to change the law so that euthanasia through the use of chloroform was imposed at the age of 65. More recently in the 20th century even professionals with a supposedly sympathetic view to the challenges of ageing voiced questionable opinions on later life. In a rather complicated and confusing valedictory before leaving Johns Hopkins University for Oxford at the turn of the century, Sir William Osler (Osler was inward bound for Oxford University as Professor of Geriatric Medicine) made reference to 'The Fixed Period':

'I have two fixed ideas ... The first is the comparative uselessness of men above 40 years of age. My second fixed idea is the uselessness of men above 60 years of age'².

The speech caused outrage among the press, with headlines such as 'Osler recommends chloroform at sixty', and the verb 'to oslerise' was coined³. It is suggested that such historical negativity, conflict and ambivalence towards old age has left a legacy that is being played out in more recent debates around the future of

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the welfare state, and 'welfare rationing' in old age³. The other potent stereotypical legacy, especially amongst the media is 'disengagement theory'. Disengagement theory⁴ argued that (in fact) older people did, and should, disengage from society and that this disengagement is in effect helpful for them by reducing stressors and societal unachievable aspirations and helpful for society enabling new entrants into the workforce etc. Fortunately in the latter quarter of the 20th century and certainly in the 21st century such negativity has been vociferously challenged by older people themselves.

Ageing in the 21st Century

The ageing population is one of the biggest political, social and economic challenges of the 21st century. Increases in life expectancy coupled with growing percentages of older adults within society have brought about a very different picture of ageing. So is there an alternative and more positive view of old age? Are older people useful in later life? The answer might reside in the concept of 'Active Ageing'. Active Ageing as a concept or theme came into being during the United Nations' Year of Older people in 1999 and consequently was promoted by the World Health Organisation and the European Union^{5, 6}. The concept builds upon the American model of 'successful and productive ageing'⁷. The underlying thinking is to challenge the historical and contemporary stereotypical images of ageing as a period of uselessness, disengagement and decline and to replace these with a value system whereby continued engagement (for example working longer, being active after retirement, engaging in health sustaining activities and being as self reliant) is possible⁵. It is hoped that this will lead to fewer disabilities and a positive quality of life. There are obvious benefits here for the 'state' as well as the individual and society.

Walker argues that active ageing should consist of:

'... A comprehensive strategy to maximise participation and well being as people age. It should operate simultaneously at the individual (lifestyle), organisational (management), and social policy (policy) levels and at all stages of the life course'⁷.

If we accept this definition, what might Active Ageing look like for older individuals? What activities might older people usefully employ?

Physical activity and mental health

There is increasing evidence that physical activity can prevent certain aspects of mental illness including depression⁸, and dementia⁹. There is also evidence that indicates that physical activity has positive effects on psychological well being in later life¹⁰ reducing anxiety, depression, negative mood, whilst also improving self-esteem and cognitive functioning¹¹. Indeed the data is so strong that the UK Department of Health (2001) in their National Quality Assurance Framework for Exercise [NQAFAE] acknowledges this strong evidence and also offers detailed guidance to mental health workers interested in referring patients to exercise referral programmes. However exercise is clearly neglected as an intervention option in mental health care¹¹.

Education

Men and women may be active for two or three decades beyond paid employment and may require support to utilise this time in a productive and meaningful fashion. Learning could therefore have a significant part to play in the promotion of Active Ageing. As people age, the desire to learn for personal development is increased. The evidence pertaining to learning in later life points to differing models of delivery; this may be in formally organised settings, for example, universities or colleges or informally via learning cooperatives like the University of the Third Age. Informal learning by its very nature may have greater appeal as it includes structured or unstructured, part-time and non vocational learning or where qualifications are incidental to the learning.

Age Concern England makes the following declaration:

Learning can be way of moving into a new phase of life and making new social ties. One of the reasons people can have negative feelings about retirement is a fear of isolation and a lack of purpose to life without employment. Learning therefore provides not only a meaningful activity in itself, but also the social networks to replace those of the workplace. It can help retired people adapt their skills to play a constructive role in society, whether in voluntary activity or through the pursuit of interest that has meaning to the individual¹².

Focusing specifically on learning in later life with regard to mental health Benbow argues that:

Learning may benefit older people regardless of whether they have a mental health problem and there is no reason to think that people with mental

health problems in later life will benefit less than those without. It would seem more likely that they might gain more benefits, and there are some interesting studies which support this hypothesis. Therefore, opportunities for learning should be considered as part of mental health promotion in later life and in connection with the management of people with existing mental health problems¹³.

Social connectedness

Both physical exercise and educational programmes are important because, as well as improving physical and mental health and enhancing cognition and self-esteem, they also *de-facto* improve social connectedness. Both activities may well lead to an increase in social contacts which may have a role in protecting older people against depressive disorders. Social connectedness may help also to ameliorate loneliness: research suggests that social relationships and social engagement in later life are important factors in the model of successful ageing advanced by Rowe and Kahn¹⁴.

Recommendations for practice

An obvious issue for health practitioners relates to the utilisation of activities (physical and educational) to enhance mental health – and why such interventions are not considered as mainstream treatments. It is suggested that a both physical activities and educational learning should be included within the repertoire of treatment options for people with mental health problems. Physical exercise programmes should be available on prescription where the evidence suggests a substantial chance of impact on the individual's mental health. Such programmes are available in the United Kingdom through General Practitioner and Nurse Practitioner referral.

Education should also be recognised as 'therapeutic'; innovative new education programs are emerging for residents in care homes. For example, students from the University of Leicester in the United Kingdom have been volunteering each week with not-for-profit organisation the 'University' of the Fourth Age (u4a). Teaching Ancient Roman History to those in their 90's, learning Russian alongside the wheelchair bound and discussing the newspaper with people nearing 100 are weekly activities for Leicester's students¹⁵.

Both physical activity and education should therefore be developed into the fabric of health practitioner's therapeutic armoury in the 21st century.

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