ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Psychological capacity

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Contents

Introduction to the Guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on the psychological capacity, while ensuring that key topics are covered and participants are engaged. It includes tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see the Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors such as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to conduct an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and

should adapt them to suit your natural training style. Add your personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Psychological capacity

Do:

- *Formal welcome*
- *Introduction of the facilitator*

Show: Slide 1

Say:

Welcome to the module on psychological capacity.

Depressive symptoms, a common clinical manifestation of impaired psychological capacity in older people, are frequently associated with chronic conditions, social isolation, or individuals with demanding care responsibilities. Addressing these symptoms is critical, as, if left untreated, they may worsen and reduce adherence to care plans.

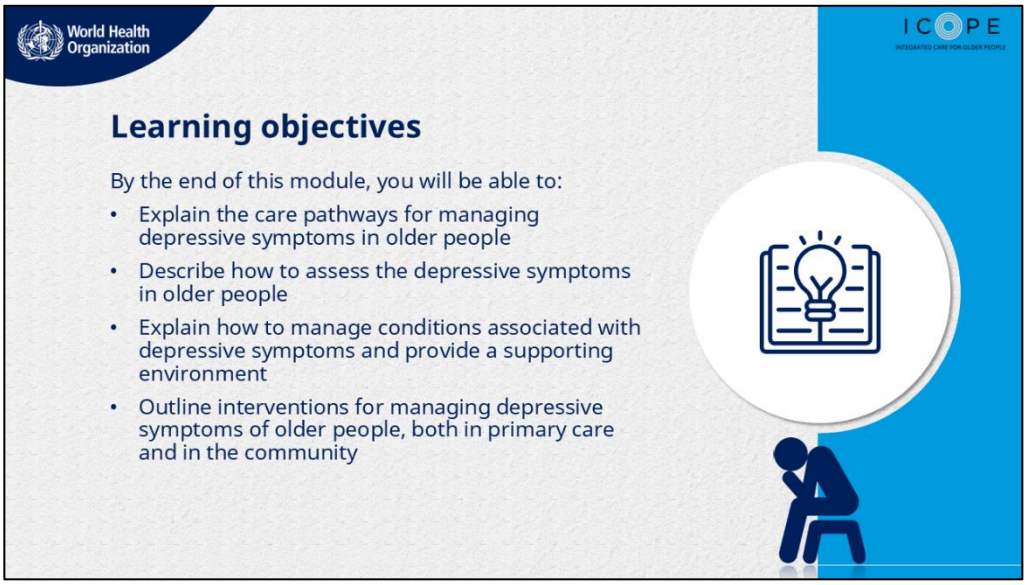
This module offers valuable insights into how to prevent and manage depressive symptoms in older people. This session will take about approximately 15 minutes.

You will find more details on this topic in Chapter 10 of the ICOPE handbook.

Let us get started!

Learning objectives

Show: Slide 2



Say:

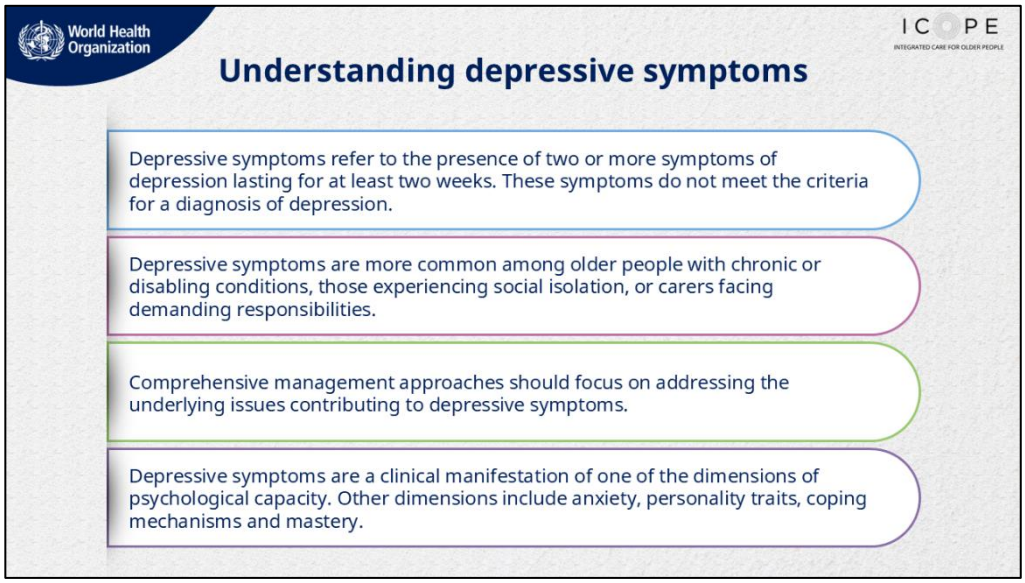
In this module, we will focus on understanding and managing depressive symptoms in older people.

By the end of our session, you will be able to:

1. Explain the care pathways for managing depressive symptoms in older people
2. Describe how to assess the depressive symptoms in older people
3. Explain how to manage conditions associated with depressive symptoms and provide a supporting environment
4. Outline interventions for managing depressive symptoms of older people, both in primary care and in the community

Understanding depressive symptoms

Show: Slide 3



Ask:

Based on your experience, what are some common signs of depressive symptoms in older people, and how might these symptoms differ from major depression?

Say:

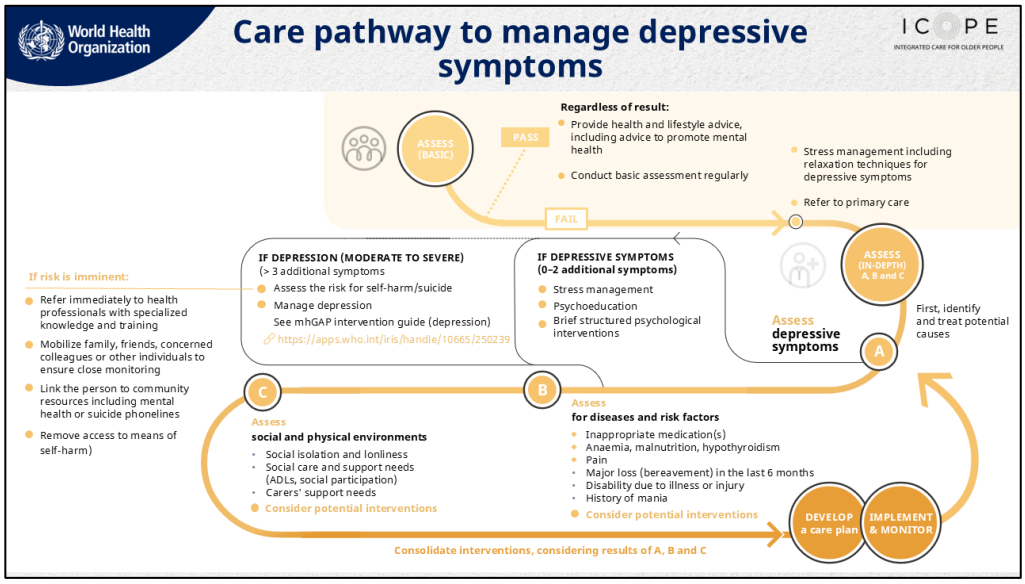
Let us take a closer look at understanding depressive symptoms in older people.

Depressive symptoms occur when an older person experiences two or more simultaneous symptoms of depression for at least two weeks, without meeting the full criteria for a major depression diagnosis. These symptoms are particularly common among those with chronic and disabling conditions, those who are socially isolated, or carers with heavy responsibilities.

When managing depressive symptoms, it is important to address the underlying issues. Remember, depressive symptoms are just one aspect of psychological capacity. We also need to consider other dimensions, such as anxiety, personality traits, coping mechanisms, and mastery. A comprehensive approach to management will help in effectively supporting the mental health of older people.

Care pathway to manage depressive symptoms

Show: Slide 4



Say:

Let us walk through the care pathway designed to manage depressive symptoms, focusing on the screening, assessment, and management of issues in the psychological domain of intrinsic capacity.

The pathway begins with the ICOPE basic assessment. If the individual passes this initial assessment, they should still receive guidance on healthy lifestyle choices and strategies to promote mental well-being. Regular reassessment is encouraged to monitor any changes over time.

If the individual does not pass the basic assessment, an in-depth assessment is necessary. The severity of the symptoms is first assessed to distinguish depressive symptoms from a moderate-to-severe symptomatology suggesting depression. In this last case, it is critical to assess the risk of self-harm or suicide.

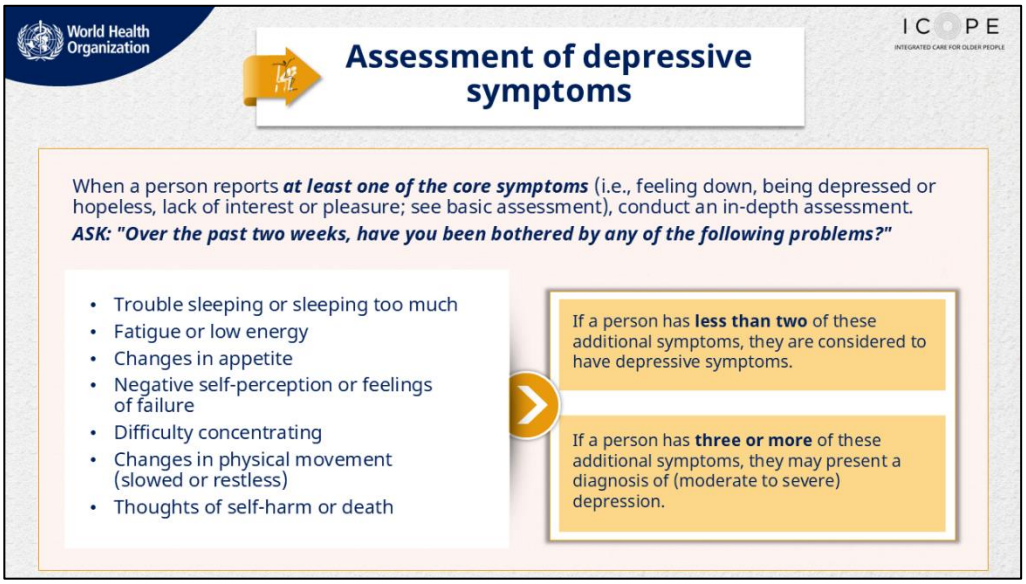
The in-depth assessment also involves evaluating:

- Underlying diseases and risk factors, which may include inappropriate medications, anaemia, malnutrition, hypothyroidism, pain, recent bereavement, and chronic diseases that impair functioning.
- The social and physical environment. Addressing issues of social isolation and loneliness is crucial, and this can be done by first identifying them and then considering interventions on social activities, connecting individuals with support groups, and assessing the support needs of carers.

Once all findings from the in-depth assessment are consolidated, a personalized care plan can be developed, implemented, and monitored over time.

Assessment of depressive symptoms

Show: Slide 5



Say:

When a person reports at least one core symptom at the ICOPE basic assessment (i.e., either feeling down, being depressed or hopeless, or having a lack of interest or pleasure), it is recommended proceeding to the in-depth assessment and asking further questions about their symptoms.

Ask: *'Over the past two weeks, have you experienced:*

- *Trouble sleeping or sleeping too much?*
- *Fatigue or low energy?*
- *Changes in appetite?*
- *Negative self-perception or feelings of failure?*
- *Difficulty concentrating?*
- *Changes in physical movement, such as being slowed down or restless?*
- *Thoughts of self-harm or death?'*

If they have fewer than two of these additional symptoms, they are considered to have depressive symptoms.

If a person has two or more of these additional symptoms, they may present a diagnosis of depression.

Health and lifestyle advice

Show: Slide 6

Say:

This slide provides a clear summary of six essential lifestyle practices that can enhance psychological capacity and promote well-being in older people:

- **Engaging in regular physical activity:** Encourage older persons to take part in movement that aligns with their abilities and interests, whether it is walking, stretching, dancing or gardening. Regular physical activity supports cardiovascular health, improves mobility, and enhances mood.
- **Prioritizing good quality sleep:** Emphasize the significance of quality sleep for cognitive function, emotional regulation, and immune health. Discuss strategies to improve sleep hygiene, such as maintaining a consistent bedtime and creating a restful sleeping environment.
- **Eating a healthy and balanced diet:** A nutritious diet nurtures both the body and mind. Encourage the consumption of a variety of fruits, vegetables, whole grains, and lean proteins while limiting processed foods and added sugars.
- **Maintaining social connections:** Social interactions are vital for mental health and can lower the risk of depression and cognitive decline. Encourage to stay connected with family, friends, and community groups.
- **Practising stress reduction techniques:** Introduce simple practices such as deep breathing, mindfulness, or engaging in hobbies. Effectively managing stress helps protect both mental and physical health.
- **Avoiding and reducing the use of alcohol and other psychoactive substances:** Discuss the risks associated with substance use, particularly among older people, and promote healthier coping strategies and available support resources

Community-based health care

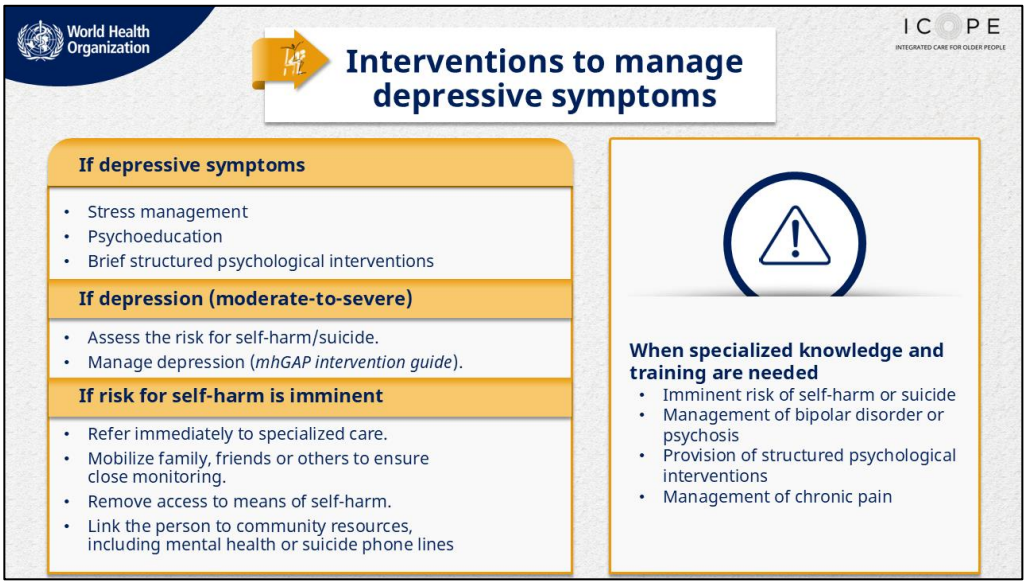
Show: Slide 7

Say:

Community health workers are well positioned to provide guidance on stress management techniques to the older person and their carers. Effective strategies include promoting physical activity (which helps relieve tension and improve mood), getting restorative sleep (which is essential for emotional regulation and cognitive function), and spending quality time with loved ones. Deep breathing, stretching, or progressive muscle relaxation represent additional, quick techniques that can be proposed. These techniques are easy to teach and can be incorporated into daily routines. Practicing them regularly helps build resilience and prepares individuals to better cope during difficult times.

Interventions to manage depressive symptoms

Show: Slide 8



Say:

This slide presents a tiered approach to managing depressive symptoms in older people.

When an individual exhibits depressive symptoms that may not qualify as clinical depression but still affect their quality of life, possible interventions include:

- Stress management techniques (e.g., breathing exercises, mindfulness).
- Psychoeducation to enhance understanding of mental health.
- Brief structured psychological interventions, such as problem-solving therapy or behavioural activation.

If the symptoms have moderate-to-severe levels or indicate depression, it is crucial to:

- Assess the risk of self-harm or suicide.
- Follow the mhGAP intervention guide for managing depression, which may involve medication and psychological therapies.

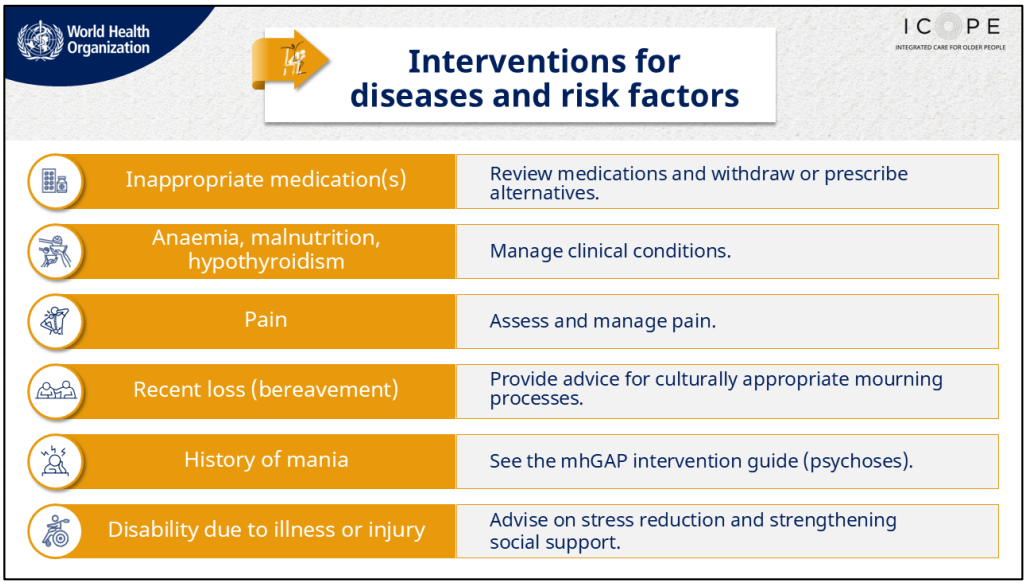
In situations where there is an imminent risk of self-harm, immediate action is necessary:

- Refer the individual to specialized care.
- Involve family and friends to ensure the person is not left alone.
- Remove access to means of self-harm.
- Connect the individual with community resources, such as mental health services or suicide prevention hotlines.

Beyond when there is imminent risk of self-harm, referral to specialized knowledge should be considered when there is a need to manage complex conditions and/or deliver interventions requiring specific training.

Interventions for diseases and risk factors

Show: Slide 9



Say:

This slide outlines a series of interventions aimed at addressing underlying diseases and risk factors that can affect an individual's psychological capacity.

Older people are often prescribed multiple medications, which can lead to adverse effects or drug interactions. Therefore, a comprehensive medication review is essential to optimise prescriptions.

Anaemia, malnutrition and hypothyroidism are common yet often overlooked clinical conditions that can mimic or exacerbate symptoms of depression. It is crucial to emphasize the importance of identifying and managing these clinical conditions as part of a broader mental health strategy.

Chronic or unmanaged pain can significantly impact mood and quality of life. Older persons should be encouraged to assess and manage pain proactively, using both pharmacological and non-pharmacological approaches.

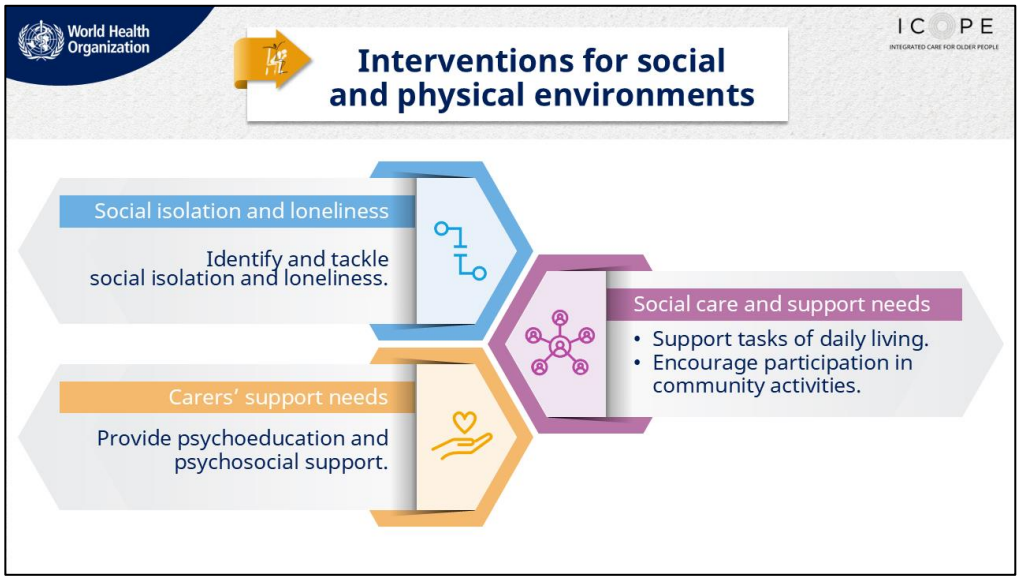
Grief is a natural response to loss; however, it can also trigger or intensify depressive symptoms. Providing culturally appropriate guidance on mourning practices and support systems can help individuals process their grief in a healthy manner.

A history of manic episodes may indicate bipolar disorder, which requires specialized care.

Physical disabilities can lead to isolation, frustration, and emotional distress. Offering advice on stress reduction and strengthening social support networks can help individuals adapt and maintain a sense of purpose and connection

Interventions for social and physical environments

Show: Slide 10



Say:

Interventions targeting social and physical environmental barriers should also be considered when defining the care plan.

An area of focus should be the possible social isolation and loneliness. These are significant risk factors for depression and cognitive decline. It is important to identify individuals who may be isolated and explore ways to reconnect them with their communities—whether through social groups, volunteer opportunities, or intergenerational programs.

It is also critical to explore social care and support needs. Many older people require assistance with daily living tasks, such as cooking, cleaning, or transportation. Providing this support not only helps maintain independence but also creates opportunities for social interaction and engagement in community activities.

Finally, carers' support needs should be considered. Carers often experience high levels of stress and emotional burden. Offering psychoeducation (to help them understand the challenges they face) and psychosocial support (e.g., counselling or peer groups) can significantly improve their well-being and the quality of care they provide.

Summary

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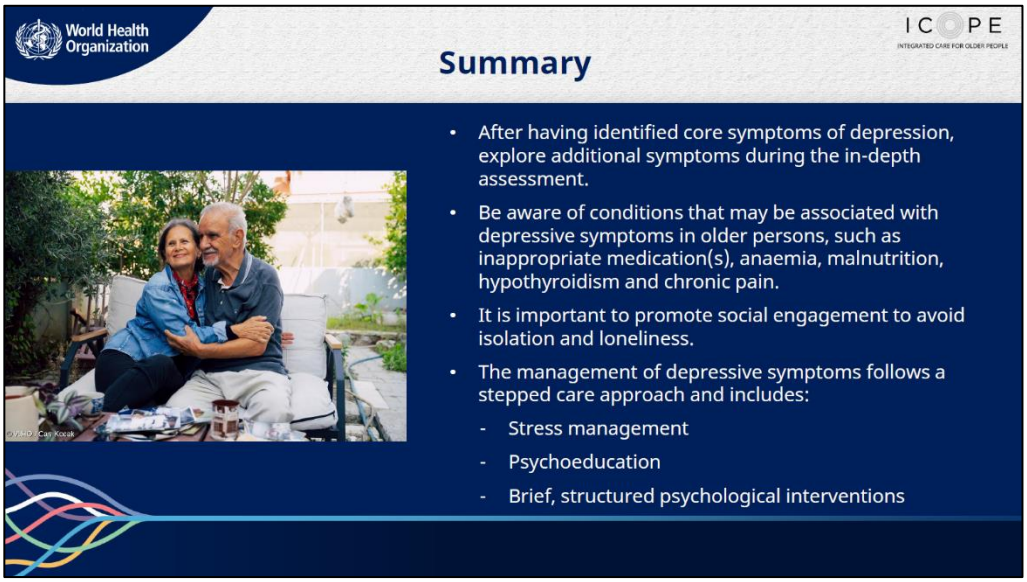


Do:

Go through the slides and recap the points discussed during the session.

Say:

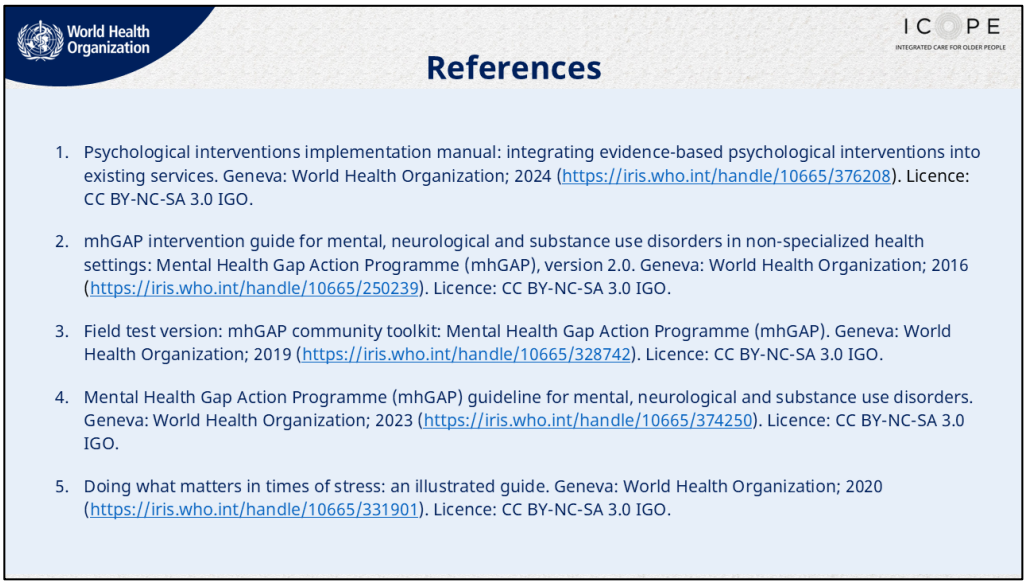
To summarize this session, we have focused on the identification and management of depressive symptoms in older people. We discussed the importance of exploring additional symptoms during the in-depth assessment once core symptoms of depression have been identified, to gain a more complete understanding of the person's situation.

We highlighted that depressive symptoms in older persons may be associated with a range of underlying or coexisting conditions, including inappropriate medication use, anaemia, malnutrition, hypothyroidism, and chronic pain. Recognizing and addressing these contributing factors is an essential part of effective care.

We also emphasized the importance of promoting social engagement to help prevent isolation and loneliness, which can worsen depressive symptoms. Finally, we reviewed how the management of depressive symptoms follows a stepped care approach, beginning with stress management and psychoeducation, and progressing to brief, structured psychological interventions as needed. Together, these approaches support timely, appropriate, and person-centred care for older people experiencing depressive symptoms.

References

Show: Slide 12



Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.