

# PSYCHOLOGICAL CAPACITY

## Facilitator Guide: Module 13



© World Health Organization 2025.

All rights reserved. This is a draft version for field-testing. The content of this document is not final, and following the field testing, WHO will revise and publish the definitive version. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.

## Contents









Introduction to the Guide.....	3
Iconography.....	3
Module 13: Psychological Capacity.....	5
Psychological Capacity.....	6
Learning Objectives .....	7
Understanding Depressive Symptoms in Older Adults.....	8
Care Pathway to Manage Depressive Symptoms .....	9
Assessment of Depressive Symptoms .....	10
Health and Lifestyle Advice .....	11
Community-based Health Care.....	12
Interventions to Improve Psychological Capacity.....	13
Interventions for Diseases and Risk Factors.....	14
Interventions for Social and Physical Environments .....	15
Summary.....	16
References.....	17

## Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

## Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

## Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
  - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action




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. 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 it to suit your natural training style. Add your own 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 own good judgment 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.

Draft Version for field testing

## Module 13: Psychological Capacity

	Session Title:	<b>Psychological Capacity</b>
	<b>Timing:</b>	10 min
	<b>Session Objectives:</b>	<ul style="list-style-type: none"> <li>• Explain the care pathways for managing depressive symptoms in older people, also involving community stakeholders.</li> <li>• Describe the methods used to assess the mood of older people.</li> <li>• Identify conditions associated with depressive symptoms and depression in older persons.</li> <li>• Outline interventions for managing depressive symptoms of older people</li> </ul>



## Psychological Capacity

---



**Time:** 10 min



**Do:**

- *Formal welcome*
- *Introduction of facilitator*



**Show:** Slide 1



**Say:**

Welcome to the module on Psychological Capacity.

The term "depressive symptoms" refers to the experience of two or more simultaneous symptoms of depression that persist most or all of the time for at least two weeks, but do not meet the criteria for a diagnosis of major depression. These symptoms are commonly seen in older people with long-term or disabling conditions, those experiencing social isolation, or individuals with demanding care responsibilities. It's important to address these symptoms as part of a comprehensive approach to older people care as, if left untreated, they may worsen and also affect the adherence to recommendations for the management of other conditions. This module offers valuable insights on how to prevent and manage depressive symptoms in older people.

Let's get started!

## Learning Objectives

---



**Show:** Slide 2

**Learning Objectives**

By the end of this module, you will be able to:

- Explain the care pathways for managing depressive symptoms in older people, also involving community stakeholders.
- Describe the methods used to assess the mood of older people.
- Identify conditions associated with depressive symptoms and depression in older persons.
- Outline interventions for managing depressive symptoms of older people.



**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 care pathways for managing depressive symptoms in older people.
2. Explore methodologies for assessing the mood of older people.
3. List conditions associated with depressive symptoms and depression in older people.
4. Discuss interventions for managing depressive symptoms in older people.



## Understanding Depressive Symptoms in Older Adults



**Show:** Slide 3

**Understanding Depressive Symptoms**

- Depressive symptoms refer to the presence of two or more symptoms of depression lasting for at least two weeks. These symptoms do not meet the criteria for a diagnosis of depression.
- Depressive symptoms are more common among older individuals with chronic and disabling conditions, those experiencing social isolation, or carers facing demanding responsibilities.
- Comprehensive management approaches should focus on addressing the underlying issues contributing to these symptoms.
- Depressive symptoms are a clinical manifestation of one of the dimensions of psychological capacity. Other dimensions include anxiety, personality traits, coping mechanisms, and mastery.



**Ask:**

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



**Say:**

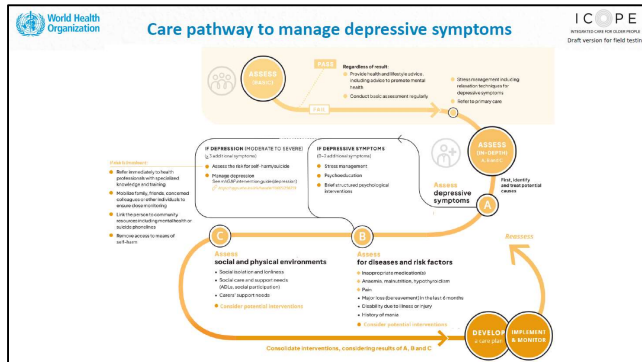
Let's take a closer look at understanding depressive symptoms in older adults. Depressive symptoms occur when an older adult experiences two or more simultaneous symptoms of depression for at least two weeks, without meeting the full criteria for a major depression diagnosis. These symptoms are particularly common among those with chronic and disabling conditions, those who are socially isolated, or caregivers with heavy responsibilities.

When managing depressive symptoms, it's 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's walk through the care pathway designed to manage depressive symptoms, focusing on screening, assessing, and addressing issues in the psychological domain of intrinsic capacity.

The pathway begins with the 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 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:

- Diseases and risk factors, which may include inappropriate medications, anemia, 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 encouraging social activities, connecting individuals with support groups, and assessing the support needs of caregivers.

Finally, once all findings have been consolidated, a personalized care plan can be developed and implemented.

## Assessment of Depressive Symptoms



**Show:** Slide 5

**Assessment of Depressive Symptoms**

When a person reports **at least one of the core symptoms** (i.e., feeling down, being depressed or hopeless, lack of interest or pleasure), conduct an in-depth assessment.

**ASK: "Over the past two weeks, have you been bothered by any of the following problems?"**

- 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 (slowed or restless).
- Thoughts of self-harm or death.

»»»

- If a person has **less than two** additional symptoms, he/she is considered to have depressive symptoms.
- If a person has **three or more** additional symptoms, he/she may present a diagnosis of (moderate to severe) depression.



**Say:**

When a person reports at least one core symptom at the basic assessment (i.e., either feeling down, being depressed or hopeless, or having a lack of interest or pleasure), we proceed to ask 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 a person has three or more additional symptoms, they may present a diagnosis of depression.

If they have fewer than three additional symptoms, they are considered to have depressive symptoms.

## 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 adults:

- **Engaging in Regular Physical Activity:** Encourage participants to take part in movement that aligns with their abilities and interests—whether it’s 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 participants to stay connected with family, friends, and community groups.
- **Utilizing 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 adults, and promote healthier coping strategies and available support resources.

## Community-based Health Care



**Show:** Slide 7

**Community-based health care**

- Community health workers can offer **stress management** guidance through both self-help and guided methods, including support for caregivers.
- Effective strategies may involve physical exercise, restorative sleep, and spending quality time with loved ones, all tailored to individual preferences.
- Quick techniques like deep breathing, stretching, and muscle relaxation can also minimise the effects of stress.
- Daily practice strengthens resilience and helps establish routines for difficult times.

Doing What Matters in Times of Stress: An Illustrated Guide

mhGAP Community Toolkit



**Say:**

Community health workers are well-positioned to offer guidance on stress management techniques to the older person and their caregivers. Effective strategies include promotion of physical activity (which helps release tension and improve mood), 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 Improve Psychological Capacity



**Show:** Slide 8

**Interventions to improve psychological capacity**

**If depressive symptoms**

- Stress management
- Psychoeducation
- Brief structured psychological interventions

**If depression (moderate-to-severe)**

- Assess the risk for self-harm/suicide
- Manage depression (mhGAP intervention guide)

**If risk for self-harm is imminent**

- Refer immediately to specialised care
- Mobilise family, friends... to ensure close monitoring
- Remove access to means of self-harm
- Link the person to community resources, including mental health or suicide phone-lines

**When special knowledge and training are needed**

- Imminent risk of self-harm or suicide
- Management of bipolar disorder or psychosis
- Provision of structured psychological interventions
- Management of chronic pain



**Say:**

This slide presents a tiered approach to supporting the psychological capacity in older adults.

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 behavioral 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.

## Interventions for Diseases and Risk Factors



**Show:** Slide 9

 	
<b>Interventions for diseases and risk factors</b>	
 Inappropriate medication(s)	Review medications and withdraw or prescribe alternatives.
 Anemia, malnutrition, hypothyroidism	Management of diseases.
 Pain	Assess and manage pain.
 Recent loss (bereavement)	Advice for culturally appropriate mourning processes.
 History of mania	See the mhGAP intervention guide (psychoses).
 Disability due to illness or injury	Advice on stress reduction and strengthening social support.



**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 adults are often prescribed multiple medications, which can lead to adverse effects or drug interactions. Therefore, a comprehensive medication review is essential. Health workers should be encouraged to withdraw or substitute medications that may contribute to cognitive or emotional disturbances.

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

Chronic or unmanaged pain can significantly impact mood and quality of life. Participants 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:**

There are interventions targeting social and physical environmental barriers to also consider in the definition of 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 adults 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, carer's support needs should be considered. Caregivers often experience high levels of stress and emotional burden. Offering psychoeducation (to help them understand the challenges they face) and psychosocial support (e.g., counseling or peer groups) can make a significant difference in their well-being and the quality of care they provide.

## Summary

---



**Show:** Slide 11

**Summary**

- To assess psychological capacity, consider using questions that explore the core symptoms of depression.
- Be aware of conditions that may be associated with depressive symptoms in older persons, such as polypharmacy, anemia, malnutrition, hypothyroidism, and chronic pain.
- Important to promote Social engagement to avoid isolation and loneliness
- The management of depressive symptoms follows a stepped care approach, and includes:
  - Stress management
  - Psychoeducation
  - Brief, structured psychological interventions



**Do:**

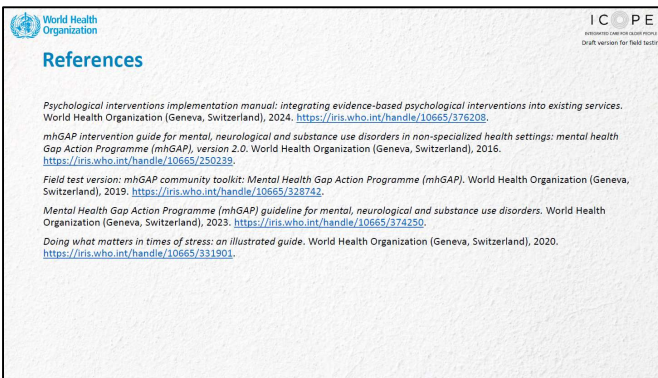
*Go through the slides and recap the points discussed during the session.*

## References

---



**Show:** Slide 12



Here are some references to essential publications or websites.