Living with the Times: A mental health and psychosocial support toolkit for older people

Summary of the initiative

The coronavirus disease (COVID-19) pandemic has severely affected the mental health and well-being of older people. As a high-risk group for severe disease and mortality, older people had to be especially cautious to avoid contracting the virus. Adherence to public health and social measures left them facing extended periods of social isolation, interrupted care services and exclusion from societal life. Living with the Times is a mental health and psychosocial support toolkit developed by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG), co-chaired by the World Health Organization and the International Federation of Red Cross and Red Crescent Societies. The toolkit specifically addresses the coping needs of older people during the pandemic. It contains five large posters and an instruction manual for caregivers that can be printed out or used on screen. Using illustrations and short texts, each poster addresses one of the following questions:

1) How can I stay healthy?
2) What can I do to improve my mood?
3) How can I feel connected to my family and community?
4) Where can I get help if I need it?
5) How can I cope with grief and loss?

The posters were developed in collaboration with a network of MHPSS technical working groups at country level and piloted with older adults from different countries, income groups and contexts, including humanitarian settings. The toolkit has been translated into 14 languages and adapted into accessible formats for people with special needs, such as braille for visually impaired people.

Context and relevance of the project

Living with the Times was developed by the IASC MHPSS RG whose primary role is to plan, establish, and coordinate multisectoral responses to protect, support, and improve people’s mental health and psychosocial well-being during emergencies such as the COVID-19 pandemic.

Summary of the analysis

Innovation factors

Emotions such as agitation, anger and stress have been heightened in many older people during the pandemic, especially in view of the long periods of isolation and uncertainty. The toolkit provides support for this group, with or without cognitive impairment, on how to remain healthy and cope with these negative emotions. The innovative approach of the toolkit lies in using a communication format, i.e. illustrated posters, that is specifically adapted to the cognitive and scientific literacy skills of older people to convey evidence-based measures promoting mental and physical health and well-being. The posters aim to actively engage individuals in conversations and activities with their caregivers, instead of overwhelming them with large amounts of information. In this initiative, storytelling is a key instrument, which facilitates interaction and participation, suitable to reach older people worldwide.

The posters are complemented by an instruction manual for caregivers on how to conduct guided conversations using these posters.

Each poster addresses one issue of common concern, such as how to stay healthy, uplift one’s mood, connect with loved ones, seek help from appropriate sources, and handle disappointment. The short texts are designed to be reader-friendly, although the illustrations are self-explanatory.

Accuracy of scientific information

The responsible team ensured the accuracy of the scientific information by using the recommendations for older people published in the IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak and the IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic.

The project was co-developed by 199 people aged between 60 and 90 years, from 51 countries, through an online survey and a number of focus group consultations. To develop the interdisciplinary toolkit, the IASC MHPSS RG collaborated with experts from different disciplines, including dementia care, ageing and disability, that ensured scientific accuracy across various professions and viewpoints.

Impact on knowledge, attitudes and behaviour of the target audience

To date, no formal evaluation of the impact on knowledge, attitudes and behaviour of the target audience has been conducted. However, the usefulness and popularity of the toolkit seems to be reflected through the high number of translations and adaptations. Living with the Times is available in 14 languages: Arabic, Bangla, Chinese, English, French, Korean, German, Greek, Portuguese, Russian, Slovene, Spanish, Swahili and Ukrainian; and made accessible to people living with sensory impairments by translating it into braille.

The toolkit was officially released on the IASC website, and multiple agencies and organizations have used it since. For example, the number of downloads on mhpss.net in English, as of February 2022, for each of the posters is as follows:

1) How can I stay healthy? 535
2) What can I do to improve my mood? 520
3) How can I feel connected to my family and community? 385
4) Where can I get help if I need it? 367
5) How can I cope with grief and loss? 386
Gender equality, equity and human rights considerations

The project has promoted equity and human rights by targeting an audience that is often left behind – people in the age group between 60 and 90 years. While COVID-19 has impacted all parts of society, older people have been especially affected: being a high-risk group often translated into increased fear of mortality. In addition, public health and social measures often led to loneliness and increased social isolation in a group already suffering from low social interaction. Further, the precarious economic situation of many older adults was exacerbated by the pandemic. To ensure the toolkit met the information and support needs of this age group, the project team collaborated with organizations with experience in working with older people such as HelpAge International, Alzheimer’s Disease International, and the International Federation on Ageing.

The posters are inclusive and diverse as regards income levels and cultural backgrounds. This was established through extensive pilot testing in different geographic and resource settings. The instruction manual also discusses ways for a carer to use the toolkit depending on the functional, skill and ability level of the individual.

Limitations

The high demand for fast translations and adaptations of the toolkit posed a challenge to the project team in terms of streamlining processes. To this end, a dedicated team was assigned to support the quality assurance and logistics of all translations and designs.

In order to gain evidence-informed insights into the impact of the toolkit on older people’s mental health and well-being, an evaluation going beyond website statistics and documentation of adaptations is desirable. IASC MHPSS RG partners plan to assess the effectiveness of the toolkit.
Looking forward

The IASC MHPSS RG continues to expand the toolkit’s dissemination and implementation across countries. As of November 2021, translations into nine local Nigerian languages, as well as an adaptation to Arabic Sign Language are ongoing. These additional resources will be implemented by IASC MHPSS RG members and partners in the coming months.

References


Illustrations by Sam Bradd

Disclaimers

The World Health Organization (WHO) has invited individuals, institutions, governments, non-governmental organizations or other entities to submit case studies of good practices and innovative solutions in the area of communicating public health science during the COVID-19 pandemic through a public call for submission. WHO has selected a few cases based on a pre-defined rating system and makes such publications publicly available on the WHO website (the “Website”).

Contributors (authors) are solely responsible for their contributions, and readers are solely responsible for the interpretation of the posted contributions. The views expressed in the posted contributions are those of the authors and do not necessarily reflect those of WHO.

In no event shall WHO be responsible for the accuracy of information contained in the posted contributions and WHO makes no warranties or representations regarding the completeness or accuracy of any content included in the contributions. WHO shall not be held liable for any damages whatsoever arising out of the use of the contributions. WHO reserves the right to make updates and changes to posted content without notice and accepts no liability for any errors or omissions in this regard.

WHO accepts no responsibility whatsoever for any inaccurate advice or information that may be contained in the contributions or referred to in sources reached via links or other external references to the content of the contributions.

The contributions may contain links to resources on external websites. WHO is not responsible for the accuracy or content of any external link. The presence of any resource or external link in the contributions does not imply that the resource, or its author or entity, is endorsed or recommended by the WHO. These links are provided for convenience only.

The designations employed and the presentation of content in the contributions, including maps and other illustrative materials, do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delineation of frontiers and borders. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Contributions are for use of the WHO and users of the WHO website. Reproduction or translation of substantial portions of the contributions, or any use other than for educational or other non-commercial purposes, require the prior authorization in writing of the relevant author/contributor.