

**Older people in Mental Health and Psychosocial
Support (MHPSS) initiatives in fragile and
humanitarian settings:
Challenges and engagement possibilities**

**Angélica Vera Vargas
Prudence Woodford-Berger**

War Child Sweden in cooperation with PRO Global.



"The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole." (United Nations, 2002, p. 11)

TABLE OF CONTENTS

1.	INTRODUCTION.....	2
2.	MANDATES AND COMMITMENTS.....	4
2.1	Global and Regional Initiatives Addressing the Well-being of Older People and their significance for MHPSS.....	4
2.2	The Importance of Human Rights Perspectives.....	6
2.3	SDGs and Agenda 2030.....	8
3	THE CHALLENGES IN MHPSS FACED BY OLDER PEOPLE IN FRAGILE AND HUMANITARIAN SETTINGS.....	10
3.1	Ageism.....	10
3.2	Older adult refugees: challenges and barriers.....	11
3.3	Intersectionality and diversity among the older experiences regarding MHPSS: the experiences of older women.....	14
4	UNLOCKING POTENTIAL: INCLUSION OF OLDER ADULTS IN MHPSS INITIATIVES.....	16
4.1	Possibilities of integration and action.....	16
4.2	The integration of older people in MHPSS: The Friendship Bench.....	19
5	CONCLUSIONS.....	21
6	RECOMMENDATIONS.....	22
7	REFERENCES.....	

LIST OF ABBREVIATIONS

AARP American Association of Retired Persons

CMD Common Mental Disorders

HAI HelpAge International

ICHROP International Conference on Human Rights for Older Persons

IFA International Federation on Ageing

MHPSS Mental Health and Psychosocial Support

MIPAA Madrid International Plan of Action on Ageing

NGO Non-governmental Organization

PRO Pensionärernas Riksorganisation [National Organization for Retired Persons, Sweden]

SDGs Sustainable Development Goals

UNECE The United Nations Economic Commission for Europe

UNESCO UN Organization for Education, Science and Culture

UN OEWG UN Open-Ended Working Group on Ageing

WHO World Health Organization

1 INTRODUCTION

Contemporary society faces multiple challenges in the health sector, and various stakeholders are actively involved in addressing these, e.g. NGOs, health institutions, development agencies, and governments, among others. However, effective management of mental health issues and the provision of psychosocial support in fragile and humanitarian environments stands as a significant concern as the Mental Health and Psychosocial support field has emerged as a newly revitalized field to address the overall well-being of individuals facing hardship situations. It is becoming increasingly clear that a collaborative approach involving civil society and active engagement with local communities even in these settings is not merely desirable but essential. Within this constellation of actors, attention to and inclusion of one significant cohort continues to be neglected despite its untapped potential for making substantial contributions to the field of mental health and psychosocial support. It is comprised of older people.

Following data collected by the United Nations (2013) the world is aging and by 2050 older people 65 years or more will be tripled. This implies the necessity to pay greater attention to the voices, realities and contributions of this population and the valuable resources of life experiences and accumulated learning that they represent. Older people do encounter diverse challenges as they adapt to a changing societal system, often contending with ageist and discriminatory perceptions of unproductivity and a considerable reliance on care. Nevertheless, they play a pivotal role within different societies and cultures, including their significance for family and community social cohesion and continuity. This document explores the connections between older people and MHPSS, and positions itself as an initial approach to acknowledging and tapping into the realities of multi-generational communities and settings, older individuals and their links to MHPSS initiatives specifically in humanitarian and fragile situations.



The document is divided into seven sections, including the bibliography, structured as follows: 1) this introduction; 2) a summary of the global and regional mandates and responsibilities surrounding the human rights of older individuals in their approaches to MHPSS, the mandates for action provided by the SDGs and Agenda 2030; 3) the challenges in terms of MHPSS that older individuals commonly face in humanitarian and fragile contexts, including ageism, the situation in migration contexts, and an intersectional perspective addressing the situation of older women; 4) the different available options to integrate older adults into activities related to MHPSS, along with specific examples developed in Wayuu indigenous communities in the northernmost part of South America and in Zimbabwe: The Friendship Bench; and, finally, 5) conclusions and 6) recommendations for all involved stakeholders.

It is noteworthy to observe the current global development landscape within the humanitarian sector, where recent events such as the War in Ukraine, the renewed escalation of the Israel-Palestine conflict, and the ongoing migration crises are raising critical questions about the necessity for ground-breaking changes to effectively address the challenges we are now facing (Green, 2024). Furthermore, the geopolitical landscape is consistently shifting towards governments with strong nationalist protectionist agendas that are reducing long-term development funding and refocusing aid efforts and financial flows primarily on humanitarian concerns (ibid.). **Given these current realities, there is an imperative to advocate for and support community-driven initiatives that can contribute in distinctive ways to more equal, inclusive and resilient societies.**

This document advocates for innovative approaches to identify and access the spectrum of experiences, opportunities, and contributions of older people in fragile and humanitarian settings, as well as to promote the inclusion, design, and implementation of new programs, projects and policies knowing that this population can make valuable contributions to MHPSS management. By involving older individuals in MHPSS programs, we not only tap into a rich resource of knowledge and experience but also create opportunities for intergenerational learning and support. By empowering older individuals and harnessing their skills and experiences in the chaos resulting from disasters and armed conflict, the overall physical and mental well-being of affected populations can be improved, and the capacity for self-help and community support and resilience can be strengthened.

2

MANDATES AND COMMITMENTS**2.1 Global and Regional Initiatives Addressing the Well-being of Older People and their significance for MHPSS**

Older people's necessities, particularities, and opportunities have been addressed by various organizations and agencies since 1982 and the First World Assembly on Ageing conducted by the United Nations (UN, 1982). This assembly was a pioneer in addressing the specific needs of older people, leading to various initiatives and mandates associated with aging. **Some of the most important of these are:**

FIRST WORLD ASSEMBLY ON AGEING, VIENNA 1982

MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA), 2002

EUROPEAN YEAR FOR ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS, 2012

INTERNATIONAL CONFERENCE ON HUMAN RIGHTS FOR OLDER PERSONS, 2023

UN DECADE FOR HEALTHY AGEING, 2021–2030

UNITED NATIONS OPEN-ENDED WORKING GROUP ON AGEING

INTERNATIONAL FEDERATION ON AGEING (IFA) CONFERENCES



Global governance initiatives on ageing have evolved to encompass a broader range of issues, with increasing attention to human rights and health. **However**, the physical health of older people continues to be the overriding concern on the agenda. For example, the topic of mental health is only addressed in the United Nations Open-ended Working Group on Ageing as a specific objective within the health component looking for the “promotion and communication of basic knowledge on the physical and mental-emotional changes in old age and preventive healthcare and healthcare provision” (ICHROP, 2023). Similarly, the Plan of Action of the UN Decade for Health Ageing does not state any specific outcome or mandate on mental health.

The involvement of diverse stakeholders at present highlights the importance of a collaborative and inclusive approach to aging-related issues at the international level. In this sense, mental health considerations are becoming more explicit in recent initiatives. Various global stakeholders such as **HelpAge**, **Human Rights Watch**, the **International Federation on Aging** (IFA), and **Amnesty International**, as well as some state actors among others, are advocating for the establishment of a United Nations General Assembly Convention specifically focused on older people.

The aim is to ensure that the human rights of older individuals are acknowledged and endorsed within a legal framework that entails unequivocal responsibilities for the different governments and organizations that are part of the United Nations [NGO Committee of Aging, 2010].

In this context, while there has been significant progress in advocacy efforts and raising awareness of the needs of older people, *a legal reinforcement and a human rights-based approach would enable a more effective intervention, including in fragile and humanitarian settings.*



2.2 The Importance of Human Rights Perspectives



“ —

Human Rights approaches to addressing issues related to aging represent a significant paradigm shift in global governance initiatives (Cox & Pardasani, 2017).

A prior needs-based approach held in the humanitarian sector has hindered the possibility of continuing working on generating universal statements that recognize people's particularities and empowerment conditions beyond their necessities. In other words: *"the universality of human rights and their indivisibility means that they are substantiated in themselves and are not dependent on social values or perspectives."* (Cox & Pardasani, 2017, p. 99) Over the years, there has been a growing recognition that older persons, as a distinct demographic group, are entitled to the full range of human rights enjoyed by all individuals. This approach acknowledges the inherent dignity of older persons and seeks to protect and promote their rights (ibid).



One of the latest notable manifestations of the Human Rights approach was the International Conference on Human Rights for Older Persons, ICHROP, held in Vienna in November of 2023. **The main objective was to promote the protection of the human rights of older persons, emphasizing the need for a comprehensive international framework to address the specific challenges faced by this demographic and to work hand in hand with the SDGs:** “Given the demographic shifts and technological advancements, it is imperative to consider the needs of older persons in order to achieve sustainable development goals related to health, education, gender equality, and reducing inequalities” it states. (ICHROP Declaration, www.ageing.at)

Thus, a Human Rights perspective considers older persons not only as beneficiaries of social and economic policies but also as rights holders. It is highly relevant to not only ensuring the right to health but also to explicitly include mental health, as an integral component of overall well-being (Banerjee et al., 2021). By explicitly addressing mental health issues, the Human Rights approach recognizes the complex interplay between mental well-being and the broader spectrum of human rights, emphasizing the importance of preserving the autonomy and dignity of older individuals.

While human rights approaches have not explicitly characterized humanitarian or fragile settings, their principles inherently recognize the vulnerabilities of older persons in various contexts. By emphasizing the principles of equality, non-discrimination, and the right to participation, these approaches contribute to a foundation for addressing the needs of older persons, even in challenging circumstances (Cox & Pardasani, 2017).



2.3 SDGs and Agenda 2023

A rights-based approach constitutes the very basis of Agenda 2030.

Its primary ambition and key principle of “Leave no One Behind” plays a crucial role in incorporating older people into global, regional and national development policy and practice. This implies considering sustainable ways to ensure a healthy life for everyone, including those aged 60 and above. As stipulated by the World Health Organization: "For sustainable development and to achieve the goals outlined in the 2030 Agenda, societies must be prepared and responsive to the needs of current and future older populations" (WHO, 2020, p. 5).

The commitment to include a differential perspective with an emphasis on older adults in the development of the Agenda 2030 is particularly reflected in the UN Decade of Healthy Aging. This initiative "builds on the United Nations Madrid International Plan of Action on Aging and is aligned with the timing of the United Nations Agenda 2030 on Sustainable Development and the Sustainable Development Goals" (WHO, 2020, p. 5). Therefore, while this differential perspective with an emphasis on older adults should be considered cross-cutting across all 17 SDGs, the mandate to include it in relation to MHPSS actions is directly linked to the following SDGs:



SDG 1, focused on eradicating poverty, has profound implications for the mental health of older people, as it makes evident that older individuals experiencing economic hardship face heightened mental health burdens, emphasizing the urgency of poverty alleviation measures to support their well-being (AARP& HelpAge, 2017).

Additionally, by prioritizing **SDG 3** it is possible to allocate more resources toward comprehensive healthcare systems. Emphasizing the mental health needs of older adults within this SDG can create a holistic healthcare system that provides tailored support for the unique challenges of aging contributing to a healthy aging defined as “developing and maintaining the functional ability that enables well-being in older age.” (WHO, 2020, p. 4).

Furthermore, **SDG 5** addresses gender equality and the empowerment of women and girls, and is of particular relevance for older women. Statistically, older women are at a higher risk of mental health issues, partly due to risk factors such as social isolation, gender-specific stressors and gender-based violence experiences (Valadez et al., 2006). Tailoring MHPSS interventions to recognize and mitigate these risks is imperative for achieving SDG 5, ensuring that older women enjoy equal mental health support and well-being.

A focus on **SDGs 10** and **11** dealing with reducing inequalities and inclusive, resilient and sustainable cities and communities respectively, has transformative potential in cultivating age-friendly environments beyond physical infrastructure. They aim to promote the creation of spaces that promote social connection and mental well-being for all, including older individuals, and are relevant even in humanitarian and fragile settings.

Ultimately, **SDG 16** in the context of MHPSS highlights the need for the promotion of peaceful and just societies that also are inclusive of older populations. Initiatives in humanitarian and fragile settings could include to a greater degree identifying spaces and environments for stability and security in situations that involve disruption and involuntary displacement that significantly threaten the mental well-being of older persons.



3

THE CHALLENGES IN MHPSS FACED BY OLDER PEOPLE IN FRAGILE AND HUMANITARIAN SETTINGS.

3.1 Ageism

Ageism, a term coined by Robert Butler in 1969, relates to perceptions of ageing that lead to the discrimination associated with old age. This involves stereotyping, negative expectations, and discriminatory practices that impact older people in profound ways, including their mental health (Herrick et al., 1997). Ageism represents a big challenge generally as well as within the complex landscape of humanitarian and fragile settings, e.g. as it has been shown to hinder basic access to services in humanitarian contexts (Lupieri, 2022). **Stigma and ageism, when compounded, also significantly hinder the accurate assessment of mental health issues in older individuals, leading to detrimental consequences such as feelings of helplessness, damaged self-esteem, and apathy in seeking mental health care.** (ibid).

In humanitarian and vulnerable settings where resources are often limited, older individuals find themselves less prioritized, exacerbating the multifaceted challenges they already face. (Kamo et al., 2011). The intersectionality of age and mental health further intensifies the stigma, creating a situation where older individuals are unfairly blamed for their specific needs. Following Lupieri (2022) the prioritization of “the vulnerable” within humanitarian contexts is framed as sensible financial decision-making due to limited welfare resources. Thus, older people are framed as a fragile population with poorer health outcomes and higher healthcare costs. Moreover, this vulnerable condition is compelled by “market-driven rationalities in which the value of refugee lives depend on cost-benefit assessments and their economic contribution” (Lupieri, 2022, p. 6).

Negative attitudes and stereotypical views perpetuated by healthcare practitioners contribute to a cycle of ageism leading to isolation and preventing older individuals from receiving necessary information about mental health care (Marques et al., 2020). Ageism, a persistent reality, increases the risk of mortality, slows recovery from illness, and exacerbates mental health problems in older populations, particularly in the context of displacement following armed conflict or disaster.



3.2 Older adult refugees: challenges and barriers

The need for relocation due to events such as wars, conflicts, or natural disasters poses a challenge for governments and stakeholders. While a significant amount of literature has been produced in recent times regarding the causes, consequences, and challenges of this currently prevailing form of migration and in-country population dynamics, the **needs** and **experiences** of older adults in the midst of this circumstance remain underrepresented or unheard. Events involving evacuation or departure from the place of origin "bring about numerous and often stressful changes in the lives of older people, who may lose their houses, jobs, and a general sense of order in their lives" (Kamo et al., 2011 p. 1347).

The implications at different levels—personal, cultural, and in relation to institutions and services, are considerable. At a personal level, leaving their place of residence also involves separation from their close circle and family, potentially leading to isolation, feelings of loneliness, and difficulties in adapting to new spaces, places, and routines. Consequently, this may result in episodes of anxiety and disorientation (Kamo et al., 2011). Additionally, considering the logistical complexity of relocation and the challenges faced by older adults in contributing to such tasks may lead them to be perceived as a burden, resulting in "loss of social/family support/respect, precipitate loss of self-esteem, and further contribute to increased psychological distress" (Virgincar et al., 2016, p. 890).



HelpAge (2023b), for example, points out how, in the case of the war in Ukraine, older adults faced greater difficulties in the process of leaving their homes and adapting to new environments and countries. Their study identifies a trend that "older people are less likely to evacuate from their homes and communities (...) as they overwhelmingly remain in their own homes (84 per cent)" (p. 6). Kamo et al. (2011) also emphasize how a familiar and recognized environment is one of the factors that most contribute to healthy aging, providing a sense of control to older individuals who, as they age, can experience cognitive declines related to memory, spatial awareness, and movement. Thus, the mandate of abandoning their home and familiar surroundings could be particularly distressing and challenging for older individuals.



© Israel Fuguemann/HelpAge International

One of the primary challenges faced by older individuals is the disruption of their established cultural contexts. Displacement often involves leaving behind not only known physical spaces but also the social and cultural fabric that has shaped their identities. The loss of familiar customs, traditions, and social networks can lead to a profound sense of disconnection, contributing to feelings of isolation, alienation and depression. This highlights the increased need for locally anchored and culturally sensitive mental health support.

The issue of acculturation and the ability to engage with the process of adapting to a new culture, becomes a critical factor in the well-being of displaced older individuals both internally but particularly externally as refugees (Ferrer et al., 2017). The clash between their original cultural norms and the unfamiliar aspects of the host culture can create significant stressors such as language barriers, differing social norms, and changes in daily routines. All these factors pose formidable obstacles, potentially leading to heightened anxiety, depression, and a profound sense of cultural dissonance due to the “structural and institutional forces that shape everyday life narratives of older people at marginal and racialized social locations” (ibid. p. 11).

Finally, the institutional and administrative framework in which older adults access different services, healthcare and the enjoyment of their rights may vary from the place of origin and the host community, with the remark of having now a legal status of refugee that may hinder their possibilities to access to the wide range of services (Lupieri, 2022).

The use of technology, access to information, and bureaucratic processes will represent a barrier to older people who are not familiar with technological devices or digital platforms where normally the services are offered nowadays. As **Help Age highlights** regarding the Ukraine War situation:

“Older people are three times less likely to use mobile phones and smartphones than the overall population and can have less access to the internet [...] Half of the older people surveyed received crucial information by word of mouth.”

(HelpAge, 2023b, p.6)

In this sense, limited access to services and dependency on others can create unrest feelings and worsening of medical or mental conditions.



3.3 Intersectionality and diversity among the older experiences regarding MHPSS: *the experiences of older women.*

Gender roles and cultural expectations play a pivotal role in the differential impact on the psychological well-being of older women.

New statistics reflect that women form the majority of older persons globally and gender disparity is still an issue to resolve particularly in the global south (AARP & HelpAge, 2017). This demographic advantage is however accompanied by greater marginalization and disadvantages for older women which increases the likelihood of developing ill-health including cognitive and mental health illnesses and requiring specialized psychosocial care. Thus, in the complex landscape of Mental Health and Psychosocial Support in humanitarian and fragile settings, the challenges faced by older women stand out as a critical dimension. In this sense, the intersection of age and gender introduces a unique set of challenges, demanding a nuanced approach to address the specific needs of older women.

The impact of war and conflict on mental health is notably pronounced among older women. Reports indicate elevated levels of anxiety, stress, and distress, with loneliness and isolation emerging as significant concerns. Factors such as separation from loved ones and disagreements within relationships further contribute to the intricate mental health landscape for older women in fragile settings. As is stated by HelpAge in their report of the situation in Ukraine: “older women more often live alone; are less likely to still be in the workforce and thus interacting with others; and report lower mobile phone and internet use, all resulting in less access to information and connection to networks” (HelpAge, 2023, p. 21)

Moreover, a significant, albeit overlooked, aspect is the pivotal role played by older women in providing unpaid care within familial structures (Valadez et al., 2006). This responsibility becomes increasingly vital in humanitarian settings as witnessed by the challenges posed by the COVID-19 pandemic and migration due to land dispossession, wars, and conflicts. Thus, older women emerge as indispensable contributors to family and community well-being, particularly in the absence of robust public care and social services.

Furthermore, **it is well-known that humanitarian and fragile settings, especially those that involve armed conflicts, result in higher levels of abuse and domestic violence against women and children** (Kostovicova et al., 2020) Older women who suffered from this violence in the past tend to be more vulnerable to mental health manifestations. In fact, past spousal abuse might be another contributing factor to depression. Due to the underutilization of psychological services by members of this population even in more ordinary times, the opportunity to report spousal abuse is limited. Therefore, feelings surrounding emotional and physical abuse go unprocessed. (Valadez et al., 2006 p. 40).

Global acknowledgment of the prevalence of violence and abuse against older women is evident across physical, emotional, and financial dimensions (AARP & HelpAge, 2017). Despite this recognition, policies and research do not adequately address violence, neglect, and abuse in old age. This oversight is underscored by the tendency to set an upper age limit for data collection, neglecting the unique challenges faced by older women and their implications for mental health. As is stated by AARP & HelpAge: “Most studies of violence against women set an upper age limit for data collection at age 49 years, which stems from a traditional focus on women in reproductive age and overlooks violence in older women’s lives.” (ibid. p. 15).

Thus, the challenges faced by older women in MHPSS within humanitarian and fragile settings are indeed intricate and interconnected. Recognizing the complex nature of these challenges is paramount for developing innovative and comprehensive strategies that prioritize the mental health and well-being of older women in these contexts. This calls for a holistic approach that not only addresses immediate mental health concerns but also considers the broader social, economic, and cultural factors shaping the experiences of older women in the evolving landscape of ageing.



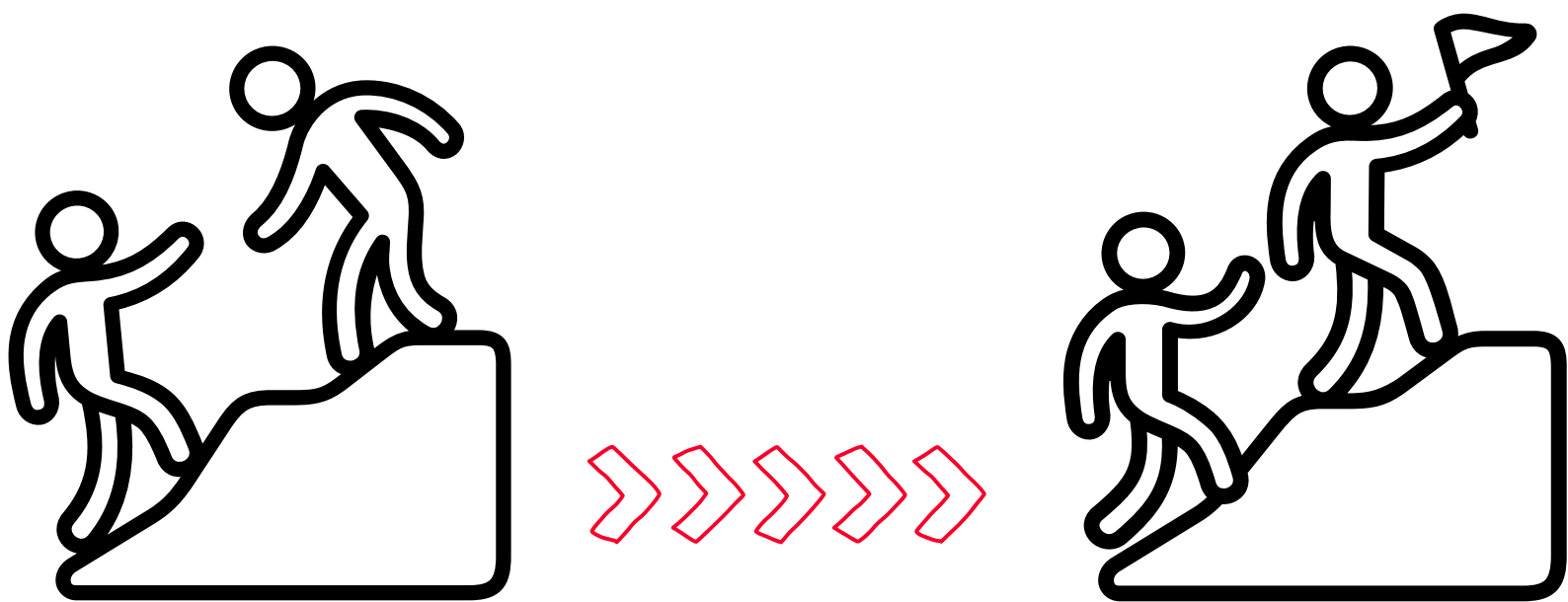
3

UNLOCKING POTENTIAL: INCLUSION OF OLDER ADULTS IN MHPSS INITIATIVES

4.1 Possibilities of integration and action

As was mentioned above, it is well-known that the mental well-being of older people may be adversely affected by the discrimination and stigmatization associated with the aging process in addition to the breakdown of social connections within communities and families (Richenson & Shelton, 2005). This fact could be stressed in humanitarian and fragile settings because of the new challenges and burdens to face, which require concerted efforts from various stakeholders and the harmonization of policies and initiatives.

Humanitarian aid activities, volunteerism, and integration programs could benefit from the active inclusion of older population especially in humanitarian and fragile settings (UNECE, 2019). The combination of the imperative to integrate and empower older individuals and the necessity to engage in MHPSS initiatives may result in significant actions by a wider variety of actors. Older people's life experience, wisdom, and unique perspectives can be particularly beneficial in addressing the mental health and psychosocial needs of individuals of all ages who are affected by crises. Based on the considerations of HelpAge International (2009; 2017; 2023), the Plan of Action of UN Decade of Healthy Aging (WHO, 2020) and the United Nations (2002; 2013) here are three fields of action that can be considered to include and integrate older people in the establishment of MHPSS: **i) MHPSS promotion activities; ii) services and attention provision; and iii) instituting a communitarian approach to MHPSS.**

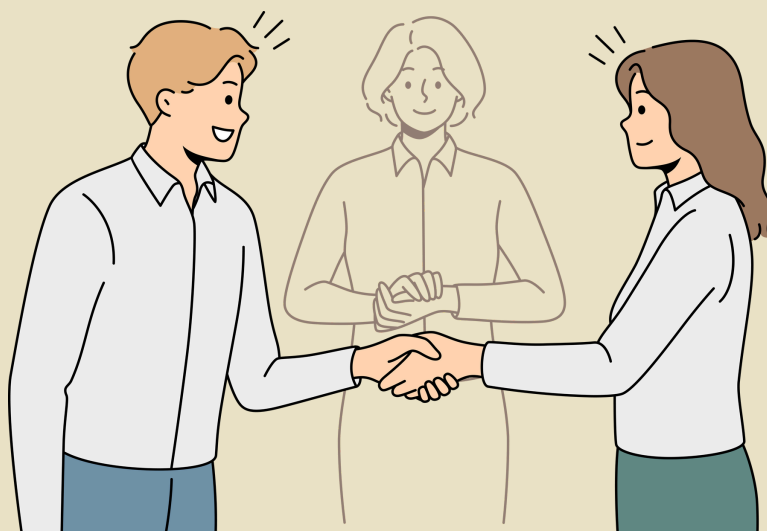


1 MHPSS promotion activities

Older people can be supported to participate in advocacy efforts to promote MHPSS within public and private organizations to ensure these services are a priority in fragile settings. Moreover, they can be role models for resilience, demonstrating how they have overcome challenges throughout their lives and tackling discrimination and ageism (Ribeiro-Gonçalves & Leal, 2023). This could inspire younger people to develop their resilience in the face of adversity. Finally, they can engage in educational initiatives to raise awareness about mental health and psychosocial issues, reducing stigma and promoting a better understanding of it.

2 Service and attention provision

Older people can mediate disputes considering their authority position and acquired mediation and conflict resolution skills in families and local communities or neighborhoods, helping to reduce tension and improve overall psychosocial well-being. As an example, this is the role played by *palabreros* (orators) in Wayuu indigenous communities in the northernmost part of South America, who “contribute to promoting intercultural dialogue and enhancing the visibility of traditional systems of conflict resolution” (UNESCO, 2010). In fact, this practice is part of the list of the Intangible Cultural Heritage of Humanity since 2010. It enhances social relations by re-establishing social harmony through reconciliation, and shows that older people can be trained to provide basic psychosocial support, such as active listening within their communities. This can be especially helpful when professional mental health resources are even more limited than usual within humanitarian and fragile settings (Lupieri, 2022; Kamo et al., 2011).



3 Communitarian approach

Older people can mediate disputes considering their authority position and acquired mediation and conflict resolution skills in families and local communities or neighborhoods, helping to reduce tension and improve overall psychosocial well-being. As an example, this is the role played by *palabreros* (orators) in Wayuu indigenous communities in the northernmost part of South America, who “contribute to promoting intercultural dialogue and enhancing the visibility of traditional systems of conflict resolution” (UNESCO, 2010). In fact, this practice is part of the list of the Intangible Cultural Heritage of Humanity since 2010. It enhances social relations by re-establishing social harmony through reconciliation, and shows that older people can be trained to provide basic psychosocial support, such as active listening within their communities. This can be especially helpful when professional mental health resources are even more limited than usual within humanitarian and fragile settings (Lupieri, 2022; Kamo et al., 2011).



4.2 The integration of older people in MHPSS: The Friendship Bench

The Friendship Bench, originating in Zimbabwe, exemplifies a community-driven approach to mental health support. This innovative intervention taps into the wisdom and compassion of older individuals, often affectionately referred to as "Grandmothers," who become trained lay health workers (The Friendship Bench n.d.). Placed in public spaces, the Friendship Bench serves as a safe space where individuals can freely express their thoughts and emotions. The success of the Friendship Bench lies in its acknowledgment of the unique strengths and advantages that older people bring to the realm of mental health support, especially with issues related to Common Mental Disorders (CMD). The Grandmothers, with their life experiences and empathetic listening, provide a crucial bridge between formal mental health services and the community (Chibanda et al., 2015).



©Friendship Bench

In settings where resources are scarce and traditional mental health services may be limited, the Friendship Bench allows older individuals, often overlooked in discussions about mental health, to play a central role in dispelling stigma and fostering a sense of community resilience (JAMA, 2022). Their involvement in MHPSS initiatives not only provides much-needed support to those grappling with mental health challenges but also contributes to the creation of inclusive spaces that promote emotional well-being.

The Friendship Bench model showcases the potential of harnessing the collective wisdom of older individuals that could be useful in fragile and humanitarian situations. **In their words:**

“**By embracing the experiences and empathy of older community members, we not only address immediate mental health needs but also cultivate a culture of support, understanding, and shared resilience.**” *(The Friendship Bench, n.d.)*



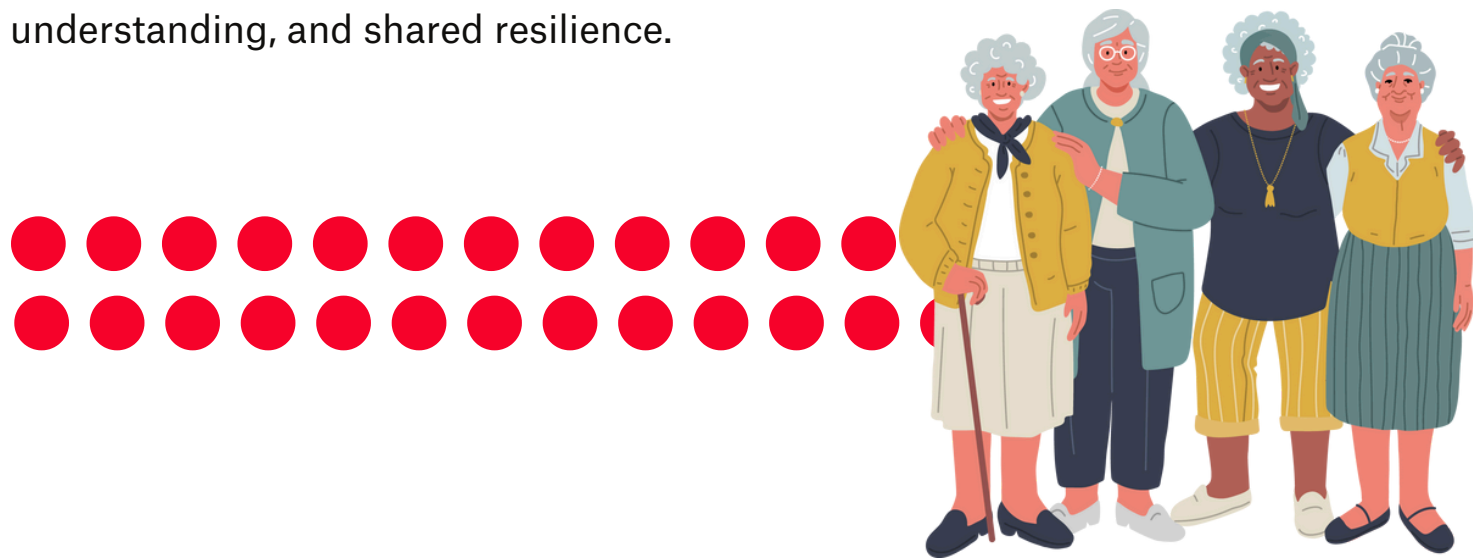
5

CONCLUSIONS

The prioritization of the role of older individuals in shaping an agenda for MHPSS *cannot wait*. As demonstrated throughout this document, although there are various initiatives and institutions committed to this cause, a concerted effort involving all stakeholders and interdisciplinary collaboration is not yet a reality. Such an effort can pave the way for a better and more dignified future for all, recognizing aging as an undeniable human process that demands our collective concern. Moreover, it is crucial to emphasize the differences among older individuals, avoiding the consideration of them as a homogeneous group. Incorporating an intersectional and life-course perspective becomes a necessity for all sectors related to MHPSS to ensure major accuracy in the undertaken actions.

Unfortunately, in the global landscape, multiple conflicts and adverse situations endure, with significant implications for the mental health and well-being of the victims and inhabitants of the affected territories, particularly for minorities and other groups which may be underrepresented socially, culturally and politically. In this regard, combining joint efforts beyond productive, economic, or neoliberal perspectives will contribute to releasing the potential of all individuals, including older individuals of all backgrounds.

In contemplating the enduring strength of communities and the pivotal role played by older individuals, we must challenge conventional perceptions of aging, and take advantage of a unique opportunity to reshape the trajectory of entire lives. The positive influence of older individuals in MHPSS initiatives paints a compelling picture of societies that not only address immediate mental health needs but also cultivate cultures of support, understanding, and shared resilience.



6

RECOMMENDATIONS

Based on the findings outlined in this document, we present a set of recommendations. These proposals aim to enable the humanitarian sector and stakeholders to identify and effectively address the particular challenges faced by older individuals in fragile contexts, and to implement actions that embrace and enrich their life experiences, and recognize and amplify their distinctive potential and contributions in such settings.

MAINSTREAMING AGEING ISSUES THROUGH PARTNERSHIPS

UN agencies as well as humanitarian and other civil society organizations that work in emergency situations can integrate ageing concerns into their programs while emphasizing the rights of older persons, including to income, health, education, security, voice, and participation, among others. An explicit life-course approach should be adopted to consider the intersection of age with categories such as poverty, health, gender, work, inequalities, disability, environment, governance, and conflict that are mainly related with humanitarian and fragile settings.



HUMAN RIGHTS-BASED APPROACH WITH AGE-SENSITIVE POLICIES

Encourage organizations to review their policies so that they are inclusive of older people, ensuring that steering or guidance materials are human rights-based, age-sensitive, and all-age-inclusive. It is also important to develop measurable indicators to track progress on the situation of older persons.

ADDRESSING AGEISM AT MULTIPLE LEVELS

Tackling ageism requires a multi-level approach. Policymakers and humanitarian practitioners should prioritize positive intergenerational contact, promote active and healthy aging practices, and address societal perceptions to ensure non-discriminatory, equitable and inclusive responses for older persons.



RECOGNIZING OLDER ADULTS' CONTRIBUTION TO SOCIETY FROM A BROADER PERSPECTIVE

It becomes necessary to consider the various ways in which older adults are relevant to societies from a socio-cultural and human rights perspective and not only from an economic or finance-based perspective. This approach would help avoid exacerbating the conditions and psychological distress caused by forced displacement or migration.

SUPPORTING AGE-DISAGGREGATED DATA COLLECTION

As we have established in this paper, the condition of older people, especially in fragile settings, is continuously overlooked. Advocating for better collection, analysis, dissemination, and use of age-disaggregated data is essential and will allow informed decisions by governments and stakeholders.. In this sense, it is crucial to also encourage the inclusion of aging-related data in national instruments, policies, and reporting.

DIRECT INCLUSION OF MENTAL HEALTH IN THE PLAN OF ACTION RELATED WITH HEALTHY AGEING

Although nowadays health is a big concern related to older people's situation, mental health is widely overlooked in nearly all plans and policies. Healthcare for older individuals should include comprehensive care, sufficient financing for mental health services, improved access, and age-sensitive training programs for healthcare givers.

CULTURALLY SENSITIVE MHPSS INTERVENTIONS

In the context of Mental Health and Psychosocial Support, cultural sensitivity is crucial. It is important to promote interventions that incorporate traditional practices, communal support systems, and language preferences, bridging the gap between mental health support and cultural context.

BALANCED STRATEGIES FOR INTEGRATING OLDER PEOPLE WHO ARE REFUGEES OR INTERNALLY DISPLACED

Integration strategies should be implemented with care, recognizing the need for a careful balance between maintaining cultural identity and adapting to new circumstances. Providing platforms for intergenerational communication, cultural exchange, and the preservation of traditions can contribute to a more holistic approach to mental health support.

EMPOWERING OLDER PEOPLE WITH SPECIFIC ATTENTION TO OLDER WOMEN

Develop strategies specifically addressing the unique challenges faced by older women by recognizing their experiences, needs, and contributions. These must include older women's voices and experiences in humanitarian policies and programs, as well as in conflict resolution, recovery and rebuilding processes.



© HelpAge India



IMPLEMENTING THESE WILL REQUIRE SPECIFIC ACTIONS, SUCH AS:

- * Active, multigenerational community engagement and consultations, especially with older adults to understand their needs and include them in decision-making about programming;
- * Capacity-building for mental health staff to raise their awareness about cultural differences, language barriers and other specific needs of older individuals;
- * ITC information and training to familiarize older adults with technology that can be used for mental health support, such as virtual counseling sessions, mental health apps, or other online resources;
- * Ensuring accessibility to technological and other resources by older people living with various forms of disability, e.g. provision of assistive devices to increase mobility, making written materials available in larger fonts and/or in audio versions, etc;
- * Offering opportunities for older individuals to be actively involved in the MHPSS programming including through volunteering, and promoting social and group-learning gatherings for older groups;
- * Advocating for policies that recognize and address the mental health needs of older people and ensuring that resources and support are allocated appropriately.

PRO Global 
- pensioners without borders



AARP & HelpAge. (2017). Aging, Older Persons and the 2030 Agenda for Sustainable Development . New York : United Nations Development Programme.

Chibanda, D., Bowers, T., Verhey, R., Rusakaniko, S., Abas, M., Weiss, H. A., & Araya, R. (2015). The Friendship Bench programme: A cluster randomised controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. International Journal of Mental Health Systems, 9(1), 21. <https://doi.org/10.1186/s13033-015-0013-y>

Cox, C., & Pardasani, M. (2017). Aging and Human Rights: A Rights-Based Approach to Social Work with Older Adults. Journal of Human Rights and Social Work, 2(3), 98–106. <https://doi.org/10.1007/s41134-017-0037-0>

Dehi, M., & Mohammadi, F. (2020). Social Participation of Older Adults: A Concept Analysis. International Journal of Community Based Nursing & Midwifery, 8(1). <https://doi.org/10.30476/ijcbnm.2019.82222.1055>

Ferrer, I., Grenier, A., Brotman, S., & Koehn, S. (2017). Understanding the experiences of racialized older people through an intersectional life course perspective. Journal of Aging Studies, 41, 10–17. <https://doi.org/10.1016/j.jaging.2017.02.001>

HelpAge, (2009) Older people in community development. The role of older people's associations (OPAs) in enhancing local development. Chiang Mai. HelpAge International

HelpAge. (2023a). Annual report and financial statements 2022/23. London: HelpAge International.

HelpAge. (2023b). I've lost the life I knew. Older people's experiences of the Ukraine war and their inclusion in the humanitarian response. London: HelpAge International.

Herrick, C. A., Pearcey, L. G., & Ross, C. (1997). Stigma and Ageism: Compounding Influences in Making an Accurate Mental Health Assessment. *Nursing Forum*, 32(3), 21–26. <https://doi.org/10.1111/j.1744-6198.1997.tb00206.x>

Kamo, Y., Henderson, T. L., & Roberto, K. A. (2011). Displaced Older Adults' Reactions to and Coping With the Aftermath of Hurricane Katrina. *Journal of Family Issues*, 32(10), 1346–1370. <https://doi.org/10.1177/0192513X11412495>

Koehn, S. (2020). Ageing at the intersections: A literature review. <https://doi.org/10.13140/RG.2.2.24737.43367>

Kostovicova, D., Bojicic-Dzelilovic, V., & Henry, M. (2020). Drawing on the continuum: A war and post-war political economy of gender-based violence in Bosnia and Herzegovina. *International Feminist Journal of Politics*, 22(2), 250–272. <https://doi.org/10.1080/14616742.2019.1692686>

Lupieri, S. (2022). 'Vulnerable' but not 'Valuable': Older refugees and perceptions of deservingness in medical humanitarianism. *Social Science & Medicine*, 301, 114903. <https://doi.org/10.1016/j.socscimed.2022.114903>

Marques, S., Mariano, J., Mendonça, J., De Tavernier, W., Hess, M., Naegele, L., Peixeiro, F., & Martins, D. (2020). Determinants of Ageism against Older Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*, 17(7), 2560. <https://doi.org/10.3390/ijerph17072560>

Ribeiro-Gonçalves, J. A., Costa, P. A., & Leal, I. (2023). Loneliness, ageism, and mental health: The buffering role of resilience in seniors. *International Journal of Clinical and Health Psychology*, 23(1), 100339.

Richeson, J., & Shelton, N. (2006). A Social Psychological Perspective on the Stigmatization of Older Adults. In L. Carstensen, *When I'm 64: Aging Frontiers in Social Psychology, Personality, and Adult Developmental Psychology* (pp. 174-209). Washington D.C.: National Research Council.

UNESCO (2010). Decision of the Intergovernmental Committee: 5.COM 6.9.
<https://ich.unesco.org/en/decisions/5.COM/6.9>

United Nations. (2002). Madrid International Plan of Action on Ageing. New York.

United Nations. (2013). World population aging. New York.

United Nations Economic Commission for Europe ENEC. (2019). Road Map for Mainstreaming Ageing Belarus. Geneva.

United Nations. (n.d.). Integration and participation of older persons in development. Retrieved from UN Documents:
https://www.un.org/esa/socdev/documents/ageing/Integration_participation.pdf

Valadez, A. A., Lumadue, C., Gutierrez, B., & De Vries-Kell, S. (2006). Las Comadres and adult day care centers: The perceived impact of socialization on mental wellness. *Journal of Aging Studies*, 20(1), 39–53.
<https://doi.org/10.1016/j.jaging.2005.02.003>

Virgincar, A., Doherty, S., & Siriwardhana, C. (2016). The impact of forced migration on the mental health of the elderly: A scoping review. *International Psychogeriatrics*, 28(6), 889–896.
<https://doi.org/10.1017/S1041610216000193>

World Health Organization . (2020). UN Decade of Healthy Ageing: Plan of Action 2021–2030.





PRO Global

pro.se

Contact information:
prudence.woodford@gmail.com



warchild.se

Contact information:
peter.brune@warchild.se
angelicaverav.09@gmail.com