Aging Research

ISSN 2957-8701 (print); 2957-9295 (online)
https://doi.org/10.26599/AGR.2023.9340005

Technical Report

Specification for mental health promotion services for the elderly

Chinese Society of Gerontology and Geriatrics (✉)

Received: 23 March 2023 | **Accepted:** 28 March 2023

Preface*

This document is drafted in accordance with the provisions of GB/T 1.1—2020 "Guidelines for Standardisation Work Part 1: Structure and Drafting Rules for Standardised Documents".

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This document is presented by the Chinese Centre for Disease Control and Prevention and the Centre for Chronic Non-Communicable Disease Prevention and Control of the Chinese Centre for Disease Control and Prevention.

This document is attributed to the Chinese Society of Gerontology and Geriatrics.

This document was drafted by: Centre for Prevention and Control of Chronic Non-Communicable Diseases, Chinese Centre for Disease Control and Prevention, Chinese Society of Gerontology and Geriatrics, Chinese Society of Preventive Medicine, Special Committee on Healthy Lifestyle and Community Health, Inspur Intelligent Technology (Qingdao) Co., Ltd., and Zunshang Health Industry Co., Ltd.

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1 Scope

This document sets out the basic principles, general requirements, service content, service processes, and requirements for evaluation and improvement of mental health promotion services for older people.

This document applies to the provision of mental health promotion services for older people with normal or mildly abnormal mental states by health care services and elderly care institutions.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

The following terms and definitions apply to this document.

3.1 Mental health promotion

Through group counselling and mental health education, we improve the mental health of our clients and maintain good physical, psychological and social functioning of individuals.

3.2 Group psychotherapy

Refers to a form of psychological healing that provides psychological help in group situations. Through interpersonal interactions within a group, individuals are encouraged to develop good life adjustment by observing, learning and experiencing interactions, recognising, exploring and accepting themselves, adjusting and improving their relationships with others, and learning new attitudes and behavioural patterns.

3.3 Mental health education

Based on prevention theory and the concepts of mental health promotion and health creation, it helps people to learn and acquire knowledge, attitudes and behavioural patterns that maintain positive emotions and enhance physical and mental health.

3.4 Psychological assessment

A comprehensive assessment of psychological well-being is carried out through observation, interviews, scales and questionnaires.

4 Basic principles

Putting people first, protecting the personal privacy of older people, giving full understanding and respect, and strictly observing service hours and relationship restrictions.

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Cite this article as Chinese Society of Gerontology and Geriatrics. *Aging Research*, **2023**, 1: 9340005.

* This report is translated from its Chinese version in electronic supplementary material.

5 General requirements

5.1 Institutional requirements

5.1.1

Providers include health care services and elderly care facilities.

5.1.2

The service provider should establish a mental health promotion service function for the elderly or have full-time (part-time) staff, and establish and implement rules and regulations for mental health promotion services for the elderly.

5.2 Personnel requirements

5.2.1

Practitioners with a nationally or professionally recognised professional qualification in psychology

5.2.2

Other community practitioners or social workers who have attended and are qualified in psychological training

5.3 Managing requirements

5.3.1

The service provider is required to develop a system of work and stage assessment.

5.3.2

Older people are categorised and managed according to the results of their mental health assessment.

5.3.3

Individualised mental health promotion service programmes are developed for each older person according to their characteristics and needs.

5.3.4

The records of the categorisation of older people should be kept in detail, and a service user categorisation management file for each older person should be created.

5.3.5

Elderly people with serious conditions, sudden crises, ineffective and unsustainable services need to be promptly advised to seek hospital treatment.

5.4 Informed consent

Information on the assessment results, service plan, service measures and service effectiveness should be explained and fed back to the person or legal guardian in a timely manner, and the person or legal guardian should be required to sign and confirm the written information.

5.5 Confidentiality of information

When providing mental health promotion services to older people, the content of the conversation, related records and other private information should be kept confidential.

6 Services

6.1 Mental health promotion services

6.1.1 Form of service

Mental health promotion is mainly in the form of group counselling and mental health education, and counselling can also be conducted in communities or institutions where available.

6.1.2 Service preparation

Choose appropriate methods of talks to understand the feelings, state, motivations, and expectations of older people for the service. Develop an in-depth understanding of the psychological aspirations of older people and establish a good service relationship.

6.1.3 Mental health status assessment

Older people should be assessed for their mental health status at least every six months, and at any time in exceptional circumstances such as emotional or behavioural abnormalities.

It is appropriate to use observation, interviews, questionnaires and tests to assess the psychological well-being of older people.

Scales can be assessed using the Geriatric Depression Scale (GDS), the Self-Assessment Scale for Anxiety (SAS), and the Symptom Self-Rating Scale.

6.1.4 Service programmes

Mental health promotion services are developed for the individual, appropriate methods are selected and the services are delivered according to the plan. The programme of mental health promotion services generally includes the following elements.

a) Basic information on older people.
b) The presence of abnormal psychiatric and psychological symptoms.
c) Establishing service goals.
d) Selection of methods and measures.
e) Develop a service plan.

6.1.5 Time frequency of services

Mental health promotion services are generally provided at least once a month for at least 60 min, or more frequently if necessary. The frequency can be gradually reduced as the older person's condition improves and becomes more stable.

6.2 Mental health education

6.2.1

Mental health education includes, but is not limited to: promoting awareness of mental health among older people by disseminating and popularising knowledge about mental health among older people; assessing the psychological needs of older people and enhancing psychological adjustment skills, including.

a) Knowledge of psychophysiological changes in old age.

b) Approaches to psychological interventions for co-morbid chronic conditions.
c) Approach to stressful events.
d) Early identification and preventive intervention for common psychological and behavioural problems in older people.
e) Lifestyle modification methods such as diet and exercise that promote mental health, and positive psychological adjustment skills.

6.2.2 Mental health education requirements

a) Distribute geriatric mental health folders or brochures and rolling scientific audio-visual materials at mental health promotion venues, and provide no less than one type of content in print and no less than one type of audio-visual material per year.
b) Mental health promotion service premises should have a mental health education bulletin board and the content of the health education bulletin board should be changed at least once every six months.
c) Organise monthly talks on mental health to promote residents' learning and understanding of elderly mental health and the necessary self-intervention skills to promote the physical, mental and social functioning of service users.

6.3 Group counselling

The time limit for group activities should be strictly adhered to, with no less than one group activity per month for at least 60 min each time for older people. The theme of each group activity should be set according to the actual needs of the older person, and the main methods should be carried out using positive thinking or relaxation training. Group counselling includes, but is not limited to, five stages.

a) The preparatory phase before the formation of the group: before the group starts, it is necessary to clarify the ideas and set the objectives of the plan through group planning and to choose a leader within the group.
b) The early stages of the group: building a sense of trust between group members and identification with the group; encouraging older people to express their feelings, mutual support, respect and acceptance.
c) Group transformation phase: group members have increased self-awareness and a desire to express themselves; guidance for group members to deal correctly with conflicts and resistance, creating greater cohesion.
d) The middle stage of the group: the structure of the group becomes more stable, the trust of the group members increases, they express their feelings openly and give back to each other; older people are encouraged to translate their feelings into action and help solve problems.
e) End of group: dealing with the group's feelings of separation, maintaining and consolidating what has been learned in the group and extending it to real life situations, assisting the group to move towards independence and face the environment outside the group, planning for the future, dealing with residual issues and arranging follow-up, consolidating the effects of the therapy.

7 Evaluation and improvement

7.1 Evaluation systems

A system for evaluating the quality of mental health promotion services for the elderly should be established, which should include self-evaluation, evaluation by service users and evaluation by third-party social organisations.

7.2 Content of the evaluation

Evaluation indicators include, but are not limited to, the results of the assessment of the psychological condition of the elderly before and after the service, the soundness of the system, the qualification rate of the service personnel training, the quality of the service meeting the requirements, the completion rate of the service project, and the satisfaction of the service recipients and their families.

7.3 Continuous improvement

Based on the evaluation results, corrective measures and continuous improvement will be formulated to continuously improve service capacity and service quality.

Conflict of interests

The author declares no conflict of interests.

Electronic supplementary material

Supplementary material (the Chinese version of specification for mental health promotion services for the elderly) is available in the online version of this article at https://doi.org/10.26599/AGR.2023.9340005.