

Aspects of Global Social Work and Mental Health for the Elderly- recommendations for Education and Training

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Abstract

Global social work deals with universal social issues and problems experienced by people around the world. Social issues and problems become more and more globally interconnected [1].

The global older population is increasing dramatically and is predominantly female. Approximately 15% of adults aged 60+ suffer from some form of mental disorder. People in nursing homes have higher incidence rates of mental disorders.

Social determinants are related to mental health of the elderly and vice versa. The social determinants of mental health are the conditions in which people are born, grow, live, work and age. There are specialized professional groups whose work deals intensively with the social determinants of elderly people. Among other things, social work for the elderly focuses on the best level of participation, interdependence, quality of life and well-being of the elderly. The objectives of social work for the elderly include respect, dignity [2], the autonomy of the individual, including personal autonomy, aspects of healthy aging, resource promotion, and prevention, in conjunction with social relationships, families, individual networks, community settings and political circumstances.

The challenges of the future, such as growing numbers of elderly people and more mental and chronic illnesses, call for engagement and commitment in the work of this professional group around the globe. Adequately qualified social workers with, for example, professional and trained psychosocial counseling knowledge and skills are needed, in particular with basic knowledge and training about end-of-life aspects, self-management and the management of loss, always related to cultural aspects and cultural considerations.

These future challenges in a global context should be given more connection and consideration in education, training and in the professional field of action as well as in professional organizations, federations and professional networks. Social work has in the course of these challenges to work against stigmatization and ageism as a systematic stereotyping of and discrimination against people.

Introduction

Populations around the world are rapidly and constantly ageing [3]. The number of people aged 60 or older will rise from approx. 900 million to 2 billion between 2015 and 2050 [3]. Ageing is associated with an increased risk of a person having more than one illness at the same time, i.e. multimorbidity [4,5].

Globally approx. 300 million people are affected by depression; more women are affected than men [6]. In the future, expanding populations plus the growing incidence of mental disorders, which are globally very highly prevalent [7], will present enormous and diverse challenges to the persons concerned, their social networks, society at large, for professions, the training and education of professionals, organizations and stakeholders, and requires effective leadership and governance for mental health [8,6].

The World's Population Over 60; Aspects of Mental Health and Social Determinants

According to the Population Division of the Department of Economic and Social Affairs of the United Nations, there were approx. 7.2 billion people living in mid-2013, and it is estimated that this number will grow to around more than 8.1 billion by 2025 [9], respectively 9.6 billion by 2050 [9]. Population aging/ demographic aging took and is taking place in nearly all the countries of the world [10].

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People worldwide are living longer than decades ago. Until 2050, the proportion of the world's population over 60 will nearly double from 12% to 22% [11]. In addition, the older population itself is aging. Globally, the share of older persons aged 80 years or over (the "oldest old") within the older population was 14 per cent in 2013, and according to current calculations, it will amount to approx. 19 per cent in 2050. This means that in 2050, approx. 392 million persons will be aged 80 or over.

The older population is predominantly female [10]. By 2050, the global number of men per hundred women is estimated to rise to 85 at ages 60 or over, to 81 at ages 65 or over, and to 61 at ages 80 or over [12]. Globally documented, during 2010-2015, women outlived men by an average of 4.5 years [13].

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The elderly population, in China with approx. 397.9 million 60+ in 2100 and in India with 566.3 million 60+ in 2100, are the so-called "world's two population superpowers". The largest developing country populations are Brazil in Latin America and Nigeria in Africa [14].

Over the next 15 years, the number of older persons is expected to grow fastest in Latin America, with an estimated 71 per cent increase in the population aged 60 years or over, followed by Asia (with approx. 66 per cent), Africa (with approx. 64 per cent), Oceania (47 per cent), Northern America (41 per cent) and Europe (23 per cent) [13].

In addition, the older population is growing faster in urban areas than in rural areas. At a global level between 2000 and 2015, the number of people aged 60 years or over increased by approx. 68 per cent in urban areas, compared to a 25 per cent increase in rural areas [13]. All countries around the world face major challenges to ensure that their healthcare, mental health care and social systems are prepared to face and to react to most of the demographic shifts in the population structure [11]. Important are, for example, functioning health systems, the access to health services and care, and mental health services availability.

Mental health-defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" [15]. Mental illness is many-faceted and related to social factors [8].

Mental and substance-use disorders are the leading causes of disability around the globe [16]. Mental disorders are affecting people across all regions of the world [7]. However, four of the 21 GBD (Global Burden of Disease) world regions lacked any epidemiological data on mental disorders, including Central Asia, Central Sub-Saharan Africa, Andean Latin America, and Oceania [17].

In the mental health context, the aspects and influences of social determinants are very complex and challenging [18]. Diverse and complex [19], these determinants include social marginalization, primary and secondary social networks, social support and environmental factors/ecological factors as well as, for example, gender-, education-, migration-, stress- and mobility-related factors and financial constraints [8]. To reduce health inequalities, actions to reduce socioeconomic and other inequalities are required [20].

The causes of poverty, a social determinant, are much similar across countries: low income, unemployment, no education/low level of education, no proper financial planning, lack of support from children, inadequate pension program, and expensive health care [21, p. 2].

Financial difficulties in particular or poverty may directly affect the health of older people in different ways [22-25]. Even if accurate information about old-age poverty is hampered by the absence of an international harmonized database of poverty rates disaggregated by age [26], many older persons around the globe are poor and have to work until they die [27]. The global OECD data document that the poverty rate of older persons is often higher than the population average [10].

The objections and challenges to taking action on the social determinants of health and mental health are often intensely political

and economical. Poverty, rising inequality in income and assets and social exclusion all drive widening and deepening mental health/health inequalities in many countries [20].

Mental Disorders, Chronic Disease and Active & Healthy Aging

Data published in 2009 show that the inter-quartile range of lifetime DSM-IV disorder prevalence estimates (combining anxiety, mood, externalizing, and substance use disorders) is between 18.1-36.1% [28]. Many mental disorders begin in the life-stages of childhood or adolescence.

Millions of people worldwide suffer from a mental disorder, many individuals develop one or more mental or behavioral disorders at some stage of life [29], and globally alone more than 264 million people of all ages suffer from anxiety disorder [30].

In 2005 in America, an estimated 26.2 percent of Americans aged 18 and older- about one in four adults- suffered from a diagnosable mental disorder in any given year [31].

In Europe, a study prepared by the European College of Neuropsychopharmacology (ECNP) and the European Brain Council (EBC) documented that the majority of mental disorders remain untreated [32]. The World Health Organization documented for Europe that approx. 27% of the adult population (aged 18-65) had experienced at least one of a series of mental disorders in the past year [33]. In every year, about one third of the total EU-27 (European Union (EU)- Member States) population of approx. 504 million in 2012 or 512.6 million in 2018 [34,35] suffer from mental disorders [36].

Further studies in 2013 assumed that worldwide around 44 million people suffer from a dementia disorder [37]. Estimated 46.8 million people worldwide were living with dementia in 2015 [38] and it is estimated that this number will increase [39], often combined with depression [40,41]. Alzheimer's Disease International documented that this number might almost double every 20 years [38]. Hence the total number of people with dementia is projected to reach approximately 82 million in 2030 and 152 million in 2050 [42].

Chronic diseases are long lasting conditions with persistent effects and are on the rise worldwide [43]. According to the World Health Organization, chronic disease prevalence is expected to rise by approx. 57% by the year 2020 [43]. WHO [44] concludes that NCDs (Noncommunicable Diseases) will be responsible for a significantly increased total number of deaths in the next decades. Psychiatric morbidity in old age frequently coexists with physical illness [45,46].

The elderly constitute a group in which social factors including resource promotion, i.e. personal resources or community resources, contribute to active and healthy aging in societies [47].

Healthy Ageing, a holistic approach, is the focus of WHO's work on ageing between 2015-2030. Healthy Ageing is about creating and constructing the environments and opportunities that enable people to be and do what they value throughout their lives [48], and to take an ongoing active part in society, family, networks and enjoy an independent and high quality of life.

These aims and considerations have been integrated in diverse strategy papers, such as the Strategy and Action Plan for Healthy

Aging in Europe, 2012–2020 [49]. The paper emphasizes how important it is, for example, to promote health and social services, including support for self-help [49], to promote physical activity, and to prevent falls.

Aspects of Global Social Work for the Elderly

International social work deals with and is related to universal problems experienced by people around the world. International social workers focus on problems and issues that affect billions of people spread throughout more than 300 countries on seven continents and districts [1].

The social work profession is a profession and promotes around the globe social change, problem-solving in human relationships, the empowerment and liberation of people to enhance well-being. The principles of human rights and social justice are fundamental to social work and as a framework for addressing social determinants of health [50,51].

Global professional social work supports the resource-, network-, community-, and solution-oriented promotion for the elderly [52,53].

Nevertheless, many elderly people often have a variety of health, social and psychological problems. To face and resolve their problems, they depend on social and health service providers. Hence, social workers can become a significant part for the elderly in their later years [54]. To work respectfully with these clients in social services is always indisputable [54,55].

Social workers should be trained to identify, analyze and coordinate, in the sense that a professional social worker assesses the requirements and current needs. Hereby coordination, monitoring, evaluations, and advocacy for elderly people are always required [56].

Professional social work focuses on the potentials of old age [57], even in the presence of multimorbidity [58] or chronic disease.

Further objectives include preserving participation and independence [59], dignity in later life, including palliative and end-of-life care [60], and promoting quality of life aspects [61,62]. Other objectives are to support the coping strategies, respectively the coping strategies with losses or to be a so-called "agent of change". In this context, social work constructively addresses and includes models and perceptions of old age [63].

To support caregivers [64], the promotion of their motivation [65] and optimism [66] as well as the prevention of burnout, which can affect many caregiving family members [68], are important fields of social work practice for the elderly.

It is indispensable that culturally sensitive social work practice should pay particular heed to, for example, ethnicity, religion, diversity, gender relations and the place of individuals in their families and communities [68], and this requires sound knowledge and understanding of the client's culture, traditions and mental health/health-related needs.

Professional social work has to be aware of stigmatization and ageism in a broad context, for example related to labels and discourses [69].

Global Social Work for the Elderly - Education & Training - Challenges in the Future

Social work and mental health for the elderly is now and will in the future be confronted by enormous challenges and dimensions [70-72].

Optimizing geriatric social work education is still a prominent topic [73]. Geriatrics and gerontology, with the inclusion of end-of-life aspects and self-management, and as specialized fields of knowledge, have not been sufficiently integrated into formal academic training programs of practicing social workers [74].

There are major trends in the health care environment which impact on social work education and training, for example increasing diversity including race, ethnicity, language, gender, socio-economic status, physical ability, sexual orientation, education, location of residence and religion/spirituality [75] of the older population, and client, family, and network participation in decision making.

These trends necessitate a revision of social work education to emphasize new content areas in gerontology and the development of, for example: new skills, competences, knowledge in ethics, human rights, clinical concepts, case management, care coordination, and teamwork in a broad and global context [74]. Hereby the inclusion of SDGs, the UN global goals for a better world by 2030 is required [76].

The growth of accredited social work education programs increases each year [77], and next to that the number of social work students has increased continuously [78].

A significant matter for the future of social work education (*Bachelor's and Master's degree programs*) will be to create ideas and strategies to implement more global aspects and to engage experienced social workers and social scientists, faculties, practitioners and students in the curricular and organizational change process [79]. The (GeroRich) initiative, with sixty-seven social work programs to infuse gerontological contents and aspects in curricula, documented important issues in this context [80].

Global Social work education and training, and the development and promotion of excellence in social work education in the future, should place a significant focus on international social welfare and social systems by integrating cross-national and comparative contents [81], and should integrate study-abroad programs. Furthermore, social work education must find models and means to incorporate international content into the social work curriculum in a better way [82]. In a graduate seminar, students should utilize data from the United Nations, the World Health Organization and the World Bank to examine and analyze social conditions in different parts of the world in order to gain a broader view of global social conditions and effects [82].

According to many experts in global social work education, the essential areas for learning are, for example:

1. developing sound basic knowledge about social work,
2. developing sound basic knowledge about health/global health and well-being,
3. developing sound basic knowledge about mental health/global mental health,

4. developing a national, regional and global view about social work,
5. developing sound basic knowledge about national and global social and/or health systems,
6. developing sound knowledge about social services and access to social services,
7. comparing different types of practices,
8. developing sound knowledge and skills about evidence-based practice and evaluation tools,
9. sound knowledge about interpreting cultural parameters and considerations,
10. sound knowledge about diversity,
11. sound knowledge about human rights,
12. sound knowledge about SDGs/Sustainable Development Goals,
13. creation of new aims, initiatives and roadmaps [83-87,76].

Social workers, including those working in the field of older people and mental health, should represent their discipline nationally as well as internationally in all matters relating to education, training, theory, models, research, and practice [88,89]. Furthermore, interprofessional initiatives for social workers and of social workers students are required [90].

Conclusion

The challenges of the future, such as growing numbers of elderly people and more mental and chronic illnesses, call for engagement and commitment in and for the work of social workers around the globe, and also by the schools of Social Work and their concepts and their incorporation into the curriculum, their education programs and their professional training.

It is a chance and a challenge that Social Work is nationally routed and internationally orientated. These vice versa interactions [91] between international, multinational and national aspects and professional development can push, empower, and strengthen the professional profile.

Hereby, professional engagement with the necessary consequences and discipline, visibility and recognition of the professional work, leadership, foresight and visions is required.

This should also apply to professional organizations, professional federations, and to professional education or training institutions and schools of Social Work.

Competing Interests

The authors declare that they have no competing interests.

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