Notice the Unnoticed – Faces of Senior Depression

Resilience materials for people in late adulthood

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Resources in the area of resilience for people in late adulthood

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Old age does not mean a loss of value.
In fact, it is the time when our value as people is most apparent.

Jane Goodall

Table of contents

4.5 When and where to seek help.
Chapter 5 – Psycho-emotional and social support
5.1 Building and maintaining healthy social relationships.
5.2 The importance of group support and how to find support groups.
5.3 Using community resources.
5.4 Opportunities for seeking support online.

Part II dedicated to employees supporting seniors – 'Understanding and acting'

Chapter 6 – Basic knowledge about depression in older adults
6.1 Epidemiology of depression among older people.
6.2 Specific characteristics of depression in older people and difficulties in diagnosing it
6.3 Causes and risk factors for depression in older people.
6.4 Effects of depression in older people.
Chapter 7 – Recognising and assessing suicide risk
7.1 Symptoms and warning signs of a suicidal crisis.
7.2 How to correctly assess risk and when to escalate help.
7.3 Communicating with a person in crisis: what to do and what to avoid.
Chapter 8 – Interventions and proceedings
8.1 Crisis intervention.
8.2 Psychological assistance - long-term support.
8.3 How to support a person during psychotherapy?
Chapter 9 – Building a support network for seniors
9.1 What is a support network and what does it offer us?
9.2 Support networks in the context of older people.
9.3 Building support networks.
Chapter 10 – Self-help and self-care for employees
10.1 Challenges faced by carers of elderly people.

10.2 How to take care of yourself?

Summary

Literature

Introduction

A few words about the project and publication

About the project

The origins of the project

Although in recent years there has been increasingly bold talk about the need to support mental health, much of this discourse still focuses almost exclusively on young adults and children. Despite dramatic statistics, people in late adulthood remain invisible in conversations about depression and suicidal states. It was precisely this 'invisibility' that was one of the main reasons for the creation of the project 'Notice the unnoticed – Faces of senior depression'. Its aim is not only to notice, but above all to name, understand and counteract one of the most serious public health challenges in Europe's ageing societies – depression in older people.

The project was inspired by the everyday experiences of organisations working with senior citizens, as well as research findings indicating that the problem is much deeper than commonly believed. The DeployingFuture Foundation, the initiator of the project, has been cooperating with social welfare centres, senior clubs and social welfare homes in the Mazovia Province for several years. Observations made during activation classes, digital competence workshops and health education clearly showed that a significant proportion of participants struggle with symptoms of depression, but these symptoms are often ignored or mistakenly attributed to the 'natural effects of ageing'. As a result, seniors live for years with undiagnosed and untreated depression, exposed to deepening isolation, feelings of meaninglessness and, in many cases, self-harming behaviour.

Depression in late adulthood is not a marginal phenomenon. On the contrary, data from the nationwide PolSenior2 survey (https://polsenior2.gumed.edu.pl/) shows that as many as one in three seniors experience mood disorders. What is more, as the 'Faces of Depression' Foundation warns, this problem is not only getting worse, but has still not received an adequate systemic response.

Seniors are a group highly vulnerable to depression due to unique circumstances: loneliness, somatic diseases, years of experience of loss, economic exclusion, as well as social and emotional deficits. On the one hand, they are invisible in public spaces; on the other, they often fail to recognise their own needs, lack the tools to articulate them, and are not surrounded by the support that would enable them to meet those needs.

The COVID-19 pandemic has made this crisis particularly acute. Many seniors have been cut off from their families, friends, daily routines and relationships for months. Although there has been much talk in the media about isolation and the hardships of lockdown, in practice older people have been left to fend for themselves. Many of them have never returned to their pre-pandemic level of activity. They gave up participating in social events, left their homes less often, avoided contact with others, which exacerbated symptoms of depression – feelings of loneliness, uselessness and resignation. In this context, there have been increasing calls for systemic support for the mental health of seniors – not only in the form of medical intervention, but also through educational and preventive measures.

Unfortunately, depression in older people is often confused with the ageing process. Reduced activity, loss of interest, sleep problems, lack of appetite, irritability or reduced motivation – all of these can be misinterpreted as 'a natural part of ageing' rather than warning signs.

This situation results in delays in diagnosis and treatment, which, if undertaken early enough, can significantly improve the quality of life of seniors. Worse still, research shows that it is older people who most often attempt suicide successfully. Unlike younger age groups, who often see such attempts as a cry for help, seniors –

according to experts, they are more determined, and their actions are well thought out and final.

Seniors are the only age group in which the number of suicide attempts is lower than the number of suicides. According to data from the National Police Headquarters, in 2024, 540 seniors attempted to take their own lives, which is 7.1% more than in 2023. Characteristically, men accounted for the majority of cases (56%), which is a different trend to that observed in the 19-65 age group. This is a tragedy for individuals, families and local communities, but also a failure of a system that is unable to effectively identify risks and counteract them in a timely manner.

This raises a fundamental question: how much longer can society afford to ignore the mental health needs of older people? How much longer will we accept that depression among older people remains on the margins of public debate, prevention programmes and intervention measures? The ‘Notice the Unseen’ project is an expression of opposition to this invisibility. It is also an attempt to create a tool that will not only raise awareness but, above all, provide real help to educators, institutions, families and, most importantly, seniors themselves.

Understanding how multidimensional and systemic the problem of senior depression is requires a deeper insight into the structure of

older people's needs and the ways in which society as a whole responds to their situation. Contrary to popular belief, old age is not a stage of life in which peace and stability dominate all other experiences. For many people, it is a time of painful losses – of health, agency, loved ones, and meaning in everyday life. The contemporary model of social life – focused on productivity, mobility, and efficiency – leaves older people on the sidelines. It makes them not only 'useless' but also, in the eyes of many, 'invisible'.

Psychologists emphasise that depression in late adulthood can be a hidden illness. Seniors do not speak openly about sadness, hopelessness or anxiety. Their accounts are dominated by narratives of 'tiredness', "meaninglessness" and 'feeling like a burden'. They often lack the words to describe their condition.

Raised in a culture of avoiding weakness, they have functioned for decades in a society where mental illness was taboo and mental suffering was ignored. For this reason, as research shows, seniors do not seek psychological help, do not look for a psychiatrist, and do not use available services. Shame, lack of trust in specialists, but also lack of knowledge that their condition may be a symptom of illness – these are the factors that contribute to the dramatic picture of invisible suffering.

The website of the Forum Against Depression indicates that nearly 20% of people over the age of 65 experience symptoms of depression that significantly affect their daily functioning, yet they are not diagnosed. This problem is particularly evident in care facilities, such as nursing homes and day centres, where staff are not always trained to recognise mood disorders, and the very structure of these institutions focuses more on physical than emotional needs.

Depression in older people also has a different face than in younger adults. The symptoms are often more somatic than

affective – headaches, digestive problems, insomnia and chronic fatigue predominate. Seniors complain of body aches, stiffness and dizziness, but do not associate these with emotions. General practitioners, who are most often consulted by patients in this age group, focus on physical complaints and rarely refer them for psychiatric consultation. As a result, the disease develops over many years, often hidden, deepening isolation and leading to very serious consequences, including suicide attempts.

An article published on the website 'Niewidać po mnie' (You Can't Tell by Looking at Me) points out that depression in seniors is often associated with a loss of identity. People who have played important roles throughout their lives – professional, family, social – begin to see themselves as useless after retirement. 'No one needs me anymore' is a phrase often repeated by older people participating in the activities of the DeployingFuture Foundation. The feeling of uselessness, combined with a lack of physical and mental activity, becomes a catalyst for a decline in well-being. Meanwhile, society does not offer sufficient support mechanisms – in many municipalities and districts, there is no access to free activation classes, psychological counselling or spaces where seniors could experience a sense of community and strengthen their sense of agency.

The 'Notice the Unnoticed' project was born in response to all these voices – from institutions, field workers and seniors themselves. It was the result of many months of observation and analysis, as well as a deep conviction that not only corrective measures are needed, but above all educational and preventive ones. The aim is not only to develop materials – it is about changing mindsets. It is about bringing the topic of senior depression into the mainstream of mental health discussions. It is about showing that caring for the well-being of older people is not only a moral obligation, but also a prerequisite for social stability and intergenerational solidarity.

What is more, the problem of senior depression does not only affect individuals – its effects are systemic. In the context of demographic changes in Europe, where the proportion of people

over 65 is steadily growing, failing to recognise the mental health problems of this age group poses a real threat to entire social and economic structures. In Poland, according to the Central Statistical Office, older people accounted for over 25% of the population in 2023, and forecasts indicate that this figure will rise to almost 40% by 2050. Despite this, there is still a lack of dedicated mental health programmes for this age group, and public policies are not keeping pace with the scale and dynamics of needs.

That is why one of the key elements of the project concept was to diagnose deficits in the healthcare system, social education, senior citizen policy and media narratives. The project aimed not only to identify the causes of insufficient mental health support for senior citizens, but also to develop an integrated response to this crisis. The underlying assumption was that depression in older people can no longer be a 'specialised' topic, limited to specialists such as psychiatrists, psychologists or therapists. It must become part of the collective social consciousness, as has been achieved in the case of depression among children and young people.

One of the most important sources of knowledge for the project team were observations made in day care centres, senior clubs and during activation activities carried out by the DeployingFuture Foundation. It turned out that even the most committed institutions and organisations do not have sufficient knowledge about the symptoms of depression and suicidal behaviour. In many cases, social workers, animators and volunteers are unaware of how to recognise the symptoms of a deteriorating mental state in participants, how to respond and who to turn to. There is also a great deal of resistance to talking about suicide – the subject is still perceived as taboo, reserved for extreme cases, rather than a real risk in everyday work with older people.

Scientific research on which the project was based clearly indicates that seniors not only experience depression to a greater extent than younger groups, but also seek treatment much less frequently. In the scientific article 'Depression in the elderly – clinical picture and therapeutic options' by Dr Barbara Bień, Professor at the Medical University of Białystok, attention is drawn to so-called

masked depression, which does not manifest itself as sadness, but rather as physical ailments. Symptoms such as chest pain, loss of appetite, concentration problems, irritability and social withdrawal are predominant in seniors. All this means that diagnosis can be incorrect or delayed. The authors of the report also emphasise that the effectiveness of therapy in older people can be very high, provided that it is implemented on time and tailored to the patient's needs.

This last statement – about the need for 'adaptation' – was the foundation of the project's philosophy. It was not just about transferring tools known from working with young people to working with seniors, but about creating a separate approach that took into account the specific characteristics of this group. This is why workshops became such an important element of the project, as they enabled participants to learn how older people communicate their emotions, how they talk about crises and how they cope with them. These workshops, described in detail later in this publication, proved to be crucial not only for the participants themselves, but also for the educational and care staff.

From the outset, the project assumed that it is impossible to talk about senior depression without taking into account the socio-cultural context. Older generations, raised at a time when mental illness was stigmatised, often do not understand their situation. The project participants often said things like: 'I'm not depressed, I'm just old', 'At my age, you have no right to be happy', 'Why talk about feelings when no one cares anyway?'. Such beliefs not only deepen suffering but also perpetuate misconceptions among those around them – families, neighbours, local communities. As a result, seniors remain in a closed circle of ignorance, shame and silence.

That is why the 'Notice the Unseen' project has set itself the overarching goal of breaking this silence through education, preventive measures, community work and the creation of resources that will help institutions, families and seniors themselves to recognise and name the problem.

One of the key stages in preparing the project was collecting qualitative data directly from seniors – in the form of anonymous interviews, informal conversations and observations during the grassroots activities of the DeployingFuture Foundation to date. The project team, in cooperation with local support centres and social welfare homes, analysed several dozen cases in which older people showed symptoms of depression, although they had never received an official diagnosis. These stories were characterised by a recurring sense of loneliness, not being listened to, resignation and emotional burnout. ‘I have no one to talk to,’ ‘All my friends are dead,’ ‘My children have their own lives’ – these are phrases that came up in almost every conversation.

Individual experiences have revealed the mechanisms of invisibility of senior depression – both at the individual and institutional levels. In many care facilities, the system is limited to meeting basic physical needs: providing meals, medication, cleanliness and safety. The emotional and mental sphere often remains outside the scope of daily activities. In the context of growing staffing problems, overworked social workers and a lack of specialists in gerontopsychology, it is impossible to expect this situation to change on its own. Therefore, it was necessary to create a support model that could be implemented in various contexts – not only in large cities, but also in smaller centres, rural nursing homes and home environments.

The project was preceded by a detailed analysis of programmes implemented at the European level. Although many EU countries are taking action to support mental health, the vast majority of these focus on children, young people and people of working age. There are few dedicated information campaigns, educational materials or initiatives aimed strictly at the needs of older people. In EU strategic documents (including the European Action Plan for Mental Health), older people are often mentioned only marginally, as recipients of health services rather than as full participants in educational and social processes.

The lack of representation in the European health narrative was one of the impulses behind the creation of the ‘Notice the Unseen’

project in the form of an international partnership. Cooperation with a partner from Spain (Universal Mobility SL) helped us understand that the problem of senior depression has a cross-border dimension. Although individual countries differ in terms of healthcare systems, culture and ageing models, the same trend can be observed everywhere: the marginalisation of mental health issues among older people, lack of access to affordable educational materials and insufficient number of specialists.

It is worth emphasising that the project is based on the belief that education about depression cannot be provided exclusively by doctors and psychologists. Tools are needed that will reach everyone, including social workers, cultural animators, families, neighbours and volunteers. They are often the first to notice changes in a senior citizen's behaviour, but they do not know what they mean or how to respond to them. The project aimed to create a comprehensive set of materials that would be accessible, understandable and usable in various contexts: at home, in institutions, in senior citizens' clubs or as part of local initiatives.

In parallel with data analysis and the design of educational activities, the project team reviewed stereotypes surrounding senior depression. It turned out that one of the greatest threats is not only a lack of knowledge, but also false beliefs that prevent effective help from being provided. The most common ones include: ‘Old age is always associated with sadness’, ‘Seniors are bitter by nature’, ‘Nothing will change at this age’, ‘Why does he need a psychologist when he has already been through everything?’. Such statements, although often made without ill will, in practice lead to a failure to provide help and reinforce the belief among older people that their suffering is ‘normal’.

It was clear to the DeployingFuture Foundation team that the project also had to have a critical dimension – to deconstruct myths, break stereotypes and propose a new approach. It was not about stigmatisation or infantilisation, but about creating a language in which depression could be discussed in an empathetic yet matter-of-fact way. For this reason, great emphasis was placed on the visual communication of the project: the publications were

prepared in an accessible and aesthetic manner, with attention to readability and dignity of the message. Every image, every sentence and every example was intended to build a space of understanding and respect for the experiences of older people.

An important element of the diagnosis on which the ‘Notice the Unseen’ project was based was also an analysis of the health and social care system in Poland in terms of the availability of mental health support for older people. Despite the declarative recognition of the need to integrate mental health care with geriatric care, in practice access to specialists – especially psychiatrists and psychologists – is limited.

In Poland, as of 30 June 2021, 532 doctors had a specialisation in geriatrics. Of these, 518 were professionally active. The target number of geriatricians in Poland should be 3,000. In many counties, there is not a single psychologist accepting elderly patients under the National Health Fund, and the waiting time for an appointment with a psychiatrist ranges from several to several dozen months.

From this perspective, it became crucial to raise awareness of the early signs of depression and develop early intervention skills, not only among doctors and therapists, but above all among people in the senior's environment. The project therefore included not only educational activities, but also training – the preparation of tools enabling the rapid recognition of worrying symptoms and the referral of seniors to appropriate forms of support. This meant moving away from a model of ‘passive waiting’ for the patient to report the problem, towards a proactive response from the local community, institutional staff or family.

The main source of inspiration here was the philosophy of the so-called environmental approach promoted by the World Health Organisation as part of its mental health strategy for 2022–2030. This approach assumes that mental health is not solely the domain of medicine, but the responsibility of society as a whole. This means a change in thinking: depression in older people can no longer be seen as a private problem of a specific individual, but as a systemic phenomenon that needs to be addressed in an integrated manner. Education, social relations, local infrastructure and senior citizen policy – all these areas should work together to create a space where older people can experience mental well-being, rather than merely the ‘absence of disorders’.

As part of the preparations for the project, the Foundation's team also analysed specific cases of crisis intervention in senior communities. According to social workers, they often encounter potentially suicidal situations – seniors withdraw from contact, give away personal belongings, and start talking about ‘the end,’ ‘tired of life,’ or ‘meaninglessness.’ However, a lack of training and formal procedures means that these signals are downplayed or misunderstood. In many municipalities, there are not even basic protocols for intervention in situations of suicidal risk among older people. This is a dramatic systemic gap which, as statistics show, can have tragic consequences.

Therefore, from the outset, the project also included an intervention and prevention component: the development of response procedures, guidelines for institutions, information materials and training for people working with seniors. The aim was not to create new, top-down mechanisms, but to provide specific, ready-to-use tools that can be implemented here and now, without the need for legislative changes or lengthy institutional processes. The key idea was usability – creating resources that will actually change the quality of everyday life for seniors and those around them.

In this context, it is also worth mentioning the specific language used by seniors to describe their mental state. Qualitative research and experience from previous projects carried out by the Foundation have shown that older people do not use clinical categories – they do not talk about ‘depressive episodes’ or ‘mood disorders’. They use the language of experience, emotions and everyday life: ‘Everything hurts,’ ‘I don't feel like getting up anymore,’ ‘It's a day like any other, only I'm less and less present in it.’ Such statements, although seemingly neutral, often contain very strong warning signs. That is why it was so important to develop a dictionary of depressive signals adapted to the narrative of the 60+ generation.

The project also included consultations with seniors on visual and linguistic communication. We wanted to ensure that the materials were not childish, overly medical or excessively didactic. We wanted to avoid both an expert and a condescending tone. Instead, we opted for an empathetic, supportive style based on treating the audience as partners. Seniors were not only the target audience of the project, but also its co-creators – their voices, needs and opinions were taken into account at every stage of the publication's development.

One of the most painful conclusions drawn from the analyses carried out during the design phase of ‘Notice the Unseen’ is that older people – even those surrounded by formal institutional care – very often do not experience relationships based on empathy. The help they receive is often functional, task-oriented, reduced to the

bare minimum necessary for survival. Few care home staff have the time, emotional capacity or skills to talk to seniors about their feelings of loss, loneliness and fears. As a result, the mental suffering of older people is ‘digitised’ – reduced to an ICD-10 code, entered in medical records as ‘depressed mood’ or ‘reluctance to engage in activities’ rather than as a specific human experience requiring attention.

The project team had no doubts: in order to combat depression among seniors, it is necessary to revise not only the tools and resources available, but also the very way of thinking about old age. We must stop treating it as a stage of decline and resignation, and start seeing it as a time when people – still active, sensitive and in need – deserve our full support. This also means recognising the right to emotions, including difficult ones such as sadness, grief, anxiety and disappointment. At the same time, it is important to distinguish between ‘healthy’ emotional responses to the natural challenges of old age (loss of loved ones, deteriorating health) and symptoms of clinical depression, which requires treatment and intervention.

In many local communities, especially in smaller towns and villages, older people remain completely isolated from information about mental health. Lack of internet access, lack of access to current publications, and rare contact with educators or education professionals mean that older people are often left to rely solely on their own ideas and stereotypes. If they have heard all their lives that ‘only crazy people go to a psychologist’, it will not be easy for them to recognise that they themselves may need professional help. The project was conceived as a bridge between modern knowledge and deep-rooted beliefs – with respect for tradition, but also with a mission to break down barriers.

The project pays particular attention to the diversity of seniors' experiences. Ageing is not a uniform process – it is experienced differently by a person living alone in a large city, a senior in a multi-generational family, or a person with a disability, experiencing domestic violence or poverty. The project team ensured that the perspective of the activities was as broad as

possible, taking into account gender, social class, origin, housing situation and individual life experiences. At the heart of every programme decision was the question: ‘Will this solution also work in a situation where there is no internet? When a person does not leave their home? When they do not talk openly about their emotions?’

At the same time, intergenerational cooperation was of great value in the project development process. Young volunteers, psychology students and members of youth organisations also participated in the preparatory activities. Their presence not only brought a fresh perspective, but also enabled the creation of bonds which, as research shows, have a preventive effect against depression. Seniors who have contact with younger generations are less likely to experience feelings of uselessness and loneliness. The project was therefore also a space for meeting and dialogue – a place where different experiences and worldviews could complement each other rather than exclude each other.

At this stage, specific substantive assumptions of the project also crystallised. In addition to educational and preventive materials, it was decided to place particular emphasis on developing resources supporting the so-called ‘emotional competences’ of seniors. This meant creating content that would help older people understand, name and express their emotions. Some of the workshops and exercises were designed to strengthen self-awareness, interpersonal communication, boundary setting and assertiveness – skills that were often not developed in today's senior generation, but which are crucial in the prevention of depression.

Among the numerous sources of inspiration were also Scandinavian models, in which preventive measures are integrated into the daily practice of care institutions. In Denmark and Sweden, regular conversations with seniors are conducted as part of so-called well-being talks, which are not intended to diagnose but to understand the emotional situation of the person. This simple model, based on attentive listening and openness, has become one of the foundations of the project's philosophy.

An important source of reflection during the project development stage was also an analysis of the language used in public spaces and the media. It was found that older people are often portrayed in an infantilising manner (seniors as 'cute grandparents') or in a dramatic way (lonely, helpless, sick people). There is a lack of realistic and nuanced narratives that would show the complexity of the experiences of old age: joys and fears, strength and fragility, wisdom and confusion. In this respect, the project had not only educational but also culture-shaping ambitions – to create new images of old age that would be more realistic and more supportive.

It was also crucial to create conditions for discussing difficult topics such as suicide, grief, helplessness and resignation. In Polish culture, which is largely shaped by religious and heroic narratives, seniors rarely have the space to talk about death or suicidal thoughts. Narratives of 'heroically enduring suffering' dominate,

while conversations about despair are often silenced, trivialised or even morally judged. The project aimed to break this silence – not by dramatising, but by normalising: showing that talking about mental health crises can be an act of care, not a threat.

To this end, conversation scenarios, sample questions, exercises and 'emotion maps' have been developed to help both seniors and those around them understand the complexity of their inner experiences and start a dialogue. The materials have been designed so that they can be used both individually and in groups – during workshops, community meetings, consultations or even family conversations. Psychologists, therapists and seniors themselves were involved in their development – their voices were the starting point for the content.

At the final stage of the project design, the DeployingFuture Foundation faced the question of not only whether to implement measures in the area of senior depression, but also how to make them truly effective and long-lasting. Unlike short-term educational campaigns or seasonal intervention projects, 'Notice the Unnoticed' was intended from the outset to build something more than just a package of materials. The goal was to change the way we think – to transform the way we look at seniors, depression and intergenerational relationships. The project was intended to be an impetus for an educational and social movement based on the awareness that depression in old age is not 'old age sadness' but a real, serious and often fatal illness.

In summary, the project is based on five fundamental premises:

1. The growing scale of depression among older people, exacerbated by demographic changes, social isolation and a lack of systemic support.

2. The lack of adequate representation of older people in the mental health debate, resulting in the marginalisation of their experiences and needs.

3. Insufficient preparation of institutions and people working with seniors to recognise symptoms of depression and respond to emotional crises.

4. The presence of strong cultural stereotypes that prevent open discussion about mental suffering in old age.

5. The need to build long-term educational and social resources based on respect, empathy and professionalism.

These foundations became the basis for all further project activities. In the next subsection, 'Project activities,' we will present specific forms of implementing this vision: from workshops conducted at the local level and an educational campaign to transnational mobility and the process of implementing tools in local environments.

But before that happens, one thing must be remembered: the 'Notice the Unseen' project was not created out of the needs of institutions, but out of the needs of people – those who, for years, were never asked how they felt.

Project activities

Based on statistical data, environmental analyses and a review of European solutions, five complementary project activities were developed, all of which were characterised by interdisciplinarity, adaptability to different contexts and the involvement of older people as full participants in the change process. The designed activities enabled direct work with people in crisis and with those working with older people on a daily basis, while also creating resources that can be successfully implemented and scaled up in the future.

The basic design assumption was to break down the typical division between 'creator' and 'recipient' in social projects – each activity was designed and implemented in a spirit of co-participation, consultation and involvement of older people. Seniors were not only beneficiaries, but also authors of content and participants in the process of disseminating the results, which guaranteed that the activities were highly relevant to real needs and increased the sustainability of the effects – seniors actively involved in educational and communication processes become natural ambassadors of change in their communities.

Each of the five planned activities had a clearly defined function within the project structure:

1. The international mobility of trainers enabled the exchange of experiences, observation of good practices, and joint development of educational materials on depression prevention in older people.

2. The social campaign '3RazyNaj' was carried out with the aim of raising awareness about suicidal behaviour among seniors, taking into account its specific nature, frequency and social denial.

3. The publication 'Notice the Unnoticed – Faces of Senior Depression' was developed to create tools that support mental

resilience in older people and enable the recognition of and response to symptoms of mental crisis.

4. The process of scaling up materials through workshops for seniors served to test and disseminate the created resources in local conditions, in direct contact with the target group.

5. Transnational mobility of older people gave seniors the opportunity to participate in international activities, allowing not only for personal and intercultural development, but also for building competences that support mental health, including a sense of agency, social integration and self-awareness.

Mobility of trainers supporting the well-being of people in late life experiencing mental health crises

The first activity carried out as part of the project was the transnational mobility of educational and training staff, implemented in the form of job shadowing and co-creation of educational content. This activity served as a starting point for the development of prevention and resilience materials tailored to the needs of older people with experience of depression, as well as tools to support the work of professionals involved in the care, support and education of older people.

The aim of the activity was to engage in a multidimensional exchange of knowledge, experiences and practices with partners from Spain and to work together to improve the quality of mental health support offered to seniors in formal and informal care systems. At the same time, the mobility had a research and conceptual function: trainers observed local solutions in the field of mental health prevention for older people, identified good practices and analysed the possibilities of adapting them to the Polish reality.

The mobility took place on 16–21 October 2024 in Alicante (Spain) and included a six-day intensive programme of observation, consultation, analysis and conceptual work. Ten trainers (five from each partner institution) representing various areas of specialisation took part in the activities: psychology, pedagogy, social work, adult education, occupational therapy and social animation.

The mobility programme has been designed to give participants a multifaceted view of the problem of depression among older people: from a systemic perspective (health and social care organisation), an institutional perspective (the day-to-day running of support facilities) and an individual perspective (direct encounters with older people and their carers).

Daily activities included:

- observing the work of educators and therapists at the Spanish senior centre ‘La Florida’ in Alicante,
- participating in meetings with psychologists and social workers implementing local intervention programmes for seniors in crisis,
- study visits to institutions offering comprehensive psychosocial support to older people (including Cruz Roja Alicante),
- participation in moderated discussion groups with older people participating in local depression prevention programmes,
- joint workshop sessions with Spanish trainers to exchange work tools, methodologies and educational resources.

Mobility was implemented in accordance with the principles of learning through observation, reflection and co-creation. Every day, participants documented their observations, shared their reflections and identified potential areas for transferring good practices to the Polish context. The key method was ‘observational participation’ – trainers not only observed the work of institutions, but also participated in the activities to a certain extent (e.g. in art therapy workshops or support groups for elderly people with symptoms of depression).

In addition, during the mobility, the ‘critical incidents’ method was used – participants identified situations that aroused particular emotions, questions or doubts, and on this basis, reflection sessions were conducted, moderated by the team leader. As a result, the mobility was not just a review of partnership activities, but also a process of self-reflection and analysis of one's own attitudes, patterns of behaviour and beliefs.

The effects of mobility can be divided into three main categories:

1. Development of participants' competences – trainers increased their competences in the following areas:

- recognising symptoms of depression in older people in a cross-cultural context,
- using methods to support resilience building,
- conducting educational workshops with seniors in a way that takes into account functional and emotional limitations,
- empathic communication and working with socially withdrawn people.

2. Exchange of good practices and methodological inspiration – participants brought to Poland a set of tools and working methods used in Spain, which were subjected to adaptive analysis and partially included in the publication ‘Notice the unnoticed – Faces of senior depression’.

3. Co-creation of project resources – during the mobility, work began on developing the structure and selected content of the project publication, which significantly improved its substantive quality and consistency.

The activity confirmed that direct exchange of experiences with foreign partners brings value that cannot be replaced by theoretical cooperation alone. Observing practices ‘live’, talking to people working in different social and cultural contexts, and meeting seniors themselves in an international setting allowed participants to look at their daily work from a new perspective.

Mobility also showed how important the organisational culture of working with older people is – the Spanish approach, which is more based on relationships, closeness and personalisation, was a valuable inspiration for Polish trainers, especially in the context of working with socially withdrawn seniors.

It was recommended that this type of mobility become a permanent feature of the professional development system for staff working with older people, not only within European projects but also in national education and social policy.

The ‘3RazyNaj’ social campaign

The second project activity was a social campaign under the slogan ‘3RazyNaj’ (3 Times the Best). Its aim was to draw public attention to the dramatic scale of suicidal behaviour among older people, debunk existing myths and initiate a broad, empathetic conversation about depression in old age. The campaign was carried out in February 2025, immediately preceding the National Day of Fighting Depression (23 February).
The campaign was striking and moving, but at the same time based on facts – it was structured around three main pillars defining the unique, often invisible specificity of suicidal behaviour among seniors: the most persistent, the most effective, and the most discreet.

Statistical data on suicide in Poland clearly indicate that people over 60 are the age group with the highest mortality rate as a result of suicide attempts. In 2024, as many as 1,342 seniors took their own lives. What is more, this is the only group in which so-called 'successful' suicide attempts – effective, well-thought-out and carefully planned – predominate. Unlike younger people, whose decisions to take their own lives are more often impulsive, seniors act deliberately, often in silence and isolation, without informing those around them about their mental state.
This phenomenon remains largely hidden from public awareness. Youth suicide is often discussed widely and dramatically. Senior suicide, on the other hand, is silent – literally and figuratively. Silence becomes an armour of loneliness and taboo that leads to death. The '3RazyNaj' campaign aimed to break this silence.

Each of the three components of the campaign was based on a different aspect of suicidal behaviour among older people, using authentic quotes that could have been said by people in crisis. The slogans were seemingly calm, even neutral, which contrasted with their deep, dramatic meaning.

The most effective – 'Because I've done everything I had to do in life'

This refers to the exceptionally high effectiveness of suicide attempts among older people. Seniors are the only age group in which the number of suicide attempts is lower than the number of those ending in death. In 2024, as many as 1,342 seniors – people over 60 years of age – took their own lives. Suicidal behaviour in this group differs greatly from that observed in young people: while young people and adults often act on impulse (often after consuming alcohol), older people usually plan their suicide for a long time and, unfortunately, most often carry out their plan successfully. This aspect is one of the most alarming and at the same time least noticed features of depression in old age, showing that silence and withdrawal can be symptoms of a final decision.

The quote itself refers to the belief that one's life is ‘complete’, a sense of fulfilment which, combined with depression, leads to a loss of meaning in continuing to exist. This type of thinking is often dismissed as ‘mature acceptance of death’, when it may in fact be a mask for a serious mental health crisis.

The most persistent – ‘Because now they can manage on their own’

It refers to one of the most dramatic and difficult to grasp dimensions of senior depression – the deeply rooted belief of older people that their presence in the lives of their loved ones is no longer needed. This is particularly characteristic of men in late adulthood who, after retirement, the loss of their wife, or a deterioration in their health, begin to see themselves as useless, unproductive, and invisible. In their eyes, their children are already adults, have ‘made it’, no longer need their father or grandfather, and his continued presence seems to have no meaning.
It is in this group – men aged 60+ – that the highest percentage of successful suicides is recorded. As many as 80% of suicidal incidents in this category concern them. Their decisions are usually carefully planned, made silently, without warning, without dramatic gestures – in the belief that ‘no one needs me anymore.’ They do not inform anyone about their mental state, do not seek help, do not share their thoughts. They remain silent. And they patiently wait for the moment when they will disappear.
It is worth noting that many seniors – especially men – experience growing tension related to deteriorating health, loss of mobility, and limited social and economic roles. Their identity, built over decades on work, responsibility, and control over everyday life, begins to crumble.

It is worth noting that many seniors, especially men, experience growing tension related to deteriorating health, loss of physical abilities, and limited social and economic roles. Their identity, built over decades on work, responsibility, and control over everyday life, begins to crumble.

The most discreet – 'Because I don't want to be a burden to my loved ones'

It refers to an extremely disturbing and often invisible phenomenon among older people – so-called silent suicide. These are self-destructive actions that do not have a violent course or clear symptoms, which is why they are rarely identified as suicidal acts.

Seniors do not resort to dramatic measures – instead, they slowly withdraw from life, reduce their presence, and limit their basic physiological needs. Silent suicide can take the form of refusing to eat, gradually neglecting treatment for chronic diseases, irregular medication, and deliberately avoiding hydration.

This is compounded by social isolation – seniors limit their contacts, withdraw into themselves and stop communicating their needs. From the outside, this may look like weakness, exhaustion or the natural course of ageing. However, for many older people, it is a slow, protracted decision to leave – made quietly, without drawing attention.

One of the main motivations for this behaviour is the feeling of being a burden – a strong inner conviction that continuing to live is a burden on loved ones, that their presence causes problems, that they require too much care and attention. Many seniors, especially those struggling with mobility limitations, dementia or depression, believe that their passing would be a 'relief' for their families. This belief may not be reflected in reality, but its psychological power is enormous – and leads to dramatic consequences.


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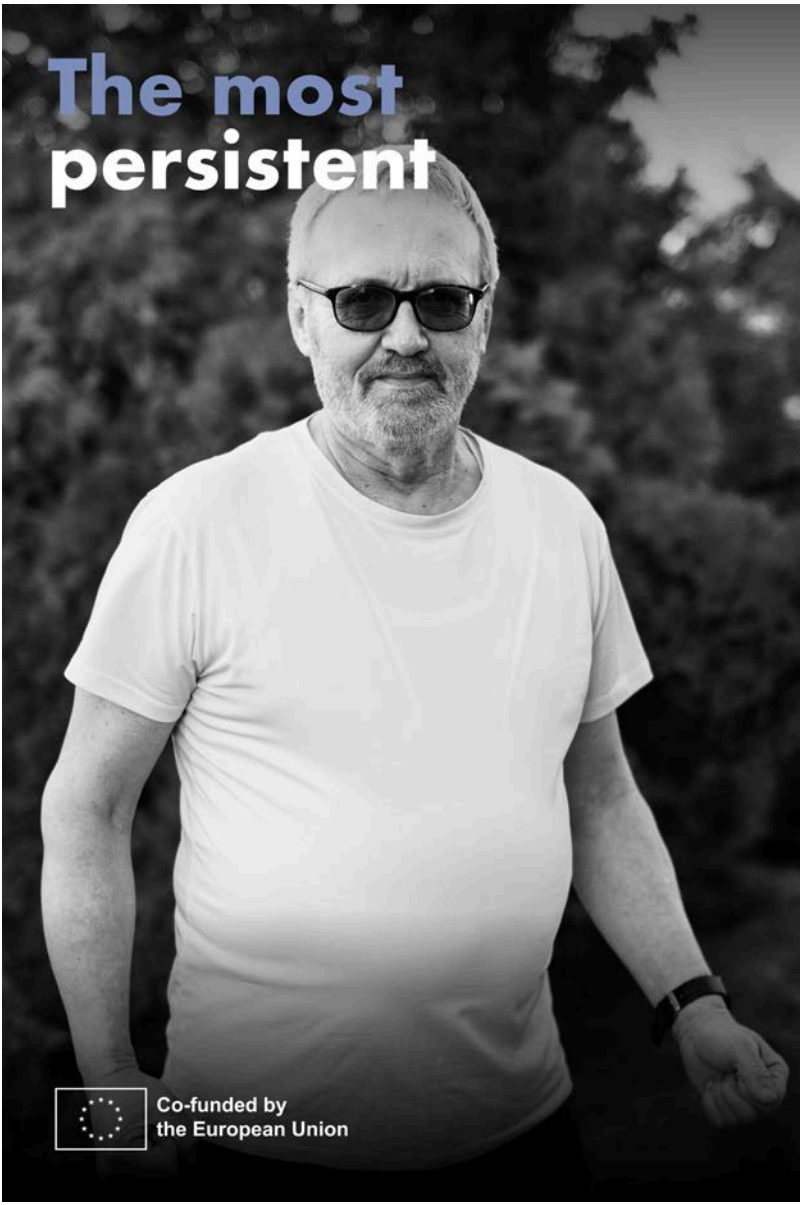
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Development of resilience materials for people in late adulthood ‘Notice the unnoticed – Faces of senior depression’

The third activity of the project was crucial for its sustainability and systemic impact. It involved the design, development and preparation for implementation of educational and preventive materials intended for older people, their carers, educators, therapists and anyone who can influence the improvement of the mental well-being of seniors.

The project resulted in the publication you are holding in your hands. It is a study combining current knowledge about depression in late adulthood with practical tools for strengthening mental resilience. The publication was prepared by an interdisciplinary team of psychologists, educators, adult trainers and mental health specialists, and is based on the conclusions of project activities (including so-called good project practices), primarily grassroots activities carried out with people in late adulthood.

The publication was developed using a participatory model, which involved regular contact with representatives of the target group (senior citizens and their carers), as well as with a foreign partner and its senior listeners. During the work, the project team focused on a key challenge: how to talk about depression in a clear, empathetic and effective way, without stigmatising or causing anxiety. It was decided to move away from a textbook tone in favour of a formula that combines scientific knowledge, socially understandable language and elements of storytelling – presenting the stories of older people struggling with mental health crises.

The content of the publication addresses real needs identified in the senior community and fills a gap in mental health education for older people. Importantly, the publication has been designed as scalable material, i.e. it can be easily adapted by various institutions (cultural centres, libraries, senior clubs, day care centres) without the need to modify its content.

More information about the publication itself – its structure, content, objectives and methods of use – will be discussed in the next section of the introduction entitled ‘A few words about the publication’.

Scaling up the resilience materials developed for people in late adulthood, 'Notice the unnoticed – Faces of senior depression,' in the form of local workshops for seniors.

One of the main objectives of the project 'Notice the unnoticed – Faces of senior depression' was not only to develop materials on resilience and mental health in late adulthood, but also to test them in practice and disseminate them in local communities, with the participation of direct recipients – senior citizens attending partner institutions.

The aim of the activity was to implement selected content from the publication in the form of workshops developing the emotional, social and cognitive competences of seniors. In accordance with the provisions of the application, the workshops were held simultaneously in two countries – Poland and Spain – between March and June 2025.

In each country, the workshops were run by teams of trained trainers who had previously participated in transnational mobility, and the materials used during the classes were based on the publication resulting from the project. The participants were people over 60 years of age – seniors at risk (loneliness, depression, social exclusion). Each partner institution conducted workshop classes in groups of ten.

The workshop programme included eight thematic meetings of an educational and therapeutic nature, the content of which was closely tailored to the everyday realities of older people.

Workshop 1 'Introduction to resilience and mindfulness'

The workshop aimed to familiarise seniors with the concept of resilience as an inner strength that helps to overcome difficulties, and with the practice of mindfulness as a way of reducing tension and building mental well-being. Through a variety of exercises – physical, breathing, sensory and creative – participants experienced the impact of conscious presence, stopping in the 'here and now' and listening to themselves. The workshop also served as an introduction to further meetings in the series – it built relationships with the group and the trainer, activated participants and broke the ice.

1. Introduction (20 min)

- Welcoming participants and discussing the purpose of the meeting.
- Short icebreaker exercise: 'Name + internal source of strength' – each participant gives their name and completes the sentence: 'I draw strength from…'

2. What is resilience? (30 min)

- Mini-lecture with visualisations: what is resilience and how can it be built?
- Drawing your own 'resilience tree' – participants receive a sheet of paper with the outline of a tree and write on it:
- roots: what has shaped me,
- trunk: my strength today,
- branches: what else I want to learn.
- Discussion of drawings in pairs – volunteers present selected elements to the group.

3. Mindfulness exercises (40 min)

- Introduction to the concept of mindfulness – a state of complete presence without judgement.
- Breathing exercise: 5 minutes of focusing on your breath – with visualisation of light filling your body.
- ‘Mindful eating’: tasting a piece of chocolate or a slice of fruit – paying attention to the smell, texture and taste (referring to the famous raisin exercise).
- Mindful walk around the room – 5 minutes of very slow, conscious movement accompanied by instrumental music.

4. Practical application of mindfulness – forest in a jar (50 min)

Metaphorical introduction: ‘Take care of yourself like a plant’ – every human being needs light, water, air and care, just like plants in a forest in a jar.

Creating a forest in a jar:

- Each participant receives a set: a jar, soil, moss, pebbles, and a small plant.
- They create their composition while listening to calm music – in silence or with narration from the instructor.
- While planting the plants, the instructor invites participants to reflect: ‘What conditions allow you to grow?’ ‘What makes you shrink?’
- Afterwards, those who wish to do so share the name of their forest (e.g. ‘Helena's Peace’, ‘Forest of Hope’).

5. The body as a compass of emotions (20 min)

- A brief introduction to the somatic approach – how the body informs us about our mental state.
- Exercise in recognising tension: scanning the body from head to toe – where do I feel tension, where do I feel relaxed?
- Simple relaxation and stretching exercises – using chairs.

6. Summary and homework (20 min)

- Reflection gathering: What was important to me today? What did I learn?
- Each participant chooses one mindfulness exercise to practise for a week (e.g. 3 minutes of breathing, mindful tea, a walk without a phone).
- The facilitator distributes 'daily mindfulness cards' – a place for notes from the week.
- Conclusion: gratitude circle – everyone says one sentence about what they are grateful for today.

Workshop results

- Participants learned about resilience and mindfulness in both theoretical and practical ways.
- They experienced various techniques of presence – breathing, movement, taste, touch.
- They created their own 'forest in a jar' – a tangible metaphor for self-care.
- They began a process of self-observation and reflection on their own well-being.
- A safe, supportive group space was created, encouraging further participation in the cycle.

Workshop 2 'Recognising the symptoms of depression in older people'

The aim of the workshop was to make participants aware of the specific nature of late-life depression – its symptoms, progression, and ways of recognising and responding to it. An additional goal was to familiarise participants with the subject of psychological help, break down taboos, and develop empathy towards oneself and other elderly people in mental crisis.

1. Introduction (20 min)

- Welcome circle: 'One word that describes my state of mind today.'
- Short 'mood thermometer' exercise – everyone marks on a scale (on a piece of paper or a board) how they feel today: from "calm" to 'anxious.'
- Mini-discussion about how different our mental states can be and how quickly they can change.
- 2. Depression is not sadness – about language and stereotypes (30 min)
- The facilitator presents the difference between sadness and depression (illustratively: 'sadness has an end date, depression does not necessarily').
- Debunking myths:

Sadness and apathy are a natural part of ageing.

This is one of the most harmful myths. Depression is not a normal part of ageing – it is a serious mental disorder that can and should be treated, regardless of age.

Older people do not commit suicide

Seniors belong to the group with the highest percentage of suicides resulting in death. In Poland, 1,342 seniors took their own lives in 2024. Their attempts are usually well thought out and effective, and therefore much more lethal than in other age groups.

Seniors do not need psychotherapy – talking to family is enough

Although support from loved ones is important, psychotherapy and professional psychological help can significantly improve the quality of life of older people suffering from depression. Therapy works – even after the age of 60, 70 or 80.

Depression in seniors looks the same as in young people

In older people, depression often takes on masked forms: fatigue, somatic pain, appetite or sleep problems, withdrawal, neglect of hygiene. These symptoms can be confused with other 'age-related' conditions.

Seniors do not want help – they prefer to suffer in silence

Many older people do not talk about their problems because no one asks them about them or because they are afraid of rejection. They often do not know that help is available. Silence does not mean consent to suffering – it means a lack of space for a safe conversation.

Treating depression in older people is pointless – it's too late

It is never too late to improve quality of life. Appropriate treatment – pharmacological, psychotherapeutic and social – brings real improvement even in very elderly people.

Loneliness is a choice for seniors

Social isolation, loss of friends and partners, communication barriers (e.g. lack of internet access, poor hearing), as well as being overlooked by those around them are common causes of forced loneliness, which exacerbates depression.

Seniors with depression will cry and say that they feel bad

In many older people, depression does not have classic symptoms – instead of tears, there is apathy, irritability, complaining about health, and withdrawal from activities. Lack of verbalisation does not mean lack of suffering.

Depression is a whim – just find something to do

Depression is a mental disorder that requires treatment, not just a 'bad mood.' Activity can help, but it is no substitute for professional help. Downplaying depression can worsen its course and lead to tragedy.

If something was wrong, the senior would say so themselves

In reality, most seniors with depression do not talk about their symptoms – due to shame, ignorance, fear or a habit of silence. That is why those around them should be attentive, ask questions, offer help and not ignore warning signs.

- Presentation of the spectrum of depression symptoms:

physical (insomnia, loss of appetite, pain),

- mental (loss of meaning, apathy, thoughts of giving up),

- social (withdrawal, neglect of relationships).

3. Silent depression – when things are not said directly (25 min)

- Introduction of the concept of ‘silent depression’ – particularly common among seniors: withdrawal, refusal to eat, irregular medication, avoidance of contact, lack of emotional expression.
- Short scene: participants take on the role of a neighbour who notices a change in the behaviour of an elderly acquaintance. Task: what can be done?
- Discussion: how to notice non-verbal signals, how to talk without judging (‘I see you've been going out less lately, is everything okay?’).

4. Responding – how to help yourself and others (40 min)

A. If I see symptoms in a peer:

- Start a conversation – without pressure.
- Name what you see, don't judge (‘I'm worried that I haven't seen you in class lately’).
- Ask directly if they need support.
- Offer: ‘I can go with you to the doctor’ / ‘Let's call together’.

B. If I notice something about myself:

- Record your mood – keep a ‘well-being diary’.
- Give yourself the right to feel – don't judge yourself for being weak.
- Seek support: family, helpline, GP, support group.
- Don't keep it to yourself – there's no shame in it.

5. Forest therapy exercise – ‘The tree of my life’ (20 min)

- A simple visualisation exercise inspired by forest therapy:

- close your eyes and imagine yourself as a tree in a forest,

- roots – my values and strength from the past,

- trunk – what sustains me now,

- crown – my needs, dreams, relationships.

- Those who wish to do so describe what their tree looked like in a group discussion.

- The exercise is supplemented with a short stretching 'tree gymnastics' session – raising arms, bending over, stretching.

6. Emergency contact map (15 min)

The instructor presents a list of important contacts:

Poland, including:

Helpline for the Elderly (22 635 09 54)

Mental Health Centre – local branches

General practitioner – first point of contact

Spain, including:

Teléfono de la Esperanza

Municipal Social Services

Mental Health Centres

Participants receive a small 'wallet guide' – a pocket card with emergency numbers and warning signs of depression.

7. Summary and support circle (30 min)

- Each participant writes one sentence on a piece of paper:
- ‘If someone close to me was experiencing depression, I would say to them...’
- (the pieces of paper are anonymous and read out by the facilitator – they form a collective voice of empathy).
- Gratitude circle: participants share what they have taken away from the workshop.
- Announcement of upcoming topics: ‘Next time, we will learn how to strengthen mental resilience – regardless of age.’

Workshop results

- Participants are able to recognise the symptoms of senior depression and understand their non-specific nature.
- They have acquired tools to respond to depression in themselves and others.
- They have been provided with specific support contacts.
- They have experienced community and peer support, overcoming shame and taboos.
- They have opened up to further work on mental well-being.

Workshop 3 'Techniques for building resilience'

The aim of the classes was to equip seniors with specific tools to support their mental resilience: the ability to recognise and name their own resources, develop positive thinking, strengthen their sense of influence and regulate emotional tension. The classes were practical and reflective in nature – participants tested various techniques and chose those that suited their personalities and everyday needs.

1. Introduction (20 min)

- Welcome and a short inspirational quote for discussion:
- 'Resilience is not toughness. It is flexibility. The ability to simply bounce back after every curve life throws at you.'
- Question for the group: 'What do you associate with mental resilience?' – brainstorming in the form of a group discussion.

2. Map of my resources – exercise with a worksheet (30 min)

- Each participant receives a Resilience Compass Card from the script (four quarters: 'What supports me?', 'What calms me down?', 'What gives me hope?', 'When do I feel strong?').
- Fill it out on your own, then discuss in pairs – what surprised me? What did I write down without hesitation, and what was difficult?
- The group chooses the 5 'most frequently mentioned resources' and writes them down on a shared board as the 'Golden Five of Group Resilience'.

3. Cognitive techniques: how to change thoughts to make them more powerful? (30 min)

- Introduction: how the spiral of thoughts – emotions – behaviours works.

- Exercise: ‘Thoughts versus facts’ – participants are given negative thoughts (e.g. ‘I am too old to change anything’) and look for:

- counterevidence,

- an alternative perspective,

- a new, reinforcing version (e.g., ‘I have experience that can help others’).

- The instructor presents four types of negative cognitive filters (e.g., catastrophising, generalising) – participants try to identify them in sample sentences.

4. Somatic techniques: the body in the service of immunity (20 min)

- The instructor discusses the concept of ‘somatic resilience’ – the body's ability to recover its balance after stress. Participants learn to treat their bodies not as a problem (e.g. a source of pain or stiffness), but as an ally in the process of returning to calm and well-being.

- Exercise: ‘Three body signals’ (5 minutes)

Each participant briefly scans their own body, looking for answers to the questions:

- Where do I feel the most tension today?

- Where do I feel calm or neutral today?

- Which part of my body needs my attention today?

- Participants share (voluntarily) their observations. The facilitator emphasises that tension is not the enemy, but a signal. And concern is the first step towards resilience.

- Balloon breathing exercise (5 minutes)

- Participants sit comfortably with their hands on their stomachs.

- They breathe deeply through their noses, so that their stomachs 'inflate' like balloons.

- They exhale slowly and deeply through slightly pursed lips – the 'balloon deflates'.

- Pace: 4 seconds to inhale – 2 seconds to pause – 6 seconds to exhale.

- Repeat in silence for 3 minutes, with quiet music or nature sounds playing in the background.

Effect: calming of the heart rate, activation of the parasympathetic nervous system (regeneration), reduction of emotional tension.

- Exercise: 'Soft and gentle movements' (5 min)

We are introducing micro-activity for seniors, without the need to get up:

- Shoulder circles – slowly, backwards and forwards, 6 repetitions.

- Stretching 'towards the sky' – raising your arms above your head as if you wanted to reach the clouds, then 'hanging like a leaf' – lowering your body down (while sitting).

- Rhythmic shaking of the hands and arms – 'shaking off tension'.

- 'Heart and earth' movement – one hand on the chest, the other on the thigh – 3 deep breaths with attention on the body.

- Exercise: 'Your own position of power' (5 minutes)

Participants assume a position of their choice that gives them a sense of strength and stability – this could be:

- hand on heart,

- hands crossed over chest,

- feet wide apart,

- eyes closed and smiling.

They close their eyes and ‘fix’ this feeling for a moment. The instructor encourages them to remember this posture as a personal anchor of resilience – to be used in stressful situations.

- Brief summary

Each participant writes on their worksheet: ‘One thing I will do for my body today or tomorrow to support my immunity.’

5. Creative writing – exercise: ‘Letter to yourself from the past’ (30 min)

- Each participant receives a blank sheet of paper and an envelope.The leader says:

„Imagine that you are thinking back to a difficult moment in your life. Perhaps it was a time of illness, mourning, loneliness, loss, or mental crisis...Now, as the stronger, calmer person you are today, write a letter to yourself from that time.Say a few words of support to yourself. How did you survive? What helped you? What do you see differently now? What did you need most at that time?"

Additional supporting questions:

- What seemed like the end to me then, but now I see as a stage?

- What or who supported me?

- What strengths did I discover in myself?

- What would I say to myself from the past if that person were sitting next to me today?

- Implementation:

Writing time: approx. 15–20 minutes in a focused state, with quiet music playing.

For those who don't have any ideas, there are sentences to finish, e.g.:

- ‘I know you were afraid then that...’

- ‘You didn't know yet that...’

- ‘Today I want to tell you...’

Optional sharing (10 minutes):

Those who wish to do so may read an excerpt from their letter.

The facilitator ensures a safe and accepting atmosphere.

Important rule: ‘No comments. We listen with empathy.’

- Closing the exercise:

The letters are folded, placed in envelopes and signed.

They can be kept or given to the facilitator to be returned at the end of the cycle.

Each participant receives a small card with a quote:

‘Everything you have gone through is part of your strength.’

6. The ‘Daily Balance’ exercise – a rhythm that supports you (30 min)

- Participants work with a worksheet: they write down their typical day, hour by hour.
- They analyse: what energises me? What drains my energy?
- They create a ‘minimum plan’ for a difficult day: 3 things they can always do to keep themselves on track (e.g. drink tea on the balcony, call someone, go outside for 10 minutes).
- Addition: how to create a daily routine that is energising – taking into account food, exercise, socialising and rest.

7. Sensory space – sensory support table (20 min)

- The instructor prepares an ‘experiment table’ in advance:

- different scents (lavender, citrus, candles, scented oils),

- materials with different textures (corduroy, wool, moss),

- herbal teas,

- stones and shells,

- pictures of nature.

- Each participant chooses two things that they associate with resilience and calmness.
- The facilitator asks: ‘What do you associate with this? When was the last time you felt like this smell?’ – short conversations at the tables.

8. Summary and ‘SOS Kit’ (20 min)

Each participant creates their own ‘SOS Kit’ card:

- 3 thoughts that strengthen me,
- 2 people I can talk to,

- 1 activity that always helps me.

Everyone finishes the sentence:

‘Today I remembered that I have...’

Workshop results

- Participants identified their own resources and learned how to use them in difficult moments.
- They learned specific techniques for working with their bodies, thoughts, and daily rhythms.
- They developed the ability to self-regulate, strengthen themselves, and support others.
- They experienced a variety of methods (cognitive, sensory, narrative), which allows them to choose the most effective ones for themselves.
- They left the room with their own plan for strengthening resilience and a greater sense of influence.

Workshop 4 'Mindfulness in practice'

The aim of the workshop was to introduce seniors to mindfulness in a practical way – understood as the ability to be fully, gently and acceptingly present in the here and now, without judging or dwelling on the past or worrying about the future. Participants had the opportunity not only to learn about the theory of mindfulness, but above all to experience its beneficial effects on the body, emotions and thoughts through a variety of activities tailored to their age, sensitivity and abilities. The workshop also aimed to develop emotional self-regulation skills through work with breathing, movement, senses and elements of art therapy, as well as to reduce psychological tension in people experiencing chronic stress, anxiety or symptoms of depression. Another important goal was to deepen the participants' relationship with themselves and their environment, both social and natural. An introduction to forest therapy and symbolic techniques of contact with nature (e.g. 'tree hugging') was intended to help restore a sense of rootedness, meaning and emotional comfort. The workshop also enabled seniors to creatively express their experiences, desires and dreams, which was an important step towards restoring hope, inner activity and strengthening motivation to take small, everyday actions for their own well-being.

1. Introduction (20 min)

- The instructor welcomes the group with the following words:

'Before we begin today's workshop, I would like to invite you to do one thing: stop for a moment and take a look at yourself. No rush, no judgement, no need to answer out loud.'

- Reflection questions (for internal consideration or note-taking):

- Each participant receives a small piece of paper or a notebook. The leader reads slowly:

- How do I feel today – physically, mentally, emotionally?

- What does my body need right now? (rest, exercise, warmth, quiet...)

- What would I like to do for myself today? (even something small)

Participants can save their answers for themselves without sharing them with the group, although the instructor encourages them to take them seriously.

‘These can be small things. The important thing is that they come from you, not from others.’

- Mini-exercise – ‘I am here’ (approx. 5 minutes)

The instructor invites participants to briefly observe their bodies and senses – preferably in a seated position with their backs and feet supported.

‘You don't have to change anything. Just notice what is.’

- Feel your feet on the ground. How does it feel?

- Feel your hands. Are they tense, relaxed, cold, warm?

- Focus your attention on your shoulders. Are they raised or slumped?

- How are you breathing? Slowly? Quickly? Does it feel good? You can close your eyes if you feel comfortable doing so, but you don't have to.

At the end, the instructor says:

‘You can say to yourself: I am here, I don't have to do anything, just being here is enough.’

-

2. Breath meditation – ‘Anchor in the here and now’ (20 min)

Breathing exercise with attention focused on the body, breathing rhythm and points of contact (e.g. feet on the ground).

Slow inhalations and exhalations with visualisation:

inhalation: ‘I accept calmness’,

exhalation: ‘I release tension’.

Participants receive a sheet of paper with a simple drawing of an anchor and write down what could be their own ‘anchor’ in difficult times.

3. Mindfulness walk – ‘Hugging trees’ and forest therapy experiences (40 min)

- Walk in silence, paying attention to your steps, sounds, light, and the movement of air.
- Task – exercise with a tree:

‘When you feel that a tree is drawing you to it, stop and stand next to it. It may be a tree you have never touched before. Let this be the tree you talk to today.’

The instructor encourages participants to:

- Lean their forehead or back against the tree trunk,

- Close their eyes for a moment,

- Touch the bark, listen to the wind in the leaves,

- Notice that it is also a living being – rooted, silent, present.

‘Feel that you too are a living organism. That you too breathe. That you too have your branches – your experiences, emotions, memories. Perhaps, like a tree, you too have endured difficult winters. But you are still here.’

- A symbolic element – writing a letter:

After a while, participants return to the meeting point or sit down on the ground. They receive cards with the heading:

‘What would I like to say to you today, tree?’

This is a letter to Nature – but also a letter to oneself, because often what we ‘say’ to a tree is directed deep inside ourselves.

The leader may add:

‘If you find it difficult to start, try this:

Thank you for...

I noticed today that...

I would like to learn from you...

What do I need to blossom?’

- End of exercise – ‘Take it with you’ (5 min)

Before we move on, think about one thing you want to leave here – it could be tension, a thought, fatigue, something that no longer serves you. Then think about something you want to take with you. It could be silence, lightness, a smile, a new thought.

Participants can:

- Leave something physical – e.g. a stone, a leaf, a symbolic ‘burden’,

- Bring a piece of paper with a thought, letter or short sentence written on it:

‘Today I learned that...’

‘I would like to remember that...’

4. Art therapy – ‘Breath drawing’ (20 min)

- ‘How is my breathing?’ (approx. 10 min)

The facilitator asks participants to close their eyes for a moment and recall two states:

‘Think about a time when you were nervous, tense, worried. How did you breathe then? Quickly? Shallowly? Heavily?’

‘Now imagine a moment when you felt calm, safe, warm. Maybe it was a walk, a conversation, a dream, your favourite song. How did you breathe then?’

The participants are then given sheets of paper and pastels with the following instructions:

‘Draw two breaths: one when you are nervous, the other when you are calm. It can be a colour, a line, a shape. It doesn't have to be a specific image – just a feeling on paper.’

- ‘The breath I want to return to’ (approx. 10 min)

After completing the first drawing, participants move on to the second stage:

‘Now try to create your own breathing pattern that you want to return to. What does your breath look like when you feel your best? Maybe it's light, soft, swaying, maybe it's blue, mint, or warm green. Make a drawing that will be like your anchor – a reminder of calm.’

For those who are less confident in their abilities, the instructor may suggest:

- painting with movement alone – without looking at the result,
- using words or short sentences in the background (e.g. ‘I want to breathe calmly’),
- combining colours instead of specific shapes.

Supporting questions:

- What colours and lines appeared when you drew tension?
- And what colours and lines appeared when you drew calm?
- Did anything surprise you?
- Would you like to take this last drawing with you as a reminder for worse days?

‘Breathing is something we always have with us. A drawing can be a reminder that you can return to this state whenever you feel that things are becoming too much.’

5. Designing dreams – a creative vision of the future (40 minutes)

- Introduction: ‘Mindfulness also means living in harmony with what is important to us. And in order to live in harmony, we must first... see it.’

Task:

Each participant receives a ‘Dream Map’ card.

They draw or write down three things:

- What do they want to experience (still)?
- Who can accompany them in this?

- What can they do to take the first step towards this?

Collage element: participants use ready-made newspaper clippings, materials, stickers and symbols to create their own board entitled ‘My dream, my future’.

At the end of the exercise, participants write down:

‘My next small step towards my dream is...’

6. Summary and ‘Jar of Silence’ (20 minutes)

At the end of the workshop, participants are invited to create a personal ‘breathing jar’ – a small, symbolic container that will remind them of their inner resources in difficult moments. It is a simple but very effective gesture that combines mindfulness, gratitude, self-reflection and physical contact with something that can be held in your hand and felt.

The facilitator begins:

"There are days when everything is too loud, too fast, too difficult. On days like these, it's good to have something to help you come back to yourself. It doesn't have to be anything big – sometimes a single word, a thought, a memory of a smell or a touch is enough. That's why, at the end of today's workshop, we're going to create a little reminder that all of this is already within you – and that you can always return to it.”

On the table, there are:

- small, clean jars or containers,

- strips of coloured paper for writing down quotes or thoughts,

- ready-made affirmations and positive words to choose from (e.g. ‘This will pass’, ‘I am breathing, and that is enough’, ‘I have the right to rest’, ‘I am enough’),

- dried herbs – mint, lemon balm, lavender – which can be placed inside as a soothing scent,

- small items: pebbles, shells, dried petals, which can symbolise something important, peaceful or personal.

Each participant first gives their jar a name – they can sign it with their own name, but they can also choose something symbolic: ‘For difficult days’, ‘Jar of peace’, ‘My breath’, ‘I am here’, ‘Everything will be alright’.

They are then invited to write down 3–5 short sentences that can provide support in moments of tension, sadness or anxiety.

These can be ready-made quotes prepared by the facilitator or words that came up during earlier parts of the workshop.

- What words encourage you?

- What would you like to say to yourself on a difficult day?

- What would you like to hear from someone who supports you?

In the final minutes, participants hold their jars in their hands and the facilitator invites them to pause for a moment:

‘What am I grateful for today?’

‘What do I want to take away from this meeting?’

The jar stays with the participant as a personal, tangible reminder of the workshop and mindfulness practice.

Workshop outcomes:

- Seniors experienced practical forms of mindfulness tailored to their abilities and sensitivities.

- They learned to regulate emotional tension through breathing, movement, contact with nature, and creativity.

- They built a sense of agency and hope by working on their dreams.
- They strengthened their connection with their bodies, emotions, and environment.
- They received specific tools to use every day, especially in times of crisis.

Workshop 5 'Psycho-emotional support and relationship building'

The aim of the workshop was to strengthen participants' emotional competences in building and maintaining social relationships, recognising and expressing emotions, and seeking support in crisis situations. Participants had the opportunity to examine their own emotional needs, learn about the role of group support in the recovery process, and practise constructive ways of communicating in difficult life situations.

1. Introduction (15 min)

The facilitator asks participants to write down the names (or roles) of people with whom they feel calm, accepted, and 'at home.' Then, they are encouraged to reflect:

- What makes me feel good around them?

- What qualities do they have that I need?

- Brief discussion in pairs or small groups.

2. Mini-lecture: What is emotional support? (20 minutes)

The presenter discusses:

- The differences between emotional, informational and instrumental support.

- Why does social support affect our mental and physical health?

- The role of another person in the process of regaining mental balance.

- Examples of support groups for seniors (including online, telephone and local groups).

Short discussion – how can we start our own group

3. Exercise: relationship map (25 minutes)

Participants draw their relationship map – close people, distant people, lost but important people. Categories may include: ‘those who support me’, ‘those who burden me’, ‘those I miss’. The exercise helps to identify emotional needs and deficiencies.

Optional discussion in pairs: What surprised me? Who would I like to have close to me again?

4. Break (10 minutes)

5. Exercise: ‘Sentences that build bridges’ – communication in a crisis (30 minutes)

The trainer shows the difference between blocking and supportive messages.

Participants are given a set of sentences, e.g.:

‘Don't exaggerate, others have it worse’ vs. ‘I hear that it's very difficult for you’

‘You have to be strong’ vs. ‘It's completely natural to feel that way’

Participants then practise creating their own supportive messages, e.g.:

‘I just want to listen to you right now – if you want to talk’

‘I'm here for you – we don't have to solve anything’

6. Mini-workshop: how to express your emotions? (25 minutes)

Using emotion cards or coloured index cards, participants learn to recognise and name the feelings they experience. They then try to create simple messages:

‘I feel ___ because ___’

‘I need ___ right now’

This exercise strengthens assertiveness and helps participants see that emotions are not something to be ashamed of – they are information about our needs.

7. Closing circle – ‘Letter in a bottle’ (20 minutes)

At the end, each participant writes a short, supportive letter to someone who is going through a difficult time – this can be a real person or a ‘symbolic peer’. The letters are placed in a shared box or taken home as a keepsake.

Workshop outcomes:

- Participants are able to distinguish between different types of support and know where to find it.
- They know basic techniques for expressing emotions in a constructive way.
- Their awareness of their own emotional needs has increased.
- Participants are able to create supportive messages and know how to talk to a person in crisis.
- Fear of seeking help or asking for support has been reduced.

Workshop 6 'Coping with loneliness'

The aim of the workshop was to create a space where participants – people in late adulthood – could look at their experiences of loneliness without shame, tension or guilt. In addition, the classes were designed to help participants become aware of their own resources, identify available forms of support (including remote support) and strengthen their readiness to seek help – not as a sign of weakness, but as an expression of self-care.

1. Introduction (20 min)

- The instructor invites everyone to join in opening the workshop with the words:

'We are not always lonely because there is no one around us. Sometimes loneliness comes with the silence left behind by someone who was once close to us. It could be a partner, a friend, a neighbour with whom we used to drink tea every afternoon. It could be a child or grandchild who lives far away. It could be someone who simply stopped talking to us.'

'People can miss not only other people, but also shared laughter, rituals, touch, security. And that's natural. Today, we want to look at this longing with kindness – not as a weakness, but as a trace of something (or someone) that was important.'

- Each participant receives a small piece of paper and completes two sentences:

- 'I miss...'

- 'Today, I would like to feel that...'

The cards can be placed in a shared 'Longing Jar' – a transparent container with a covered interior. They will not be read or discussed – this is a symbolic way of putting down a burden that does not need to be spoken aloud.

2. Exercise: ‘Loneliness and contact map’ (25 min)

- Each participant receives a worksheet with two large circles marked on it:

The first circle is called ‘Moments when I feel lonely’.

- Participants are asked to write in the middle situations, times of day, events or circumstances in which they most often feel empty, lonely or deprived. Examples (provided by the facilitator if necessary):

- Holidays I spend alone,

- When I come back from the doctor and have no one to talk to,

- Evenings when the house is quiet,

- When I see photos of my family who are far away.

The second circle is called ‘Moments when I feel connected to others’.

- Here, participants write down moments when, even if only for a moment, they feel a bond, presence or connection. Examples:

- A phone call with someone close to you,

- A walk during which someone said ‘good morning’,

- Praying or singing together,

- A meeting at the library, senior citizens' club, or rehabilitation centre.

- After the individual work is completed, the facilitator invites participants to discuss their answers briefly. You can start with a question:

- ‚Was it easier to write down loneliness or moments of connection?'

- What helps you – even for a moment – to 'come out of loneliness'?

- Do moments of connection happen on their own, or did you have to trigger them somehow?

- Is there anything you can do to have a few more of them – without pressure, in small steps?

- Did you notice anything new when looking at the two circles next to each other?

- At the end, the facilitator suggests that participants mark one thing in the second circle that they would like to repeat this week to feel connected, or finish the sentence: 'I know I'm not completely alone when...'

3. Exercise: "Emergency contact card" (25 min)

Seniors are asked to calmly think about and write down on a small piece of paper the names or initials of people with whom they feel safe, comfortable and with whom they do not have to "pretend that everything is fine".

These may include:

- family members,

- neighbours,

- friends from classes or church,

- people met through telephone clubs for seniors.

If necessary, the instructor provides examples or gently supports those who do not know where to start.

If a participant is unable to name anyone close to them, with the support of the facilitator, they write down available forms of external support, e.g.:

- Helpline for older people: 22 635 09 54,
- Senior citizens' club/local activity centre in the area,
- Volunteers from social welfare centres/Caritas/local associations,
- Internet groups,
- Parish, senior citizens' chaplain, parish club.

- The facilitator prepares a short, clear list of such places with telephone numbers and addresses, adapted to the local context.
- Participants are invited to submit their cards, put them in their wallets or envelopes – as a personal reminder for difficult times.
- The facilitator emphasises, “You don’t have to remember everything. But if the day comes when it gets very dark, I want you to know that there is somewhere to call. That there are people who want to hear your voice.”

4. Exercise: “My letter to the Invisible Companion” (30 min)

- The instructor begins, "Each of us sometimes needs someone we can confide in – without judgement, without response, just to be able to talk. What if that person exists... but has no name, no specific place of residence, no face? It could be an imaginary friend. It could be a character from a book. It could be someone who was once there and is now gone, but still lives in our hearts. It could be someone who has not yet appeared. Today, I invite you to make symbolic contact with such a person – someone who listens to you, someone you can trust.”

- Each participant receives a piece of paper and an envelope. Task:

- write a letter to your ‘Invisible Companion’ – it can be someone imaginary or very real;

- you can describe how you feel, what you find difficult, what makes you happy, what you remember, what you miss;

- you can ask for advice or just ‘talk it out’;

- there are no rules – you can write to a grandchild you haven't seen in a long time, to yourself from years ago, to a dog who has always been by your side. This letter is yours alone.

Seniors have about 20 minutes to complete this part of the task (writing the letter).

After writing:

- there is no need to read or discuss anything, but those who wish to can say one sentence about how they felt about it;

- the letter can be put in an envelope and signed ‘for me’ – the leader suggests taking it with you and reading it sometime in the future, or... never;

- alternatively: participants can put their letters in the ‘Attendance Box’ – a symbolic place where nothing gets lost.

- The instructor sums up: ‘Loneliness sometimes disappears when someone simply listens to us – even if that someone is ourselves. Thank you for listening to each other today and... to your inner selves.’

5. Art therapy exercise in pairs ‘A common bridge’ (30 min)

- The instructor invites the seniors to pair up – it can be the person sitting next to them or someone they haven't talked to yet. A large sheet of paper is spread out on the table in front of them. In the middle of the sheet is an empty space.

- Introduce the seniors to the exercise: "Imagine that you are on two sides of a river. Each of you draws your own bank – the place where you symbolically come from. It can be your home, garden, a bench in the park. It can be an emotion – peace, fear, hope. It can be a memory, a place from your childhood, a colour, a shape. It doesn't have to be pretty – it has to be yours. And then... build a bridge between you. Make it whatever you want: colourful, simple, crazy, made of plants, tea, smiles, silence. A bridge between you."

- Participants receive pastels, crayons, felt-tip pens, newspaper clippings, glue, string to create a bridge – anything that allows for free expression. Connections appear in the central part of the sheet.

- When finished, the leader invites participants to share briefly:

- "How did you feel creating one picture together?"

- "Was it easy to draw your own shore? Did the bridge build itself?"

- "What does it take to create a connection – not just on paper, but in life?"

6. Exercise: 'Sentences I want to repeat to myself' (30 minutes)

- The instructor introduces the topic:

"We all have different voices in our heads – some say, "You can't do it," 'Nobody needs you. But we can also learn to create other voices – ones that support us and help us survive. Today, we will try to write a few such sentences – just for ourselves."

- Participants receive a card with several open sentences to complete:

- When I feel lonely, I want to remind myself that…

- I have the right to…

- One good thing about me that I want to remember is…

- When I feel bad, I want to tell myself...

- The facilitator encourages participants to write these sentences down for themselves – they can keep them in a notebook, hang them on a mirror, or put them in their wallet.

7. Conclusion – exercise ‘My one sentence for the road’ (20 minutes)

- The facilitator lays out sheets of paper with single sentences printed on them in the middle of the room. Each sheet contains one sentence, e.g.:

- ‚I am important.’

- ‘I am not the only person who feels this way.’

- ‘My emotions make sense.’

- ‘I don't have to do everything myself.’

- ‘I am part of the world, even if I don't feel it today.’

- ‘I have the right to seek closeness.’

- ‘I deserve a kind word.’

- Participants come up and choose one sentence that speaks to them. If they can't find anything that fits, they can write their own

- On the back, they write the date and, if they want, their name. They can take the sheet home or put it in an envelope with the workshop materials.

- At the end, the facilitator says: ‘We are not taking any big commitments with us today. Just one sentence – chosen by you. One that may come in handy when things get tough.’

Workshop outcomes:

- Participants are able to name situations in which they feel most lonely and recognise what helps them feel connected to others.
- They have become more aware that loneliness is not something to be ashamed of or unnatural.
- Participants have created a list of places and people they can turn to in difficult times.
- They experienced that even symbolic contact (e.g. writing a letter) can bring relief and a sense of support.
- They strengthened their sense of agency – they know that they can take small steps to nurture relationships.
- Participants received tools that they can use in moments of emotional crisis.
- They were encouraged to create their own supportive messages and repeat them to themselves in difficult moments.

Workshop 7 'Activity planning and time management in later life'

The goal of the workshop was to support seniors in creating simple daily structures that help regain a sense of control, stability and meaning. Participants learned how to plan their day in a realistic, mentally empowering way, including rest, movement and pleasure.

1. Warm-up "What does my day look like?" (20 min)

- Each participant receives a simple card with a drawing of a clock (divided into 24 hours).
- Task: mark what you usually do at a given time - e.g. sleep, meals, TV, chores, phone, walks.
- Joint reflection:

- What parts of the day are "empty"?
- Is there a moment that you enjoy the most?
- Are there hours that pass "by themselves" - and can they be filled with something for yourself?

2. Exercise "My rhythm of the week" (20 minutes)

- Participants are given a printed, blank weekly schedule (Mon-Sun, with space for morning, noon, afternoon, evening).
- Task: write at least one thing each day that:

- gives you pleasure,
- serves your health,
- helps you keep in touch with others.

- Examples (from the prompts): Phone call to grandchild, morning gymnastics, walking around the block, praying, watching a movie with a friend, reading the newspaper, watering flowers.

- Discuss “Which things do you want to repeat every week?” - mark them in color.

3. SMART technique - realistic goals (25 min)

- The presenter explains how to set goals in a simplified version:

S - Specific

M - Measurable

A - Acceptable (to me)

R - Realistic

T - Timely (by when?)

- Each participant writes down 1-2 goals for the coming week, such as:

- “I'll call my sister by Friday,” he said.

- “I will go out for a walk three times for 15 minutes each.”

- “I will bake my favorite cake for Saturday.”

Discussion in small groups - participants share goals.

4. Exercise “A day from the future” - scenario of an ideal day (20 min)

- Participants are given a blank schedule (hours 7:00-21:00).

Task: plan “your good day” - what you do, with whom, when you rest, what you eat, how you move.

Encouragement to include as well:

- time for “doing nothing”,
- contact with nature,
- brief pleasure (e.g., reading, painting, music),
- morning and evening ritual (e.g., brewing tea, crossword puzzle, prayer, journal writing).

• After the exercise - short questions:

- What can I implement from this day starting tomorrow?
- What needs preparation?
- What can I do even if I have a worse day?

5. “Mini-rituals of everyday life” - exercise in pairs (15 min)

• The presenter explains what “anchors of the day” are - small, repetitive activities that provide a sense of security and embedding.

Examples:

- daily tea in a favorite mug,
- writing 1 sentence in a notebook in the morning,
- evening music before bed,
- opening a window and “greeting the day.”

• Participants talk in pairs: what rituals do they already have? What would they like to add?

• Everyone writes down a minimum of 1 morning ritual and 1 evening ritual - to be practiced over the next week.

6. Exercise “Minimum plan” (20 min)

Sometimes a day doesn't go according to plan - the weather is not favorable, health fails, mood drops. That's why it's good to have your “minimum plan” - a set of simple activities that we can do even on a worse day, to feel that “I did something for myself”.

- Each participant creates his own “minimum plan” - 3 things that:

- do not require a lot of force,

- are easy to do,

- improve the mood or give a sense of purpose.

Examples:

- Drinking tea from a favorite mug,

- looking out the window and naming 3 things I see,

- calling a neighbor,

- 5 minutes of exercise against the wall,

- playing a favorite song from my youth.

- Participants write down their set and put it in an envelope marked “For a worse day” - they can decorate it, add a drawing, a sticker.

7. Exercise “Celebration board” (20 min)

Seniors often do not celebrate their daily successes. Meanwhile, small victories - even “I got up and got dressed” - deserve to be appreciated.

- The presenter distributes colored cards (e.g., sticky notes).

Participants are expected to:

- recall one small thing they are proud of from the past week,

- write it down on a piece of paper and stick it to the “Success Board” (e.g., a poster in the room).

Examples:

- “I made broth just for myself.”

- “I wrote a card to my granddaughter.”

- “I didn't cancel a doctor's appointment.”

8. Exercise “What do I want to do more often?” (20 min)

The instructor distributes worksheets with a simple table (3 columns):
| Thing I like | When do I do it? | When can I do it more often? |
e.g.:

“I like listening to music from my youth” → “Sometimes in the evening” → “Maybe every day after dinner?”

“I like talking to my granddaughter” → “Every weekend” → “Maybe also on Wednesdays on the phone?”

“I like baking cakes” → “For holidays” → “Maybe once a month?”

- Participants list 3–5 activities that:

- give them pleasure,

- are realistic to achieve,

- give them energy, joy, or peace of mind.

- Encouragement from the instructor:
  “We don’t have to do everything at once. Choose one of these

things and try to do it more often over the next week. Mark it with a star."

9. Conclusion: "My map of the week" (30 minutes)

- Each participant receives a colorful, simple weekly card with space for:

- What do I want to do for myself?

- What do I need to do?

- What helps me?

- Who do I want to hear/see?

Participants work independently, in concentration – they can decorate the card, take it home, or put it in an envelope.

At the end, those who wish to do so share one plan/goal/ritual that they will introduce starting tomorrow.

Workshop outcomes:

- Participants are able to set realistic goals and break them down into small, achievable steps.

- They have learned tools to help them plan their daily routine and maintain it.

- They have realized how important regularity is for mental well-being.

- They are able to identify factors that hinder their actions and look for solutions to them.

- They have developed the ability to monitor their time and make changes to their daily habits.

- They were encouraged to celebrate small successes and notice progress.
- They strengthened their sense of influence over their own lives and their readiness to be active despite difficulties.

Workshop 8 'Mental health and physical health'

The aim of the workshop was to show the connection between mental well-being and physical condition, to strengthen motivation to take care of oneself on a physical and mental level, and to provide practical tools that seniors can use on a daily basis – in the areas of nutrition, physical activity, and simple rituals that promote health.

1. Introduction: "By caring for the body, we care for the soul" (15 minutes)

The instructor invites you to discuss:

- How do I feel physically when I am having a bad day mentally?

- Does my body ever tell me that something is wrong?

Seniors share their observations – there is no need to get into difficult topics, just talk about your everyday feelings. Introduction to the main idea: "Movement, food, sleep, and breathing – all of these things affect our minds. And vice versa – what is in our minds affects our bodies."

2. Exercise: My day on a plate (30 minutes)

Each participant receives a worksheet showing a food plate and a graphic depicting the times of day. Task:

Write down (or draw) what you usually eat for breakfast, lunch, and dinner.

- How often do you drink water?

- When was the last time you ate something just because it improved your mood?

Next, the instructor presents the principles of healthy eating for older people, taking into account:

- regular meals,

- hydration,

- protein and fiber,

- limiting simple sugars and salt,

- eating in tune with the rhythm of the day and your emotions.

Finally, participants write in the box: “One small change I can make starting tomorrow.”

3. Movement break: “Get your head moving through your body” (20 minutes)

Simple movement exercises accompanied by calm music:

- arm and leg movements, head turning and stretching,

- joint “marching on the spot,”

- “laughter gymnastics” – exercises involving smiling and breathing,

- circular movements while seated (for people with limited mobility).

The instructor emphasizes: “It's not about being perfect—it's about moving your body and feeling that you can still do it!”

4. Group work: “What helps me feel better physically?” (25 minutes)

Participants form mini-groups (3–4 people) and answer the following questions together:

- What kind of exercise do you enjoy?
- When does your body say “thank you”?
- What healthy things do you do without even thinking about it?

Then, each group prepares a card with the slogan: “Our little recipe for health.”

5. Individual exercise: “The plant that I am” (30 minutes)

The instructor brings small jars, moss, soil, and plants for transplanting. Each participant creates their own “forest in a jar” with the help of the instructor or volunteers.

Symbolic work:

- How do I take care of myself, how do I nourish myself?
- What am I missing—more light? More space?
- Do I allow myself to grow?
- Participants create cards with the description: “What do I need to grow better?” and attach them to their jar.

6. Exercise: “Minimum plan – exercise and meal” (25 minutes)

On their worksheets, participants plan:

- one physical activity that they could do every day (e.g., a 10-minute walk, 3 stretching exercises by the bed),

- one healthy meal that they could prepare themselves – or ask someone to help them prepare it.

Exercise slogan: “It's not about revolution – it's about the minimum that will give you strength.”

7. Closing ritual – “A sentence for my body” (15 minutes)

Participants sit in a circle. Each person receives a piece of paper and writes down one sentence they want to say to their body today – with tenderness, as if to a friend:

- “Thank you for being here,”

- “I'm sorry I ignored you for so long,”

- “I promise you a little more exercise today.”

Those who wish to do so read their sentences aloud. The cards can be kept or placed in a shared “Basket of Good Intentions.”

Workshop outcomes:

- Participants understand the relationship between mental well-being and physical condition.

- They can identify the basic principles of healthy eating tailored to the senior age group.

- They have been motivated to engage in regular physical activity tailored to their abilities.

- They have realized that taking care of the body is a form of self-care, not selfishness.

- They have gained specific, feasible ideas for daily exercise and simple dietary changes.

- They have experienced community and cooperation through manual activities (e.g., creating a forest in a jar).

- Their sense of control over their own health has increased – even with mobility restrictions or loneliness.

Transnational mobility of people in late adulthood

The partners implementing the activities sought to bring about real change in the situation of seniors covered by the project support. An important role was played by transnational educational mobility, which took place on June 5–10, 2025, in Alicante, and which primarily created opportunities for participation for people with fewer opportunities. A total of 20 participants took part in the event—10 people in late adulthood from Poland and 10 seniors from Spain. These were participants who had previously been involved in a series of local workshops organized by the project partners, and the mobility itself was aimed at testing the educational offer prepared for seniors experiencing emotional crises, feelings of loneliness, low mood, or other challenges related to mental health and social functioning in late adulthood.

The participants were selected on the basis of clearly defined criteria in the application – they were seniors aged 60+, with experience of social isolation and emotional problems, in need of support in the area of improving their mental and physical well-being. For most of them, participation in the project was their first opportunity to take part in a transnational educational event and became a breakthrough experience that not only increased their knowledge and skills, but above all allowed them to feel important and noticed (despite the barriers of everyday life).

The mobility program was based on content developed as part of the educational script "Notice the Unnoticed – Faces of Senior Depression" and was a practical extension of topics such as mental resilience, mindfulness, psycho-emotional well-being, physical activity and healthy eating, relationship building, and combating loneliness. Each day of mobility combined educational, integrative, therapeutic, and reflective elements, with an emphasis on mutual exchange of experiences, relationship building, community building, and creating an atmosphere of safety and acceptance.

The first day of mobility began with an official opening ceremony, during which the objectives and framework of the entire activity were presented. The facilitators – representatives of the project partners – familiarized the participants with the agenda and the rules of working in an international group. The importance of openness, respect for diversity, and willingness to cooperate despite linguistic and cultural differences was emphasized. This was followed by a series of integration exercises – from light physical activities and cognitive games to workshops building trust and shared responsibility. The seniors worked in pairs and small mixed-language groups, supported by interpreters, which helped them quickly overcome initial barriers and open up to contact with "other people." Another element of the day was a thematic session devoted to resilience – the facilitators introduced the participants to the topic, explaining what mental resilience is and how it can be developed even in late adulthood, which was an extension of the content covered in the local workshops. During the interactive presentation and discussion, the seniors, with the kind support of the training staff, shared their personal ways of coping with difficult moments in life, talked about their experiences of loss, loneliness, and rebuilding, which opened up space for reflection and mutual support. Participants also had the opportunity to share their impressions of the workshops they attended before the mobility. The first day ended with an evening group reflection, during which participants took part in short breathing exercises and discussed the most important activities they had participated in. As a surprise for the Polish group, their Spanish peers prepared a performance of traditional dance from the Valencia region.

The second day of mobility focused on the practical aspects of building mental resilience and developing mindfulness in everyday life. From the very morning, seniors were invited to a workshop entitled "Techniques for building resilience in everyday life." The classes were conducted simultaneously in two languages – with the help of interpreters – and were based on active workshop work. Participants discussed what they understood inner strength to be, how they cope with difficulties, and what specific actions help them regain balance. Recurring themes included: contact with

nature (a reference to local workshops), conversations with loved ones (including seniors they met through the project), small daily rituals, memories, prayer, and involvement in activities for the benefit of others. For many people, it was a revelation to realize that resilience does not mean "being strong at all costs," but rather flexibility and the ability to recover after a difficult time. After the break, the participants took part in a joint mindfulness session. The seniors performed simple breathing exercises, focused their attention on sounds, smells, and bodily sensations, and practiced short guided meditations tailored to their abilities. The exercises were not only intended to calm them down, but also to show that mindfulness is a skill available to everyone, regardless of age or experience. This was followed by a workshop entitled "Mindfulness in practice – how to integrate mindfulness into everyday life." Participants shared their reflections, and the facilitators presented simple techniques to use at home – such as conscious tea drinking, mindful hand washing, walking in silence, or listening to music without other stimuli. The classes ended with a short exercise called "Mindful listening" in pairs – each senior citizen had the opportunity to say something about themselves, without interruption or judgement, while the other person simply listened. The participants spent the afternoon at a local senior center in Elche, where a gentle yoga session for seniors was held, led by a Spanish instructor with the help of an interpreter. The classes were adapted to the physical abilities of the group and included stretching exercises, breathing exercises, and a short relaxation session. The atmosphere of openness, background music, and a space full of light fostered relaxation and a sense of community.

The day ended with an evening evaluation – seniors, divided into mixed nationality groups, exchanged their impressions of the whole day. The facilitators proposed reflective questions: What moved you today? Which exercise was the most important for you? What do you want to take home with you? The joint discussion showed that the participants feel increasingly integrated, are beginning to exchange contact details, go for walks together, and plan further activities. An additional attraction was a

presentation prepared by the Polish group, which contained interesting facts about our country that the seniors wanted to share with the Spanish participants.

The third day of mobility was marked by integration, exploring cultural similarities and differences, and above all, building bridges between people through joint activities, laughter, movement, and cooking. The morning began with a workshop entitled “Cultural diversity – how to learn from each other?” The seniors were invited to talk in pairs and mixed groups. The prepared questions concerned memories from their youth, daily rituals, family traditions, and values that are important to them today. This seemingly simple exchange of experiences helped to show that, despite cultural differences, seniors struggle with similar feelings: loneliness, exclusion, and fear of losing their significance. Thanks to attentive listening and empathy, the participants realized that they are not alone in these experiences. Another element was a city game in the center of Alicante, which required participants to move around the city, communicate with local residents, solve puzzles, and find designated places. Culturally mixed teams had the opportunity not only to have fun and integrate, but also to practice independence, courage, and flexibility—qualities that are very important in the process of strengthening mental resilience. For many seniors, it was a time of overcoming personal barriers – linguistic, social, and emotional. Participants shared their reflections that “they couldn't remember the last time they laughed so much” or that “this day reminded them that they can still be active, effective, and needed.”

The afternoon was devoted to cooking, which was also treated as an excuse for in-depth work on mental well-being. Joint cooking workshops (tortillas and dumplings) were a space not only for exchanging recipes, but also memories, family stories, and the roles that seniors played in the past. For many participants, the opportunity to cook “their” dish was a chance to express themselves and show that they had something valuable to offer the group. There were emotional moments, memories of deceased loved ones, and a sense that they could still share what was good.

The evening tasting of the dishes turned into a conversation about the importance of food in the context of loneliness and self-care. Participants pointed out that when they eat alone, they eat less, worse, and often without appetite—but in company, they can enjoy the taste and regain their appetite for life. They also talked about how cooking can be a form of therapy—something that gives a sense of meaning and belonging, even if it is a small gesture towards oneself. There were reflections on meal rituals, on the fact that eating together is not only about satisfying hunger, but also a deep need for contact and being noticed. From a psychological point of view, this day served to strengthen the sense of agency, reduce emotional tension, build bonds, and stimulate cognitive activity. Joint culinary activities, creative tasks, integration in urban space – all this worked as a "natural remedy" against isolation, sadness, and passivity, which often accompany people in late adulthood. Additionally, thanks to close contact with peers from another country, participants had the opportunity to step outside their daily routines and look at life from a new perspective – with humor, tenderness, and courage.

The fourth day of mobility was devoted to in-depth work on emotions, mental well-being, and building individual and community resources in difficult situations. The classes on that day were led by experienced educators, art therapists, and psychologists who ensured a safe, caring, and supportive atmosphere—so necessary for older people who have experienced loneliness, loss, fear, or emotional exclusion. The morning began with a workshop entitled "Managing emotions in the life of a senior citizen." Participants were invited to talk about the emotions they experience most often, what they find difficult, what they fear, and what makes them angry or sad. The facilitators emphasized that all emotions – even the difficult ones – are normal, necessary, and not a sign of weakness. On the contrary, experiencing and expressing them can become a form of strength and conscious self-care. The seniors worked with emotion cards (included in the script – scaling materials) and then, in small groups, analyzed what helps them deal with their feelings: who or what gives them comfort, how they help themselves in moments of tension. Specific

strategies emerged: talking to a trusted person, going for a walk, praying, keeping a journal, gardening, physical activity. The facilitators emphasized the importance of small daily rituals that give a sense of security and influence. Another part of the day was a relaxation session with music therapy. Participants lay down on mats or sat comfortably in armchairs, closed their eyes, and let the music—specially selected, calm, soothing—guide them through their inner landscapes. After the session, some mentioned that they "finally felt peace throughout their entire body," that they "drifted off to places where they felt good," and even that "for the first time in months, they managed to relax." After a short break, there was an art therapy session in which each participant created their own "map of their inner landscape" – a metaphorical story about what they carry within themselves. There could be hills of hope, a forest of anxiety, a river of memories, an island of loneliness, a field of gratitude. The work was very personal – conducted in silence, with pastels, paints, crayons, and clippings. For many seniors, it was a form of expression they had never experienced before: they could "tell" about their inner selves without having to speak.

After creating their works, participants could talk about a selected fragment of their map – not to explain themselves, but to be heard and seen. Some stories were moving, others full of humor and distance. The joint gallery created from the participants' works became a symbolic space: a place where every emotion found its place, without judgment and without haste. The afternoon focused on creating a support network and using social resources. A short presentation showed examples of real initiatives for seniors – local support groups, telephone clubs, online communities, and free psychological help. The seniors received brochures prepared by the organizers with contact details for such places, both in Poland and Spain. In the next part, each participant was tasked with creating their own "Personal Support Plan." It could include: 2 people to call in a crisis; 3 things that help you feel better; 1 place that gives a sense of security; 1 activity that one would like to repeat every day. The facilitators emphasized that this was not a "perfect plan," but something that could be edited, changed, and tested—like a handy map that could always be taken out of one's pocket. The

evening evaluation took place in a calm atmosphere. Participants shared not only their reflections, but also a sense of relief, closeness, and hope. One participant said, “I didn't know that in my seventies I could learn about myself all over again. And that I still have the strength to do so.” Someone else added: “I came here closed off – and today I feel as if a window has opened inside me.”

The fifth day of mobility was a continuation of work on the overall well-being of participants – this time with an emphasis on the relationship between physical and mental health. The day's program was designed to show seniors that caring for the body is not just a matter of “fitness” or “condition,” but actually translates into emotional state, mood, and mental resilience. The day began with a meeting with a dietitian specializing in working with older people. The expert discussed the impact of daily nutrition on brain function, energy levels, and the ability to regulate emotions. He explained in an accessible way how nutrient deficiencies (especially B vitamins, omega-3 fatty acids, and magnesium) can exacerbate symptoms of depression and anxiety. He also presented practical ways to compose simple and inexpensive meals that support mental balance. Participants received a model “Nutritional Well-Being Diary” – a simple worksheet in which they could note down what they ate on a given day, how they felt afterwards, and whether a particular food affected their mood. The exercise was designed to build mindfulness towards the body and strengthen the habit of listening to the signals it sends. The next item on the agenda was a workshop entitled “Physical activity as the key to mental health.” The class began with a discussion about the emotional effects of exercise: reducing tension, improving sleep, and increasing feelings of control and energy. The movement therapist presented a set of simple, safe exercises that can be done at home without specialized equipment. The classes were conducted in the “movement with intention” formula – each movement had meaning, was connected with breathing, with thinking about oneself and one's body as an ally. The participants expressed great joy at the opportunity to exercise together – some admitted that they had not exercised in a group for a long time, and the laughter and lightness accompanying the classes “opened their

hearts." It was emphasized that physical activity – even symbolic – has the potential to change not only the body but also self-esteem. In the afternoon, there was a meeting with a psychologist, who invited participants to reflect on their relationship with their own health. They talked about how not only the body but also our beliefs affect our well-being. Seniors had the opportunity to examine the internal dialogue they have with themselves—do they support themselves, or do they criticize themselves? Do they allow themselves to rest, make mistakes, slow down? In the exercise "How to speak to yourself with kindness," participants created their own supportive messages—short sentences they would like to hear from themselves in difficult moments. Sentences such as the following appeared: "Today I did as much as I could – and that's enough," "I'm not alone, even if I don't see anyone right now," "My pace is good because it's mine." The facilitator pointed out how these simple affirmations can become an anchor – a way to pause, comfort oneself, and restore emotional balance. The day ended with a group discussion, during which participants shared their thoughts and small "discoveries" from the day. For many, the key insight was the awareness that their body – even if imperfect, tired, or limited by age – is still a source of resources and mental support. As one participant said: "I always thought that my body was letting me down. But today I felt that it can support me after all – I just have to listen to it."

The last day of mobility was a summary, but it was not just a symbolic ending. It was planned as a real space for seniors—equipped with new knowledge, experiences, and reflections—to be able to "pause" internally and consciously plan what they want to take home with them: emotionally, mentally, and practically. The day began with a workshop inspired by excerpts from a script devoted to recognizing one's own warning signs – small signs of a decline in mood, increasing stress, or social withdrawal. The Polish psychologist leading the workshop invited participants to work with a "Warning Signs Map" card – a tool to help them better recognize changes in their mental well-being before their condition deteriorates. The seniors worked individually on the map, filling in fields related to, among other things:

– what I do or stop doing when I start feeling worse,
– how my body reacts,
– how my way of thinking or talking to myself changes,
– what saves me or at least helps me regain my balance a little.

Next, participants shared their discoveries in small groups. Their discussions focused, among other things, on the fact that very often the "first sign" is withdrawal from contact—we stop answering phone calls, we don't leave the house, and then we start to think that nobody cares. After the morning reflection session, it was time for constructive planning. Participants were invited to work on their own personal "Mental and Physical Support Plan." They filled it out with the help of the facilitators, based on what they had learned throughout the week. Each plan included, among other things:
– one action that the participant commits to implementing for their mental health,
– one physical activity or habit that supports the body that they intend to introduce,
– one person or institution that they will turn to for help if necessary,
– one kind thought that they will write down for difficult days. The plan could be kept on paper or photographed – for many seniors, a digital photo on their phone proved to be a more convenient way to remind themselves of their commitment to themselves. Before noon, the participants gathered in a circle – this time informal, but full of meaning. The facilitators placed a dozen or so sheets of paper in the middle of the room with statements collected from the participants over the previous days. These were real quotes – words of encouragement, memories, reflections that had been spontaneously expressed throughout the mobility. Each participant could come up, read them, and choose one sentence they wanted to "take with them." Some of these sentences were:
– "I don't have to pretend that everything is fine anymore – I can just be."
– "I have the right to rest and not apologize for it."
– "When I breathe calmly, I feel like I'm coming back to myself."

– “Just because I’m afraid doesn’t mean I’m weak – it means I’m trying. ”

Each participant took their opinion in an envelope with the date and mobility stamp – as a personal symbol of the end of this educational journey. The final element was a brief formal moment – the presentation of participation certificates, accompanied by congratulations and words of appreciation from the Polish and Spanish teams. It was also an opportunity to summarize the results of the joint work, exchange contacts, and express mutual gratitude

About the script

The publication you are holding in your hands is the main result of 11 months of project work. It was created as an educational and support tool for two groups of recipients: people in late adulthood and those who work with them on a daily basis—educators, therapists, social workers, psychologists, home caregivers, volunteers, and animators. The script has a two-part structure. The first part is aimed directly at seniors and contains both accessible educational content and suggestions for exercises, worksheets, and invitations to reflection that can be carried out independently or in a group. The second part is a practical methodological guide for professionals and support staff, containing both theoretical context and lesson plans, methodological comments, and suggestions for individual and group work.

The script has been developed in three languages: Polish, Spanish, and English. All language versions can be downloaded free of charge from the project website:

https://zauwazniedostrzegane.deployingfuture.com

The publication was conceived as a collection of ten thematic chapters, each of which deals with a different aspect of the mental and emotional well-being of seniors, based on the real needs and experiences of older people with whom the project partners came into contact during workshops, in-depth interviews, and consultations.

- Chapter 1 – “Introduction to resilience and mindfulness”

The first chapter of the script is an introduction to the topics of mental resilience and mindfulness in the context of late adulthood. The authors open the publication by presenting a fundamental assumption: although life at any age brings difficulties, older people—due to life, health, and social changes—are particularly vulnerable to a decline in mental well-being. From this perspective, resilience and mindfulness appear to be the tools of choice – accessible, flexible, and practicable regardless of age.

In the section on resilience, the authors focus not only on its definition, but above all on its practical dimension. They point out that this trait – understood as mental resilience and adaptability – allows people to regain their balance after difficult events, not to break down in the face of problems, and to treat life's challenges as an opportunity for growth, not just a burden. It is clearly emphasized that resilience is not an innate trait – it is a skill that can be practiced and developed, even in late adulthood. A particular value of this section is that it adapts the message to the context of seniors' lives, taking into account factors such as the death of loved ones, health limitations, changes in social status, loneliness, and withdrawal from professional activity. The narrative is enriched with a self-assessment test that allows readers to check their level of resilience. The questionnaire contains 20 statements that address various aspects of mental functioning, from self-acceptance, through coping with emotions and stress, to the ability to set goals and seek support.

In the second part of the chapter, the authors smoothly transition to discussing mindfulness, proposing it as an effective and accessible strategy for coping with excessive stress and overstimulation. Mindfulness is described as a state of conscious presence “here and now” that allows one to break away from automatic thinking patterns, regain contact with one's own body and emotions, and reduce the harmful effects of stress. The script shows that you don't have to “meditate for hours” – regular exercises, even just a few minutes long, are enough to start noticing positive changes. The authors do not limit themselves to theory. The practical dimension

of mindfulness takes up a significant part of the chapter, which describes several possible exercises that can be woven into everyday life: from conscious breathing, through “mindful eating,” to the famous raisin exercise, which activates all the senses and teaches us to notice things that seem obvious.

Finally, the chapter offers a set of tips on how to integrate mindfulness into your daily routine. The tips are deliberately set in the context of the realities of senior life – they concern morning meditation, mindful walks, peaceful meals, reflection before bedtime, and mindful listening in relationships with others.

The chapter therefore not only provides a foundation for the rest of the script, but also serves as a standalone educational and developmental resource that can be used both in individual work and in a workshop context.

- Chapter 2 – “Techniques for building mental resilience”

The second chapter of the script is devoted to techniques for building mental resilience and provides a foundation for further exploration of issues related to the mental well-being of older people. The authors carefully show that mental resilience—although often associated with youth and energy—is also essential and possible to develop in old age. Furthermore, this part of the publication repeatedly emphasizes the fact that mental resilience is not an innate trait—it can be developed, strengthened, and nurtured regardless of age, even through very simple, everyday activities.

The first subchapter introduces the reader to the topic of positive thinking, presenting it not as a temporary mood or naive optimism, but as a consciously developed strategy for coping with challenges and negative emotions. The authors explain that positive thinking is primarily the courage to confront adversity and belief in one's own abilities. This part of the script devotes a lot of space to practical tips: how to practice positive thinking, how to consciously manage your thoughts, how to recognize and transform harmful thought patterns. It also points out the role that something as seemingly trivial as a good start to the morning can play in your daily attitude—through rituals, habits, mindfulness, and small pleasures. A significant part is devoted to reflection on gratitude – the authors encourage readers to keep a Gratitude Journal and practice mindfulness in noticing small reasons for joy.

The next subsection deals with techniques for coping with stress and anxiety—two emotions that tend to be particularly intense in older people due to life changes, the loss of loved ones, deteriorating health, or uncertainty about the future. The authors show that both stress and anxiety are not enemies in themselves – they are natural reactions of the body. The problem arises only when they persist for a long time and interfere with daily functioning. Instead of demonizing these states, the script encourages us to tame them through various techniques: relaxation, conscious diagnosis of the situation, breathing, movement, and contact with loved ones. The suggestions for specific actions are very valuable – e.g., writing down your fears on a piece of paper,

listening to music or reading a book, getting a massage or taking a warm bath. All these measures are not only “temporary” but also serve to build long-term peace and balance. Particular emphasis is also placed on the need to introduce order and predictability into life – the authors write explicitly that chaos and backlogs can become a source of anxiety and overwhelm, which is of great importance for seniors, who often live in conditions of reduced control.

This part of the text also contains a very important reflection on assertiveness – an element that is not usually associated with senior issues, yet is crucial for mental well-being. The authors tactfully emphasize that many older people are unable or do not have the courage to communicate their needs, defend their boundaries, or express anger in a healthy way. Assertiveness is presented here as an element of building self-respect, a tool for preventing frustration, isolation, and low self-esteem. Equally important is the message about the need to select social relationships – to surround oneself with kind and supportive people and avoid those who cause fear or guilt.

The third subsection of chapter two focuses on the importance of physical activity in building mental resilience. It stands out in its form – the authors decided to present the statement of an expert, Mr. Zbigniew Butkiewicz, who, as a former athlete and current coach, shares his own experience of working with seniors. The conversation raises important points: physical activity affects not only the body but also the mind, as it reduces tension, improves mood, promotes independence, and counteracts depression and anxiety. Mr. Butkiewicz's statement is also beautiful proof that seniors, regardless of their limitations, can reap enormous benefits from exercise, as long as they have the right support and motivation. Specific recommendations are made: yoga, tai chi, walking, and relaxation exercises—activities that are accessible, non-invasive, and yet very effective.

The fourth and final part of chapter two reflects on the importance of music, hobbies, and contact with nature for the mental well-being of older people. The authors present music therapy as one of the most effective and accessible forms of emotional support. They point not only to its therapeutic effects in the context of depression and anxiety, but also to its role in working with people with dementia and Alzheimer's disease—music helps to recover memories, build bonds, and strengthen identity. Equally important is the emphasis on hobbies – understood as a passion, something that brings joy, satisfaction, and a sense of purpose. In this context, hobbies appear not only as a way to combat boredom, but also as an important element of preventive healthcare. The chapter ends with an encouragement to practice forest therapy – contact with nature, which reduces stress, aids concentration, and promotes well-being.

- Chapter 3 – “A set of practical exercises and worksheets for seniors”

Chapter 3 of the publication is a guide for seniors on techniques and tools for everyday mental, emotional, and physical well-being. The chapter was developed in response to the real needs of seniors, identified during workshops, interviews, and analyses conducted by the project partners. The materials contained herein are not only therapeutic and supportive in nature, but also educational—they serve to deepen self-awareness, develop positive habits, and promote daily self-care.

Each of the 18 cards contains not only explanations and an introduction to a given exercise, but also space for reflection, note-taking, observations, and independent work, allowing the reader to “guide” themselves through the process of strengthening mental resilience step by step.

- Chapter 4 – “Recognizing the symptoms of senior depression”

Section 4 of the script is one of its most important parts, as it bridges the gap between awareness of symptoms and seeking real help. The information contained in this section serves not only an educational function, but also a preventive and interventionist one (tools for early diagnosis and response).

The chapter begins with a detailed discussion of the characteristic symptoms of depression in seniors. The authors emphasize the uniqueness of this age group—both in terms of risk factors and the way they experience and communicate emotional problems—and stress that depression in older people often takes the form of somatic symptoms such as pain, insomnia, fatigue, and loss of appetite—which can lead to misdiagnosis or complete omission. A valuable part of the chapter shows the enormous role played by loneliness, loss of loved ones, feelings of uselessness, and overload with family responsibilities—especially those related to caring for grandchildren.

The next part discusses the difference between depression and “normal mood swings.” This is an important section from a preventive standpoint, as it helps to dispel doubts about when a low mood is a physiological response to life's difficulties and when it may be a warning sign. A clear table comparing the symptoms of depression and typical mood swings is presented. Thanks to this, seniors and their loved ones can understand that sadness does not always mean depression, but also that certain signs – especially those that persist for a long time and accompany other symptoms – should not be ignored.

The next subsection focuses on screening tools that can be helpful in diagnosing depressive disorders. Here, the reader has the opportunity to learn about the two most commonly used questionnaires – PHQ-9 and GDS (Geriatric Depression Scale) – and how to interpret them. Both scales are presented in a form that allows seniors to complete them independently or together with a caregiver. The diagnostic algorithm of the Institute of Psychiatry

and Neurology is also included, which can be used as a general guide in situations where depression is suspected.

In the next section, entitled “Can depression be prevented?”, the authors emphasize the enormous importance of preventive measures. Although not all cases of depression can be avoided, a healthy lifestyle—regular physical activity, a good diet, sleep, social relationships, personal and emotional development—can significantly reduce the risk of developing depression or alleviate its symptoms. The text contains many very specific, practical tips.

The last part of the chapter answers the question “When and where to seek help?” This section provides the reader with specific instructions and encouragement to take action. It not only reinforces the sense of agency (“depression can be effectively treated!”), but also provides a list of places and specialists to contact, ranging from general practitioners and mental health clinics to specific helplines.

- Chapter 5 – “Psycho-emotional and social support”

Chapter 5 is the culmination of the section aimed directly at seniors. It focuses on practical, accessible, and comprehensive psycho-emotional and social support, showing that the process of recovery and strengthening mental well-being does not end with introspection, but requires involvement in relationships, community, and activity. The entire chapter is divided into four complementary subsections that build a broad perspective of self-care through interpersonal relationships, belonging, and modern forms of support.

In the first part, the authors focus on building and maintaining healthy social relationships. They present relationships as one of the pillars of mental well-being—something that not only adds meaning to everyday life, but also protects against loneliness, hopelessness, and emotional withdrawal. This approach is close to the idea of “prevention through relationships”: it is not just about “not being alone,” but about the real quality of relationships and their reciprocity. The authors point out that relationships are not something that lasts on their own – they require care, activity, and intentional effort. The social skills necessary to create and nurture relationships are discussed in an accessible way, such as active listening, assertive communication, empathy, expressing gratitude, and the ability to forgive. Also valuable are specific suggestions on where and how seniors can seek new acquaintances – not only in traditional senior clubs, but also in intergenerational projects, volunteering, and even social media.

The second subchapter is devoted to support groups – both formal and informal. This is an important section that familiarizes readers with the idea of sharing their emotions, weaknesses, and crises in a group setting. It shows that talking about problems in the company of others who have “been through the same thing” can be not only healing but also inspiring. The authors present the specific benefits of participating in groups – from reducing isolation and improving self-esteem to joint development and gaining knowledge about oneself. Another interesting aspect is the classification of types of support groups: from emotional and health groups, through social

and activating groups, to groups for people with experience of addiction. The excerpt also serves an informative purpose – it indicates where to look for such groups (community centers, counseling centers, foundations, parishes) and what activities may take place in them. Thus, seniors not only gain knowledge that such forms of support exist, but also receive an impulse to actively seek them out and use them.

The next section introduces the topic of social resources, which are often right next door – in the family, neighborhood, local institution, or even at a community meeting. The authors make it clear that social resources are not only institutions or foundations, but also human presence – people who can drive you to the doctor, do your shopping, or talk to you on the phone. Reminding us of the power of family ties, but also of neighborly contacts, supportive technologies (e.g., Skype, WhatsApp, online groups), and the possibilities of local organizations, shows that seniors—even those who are less mobile—do not have to be alone. This passage has a clearly reinforcing tone: it reminds us of the values of dignity, reciprocity, and community, which are key to mental health.

The chapter concludes with a section devoted to using the Internet as a source of psychological and social support. The authors show that even older people who are not tech-savvy can use its resources —all they need to do is take the first step. They draw attention to online support groups, thematic forums, mental health apps, and educational content platforms. This section serves to familiarize readers with the Internet, showing that it does not have to be a threat, but can be a source of empathy, knowledge, and relationships – as long as it is used consciously. There is also an important warning here: the Internet cannot replace therapy, and not all information online is reliable – which is why it is so important to use verified sources and, if necessary, contact a professional.

- Chapter 6 – “Basic knowledge about depression in older adults”

Chapter six marks a turning point in the structure of the script, as it is intended not for seniors, but for those who work with them: caregivers, therapists, animators, educators, social support workers, and medical and paramedical staff. The aim of this section is to provide professionals with reliable, in-depth, and up-to-date knowledge about depression in older people—its scale, symptoms, causes, and effects.

The excerpt begins by outlining the epidemiological context. Demographic and social data clearly indicate a growing problem of depression among seniors—in Poland, the number of people aged 60+ is growing, and with it, the percentage of those who experience mood disorders. The authors present national statistics (including data from PolSenior2 studies and NFZ reports) that show not only the scale of the phenomenon, but also its dynamics and differences depending on gender and age. The data is disturbing – almost one in four seniors shows symptoms of depression, and the risk increases rapidly with age. Particularly alarming symptoms, such as increased loneliness, chronic sadness, and suicidal thoughts, are also highlighted.

The publication then moves on to a key section: the specifics of depression in older people. The differences in the clinical picture of depression in this age group are described in great detail, with particular emphasis on the fact that the symptoms can be atypical, misleading, and therefore unnoticed or misdiagnosed. The chapter analyzes various groups of symptoms: from mood disorders, through somatic symptoms and cognitive difficulties, to social phenomena (such as withdrawal from relationships) and psychotic phenomena (including nihilism and hypochondria).

The third part of the chapter is devoted to the causes of depression, presenting a comprehensive biopsychosocial approach. The authors point out that depression is the result of a combination of many factors: biological (e.g., chronic diseases, hormonal disorders, genetics), psychological (e.g., loss of meaning in life,

low self-esteem, negative cognitive patterns), and social (e.g., isolation, violence, poverty).

The chapter concludes with an extensive section on the effects of depression in older age. The authors show that untreated depression has serious consequences: it leads to a deterioration in physical health, accelerates the development of chronic diseases, reduces activity levels, causes the breakdown of social and family relationships, and consequently increases the risk of suicide. The chapter also addresses issues such as addiction (e.g., to drugs or alcohol), cognitive disorders, loss of independence, and withdrawal from social life.

- Chapter 7 – “Recognizing and assessing suicide risk”

Chapter seven is devoted entirely to one of the most difficult, yet most silent, aspects of seniors' mental health - the phenomenon of suicide among the elderly. This part of the publication is aimed at staff and professionals working with seniors, providing them with essential knowledge on how to recognize the symptoms of a suicidal crisis, risk assessment and effective communication with a person in crisis.

The chapter opens with a synthetic and at the same time moving introduction, in which the authors cite statistical data from Poland, clearly indicating that seniors are one of the most at-risk groups when it comes to death by suicide. They point out not only the high number of deaths in this age group, but also the exceptional “efficiency” of suicide attempts, due to their deliberate and planned nature. It is worth noting that the editors do not stop at numbers - they supplement them with a reflection on the possible causes of the phenomenon.

Part one of the chapter discusses the symptoms and warning signs that may indicate that a senior is experiencing a suicidal crisis. The authors take a closer look at the peculiarities of this age group - pointing out, among other things, that seniors are less likely than younger people to express their mental suffering directly, and that symptoms of depression are sometimes erroneously attributed to the aging process or concurrent somatic diseases. The chapter emphasizes the importance of vigilance on the part of those around them in this context: caregivers, families, employees of support institutions. Key risk factors are listed - such as depression, loneliness, bereavement, chronic illnesses, financial problems or cognitive disorders - which, when combined, can create a particularly dangerous mix leading to a deepening mental crisis. In a very accessible way, the so-called “red flags” - that is, specific behaviors and alarm signals (e.g., social withdrawal, giving away personal belongings, sudden improvement in mood, statements about death) that should be responded to without fail - were also presented.

The next section addresses the topic of professional suicidal risk assessment. The authors clearly explain that while no scale can replace conversation and careful observation, there are diagnostic tools to support the assessment process, such as the SAD PERSONS or SARS scale. Step-by-step instructions are provided on how to interpret the results, what to look for when talking to an elderly person, and which questions can help assess the seriousness of the situation. The role of physical health, social situation, level of support and previous suicide attempts was also highlighted.

The last subsection is devoted entirely to the art of communicating with a person in crisis. Here we learn the importance of attentive listening, non-judgment, presence and gentleness. The chapter suggests what words to use, how to respond to emotions, what to say to make the elderly person feel noticed and important - but also what to absolutely avoid (belittling, judging, giving superficial advice, forcing openness).

- Chapter 8 - “ Interventions and Proceedings”.

The eighth chapter deals with measures taken in the most difficult situations - when a senior is in a state of severe emotional or suicidal crisis. Here the authors break down the two main streams of assistance: crisis intervention and psychotherapy. Both forms of care for the elderly have the same goal - saving them from the tragic consequences of mental overload - but differ in both duration and nature.

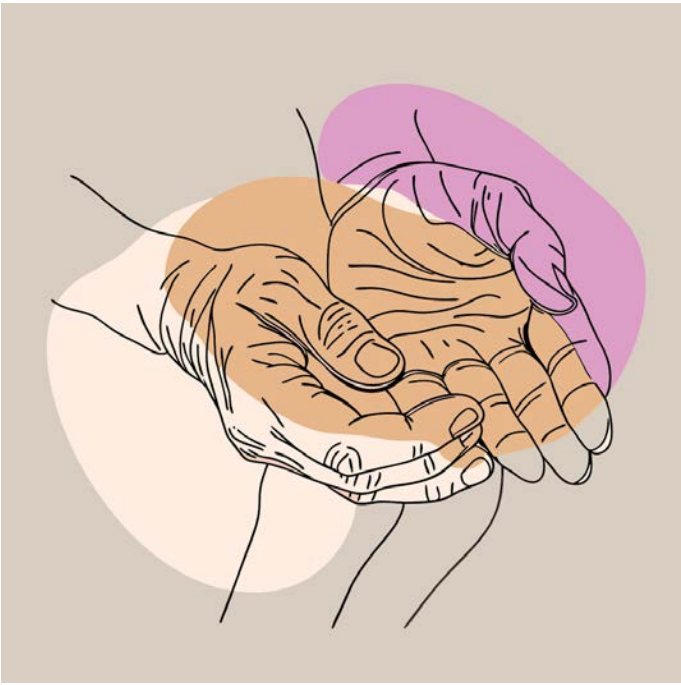
The first part of the chapter focuses on crisis intervention - a quick, immediate action that aims to directly save lives. The text explains in detail what intervention is and in what situations it should be implemented. Practical tips are included on how to talk to an elderly person in a state of acute crisis, how to respond to their warning signs, and how to keep them safe without allowing isolation or escalation of anxiety. The reader is reminded that the basic premise of intervention is to restore a sense of security - emotional, physical and social - even if it is temporary, because long-term help is to be provided only by therapy.

A very valuable element of this section is the thorough presentation of the stages of intervention, with a strong emphasis on the value of conversation - informal, but full of attention, empathy and space for the elderly person. The importance of open-ended questions, recalling memories, strengthening connections and a sense of meaning in life is emphasized.

The next section of the chapter discusses the importance of support in planning for continued life after the crisis has calmed down. The tool proposed here is a so-called “action plan” - a document that guides seniors step-by-step through the recovery process, including contact information for support people, hotline numbers, self-help techniques and long-term strategies for strengthening mental resilience. The value of the so-called “life contract” as a form of symbolic commitment to seek help instead of attempting suicide was also signaled.

A very powerful and moving part of the chapter is also the discussion of the highest risk situation - when the senior has a suicide plan plotted and access to the means to carry it out. The publication leaves no room for understatement here - it makes it clear that such a situation requires absolute professional intervention, contact with services and even hospitalization. The authors remind us that every minute matters and that decisions must be made instantly, with full responsibility.

The second essential part of the chapter is a comprehensive presentation of psychotherapy as a form of long-term support. It is pointed out that therapy is not an alternative to intervention, but a natural extension and complement to it. It is explained what the therapeutic work consists of, what goals can be achieved through it and what the process of change looks like for a person facing depression, loss, loneliness or trauma.



- Chapter 9 - “Building a support network for seniors”.

Chapter 9 focuses on one of the most important issues in the context of mental health and well-being of the elderly - the social safety net. In the view of the script's authors, a support network is not just a collection of contacts or institutional assistance, but more importantly a relational system that surrounds seniors, enabling them not only to function, but also to experience meaning, to be seen and needed.

The theoretical section provides a broad perspective of the function that the support network plays - from emotional, to practical, to educational, health and social. Specific benefits were pointed out, such as reduced stress and feelings of isolation, improved physical health, greater access to information and services, a strengthened sense of identity, and social activation. Special attention was paid to the fact that a strong support network also has a preventive effect - providing a safety buffer in the event of sudden health, mental or social crises.

It was emphasized that in a situation of deteriorating health or loneliness, a support network becomes not only helpful - it becomes essential. At the same time, it was pointed out that not every elderly person naturally has such a network - hence the need for its planned and purposeful construction.

The second part of the chapter is a practical guide to the process of building such a network. The authors guide the reader step by step: starting with the recognition of the individual needs of the senior, through the analysis of available resources, to the creation of an action map and the involvement of relevant partners. A strong emphasis is placed on attentiveness and empathy towards seniors, who often do not articulate their needs directly, hide them or minimize them.

They point to a variety of methods for identifying needs: interviewing the senior based on open-ended questions, observing daily functioning, consulting family and neighbors, and - in the case of more complex situations - contacting specialists (doctors,

psychologists, social workers). The authors emphasize that each network must be “tailor-made,” flexible and individualized - which requires commitment, but produces real results.

The practical part of the chapter proposes three key dimensions for action:

1. Creating a local network - based on family, neighborhood, religious communities, senior clubs, intergenerational events. It was shown that the community can be a real resource if it is consciously activated and supported. The importance of local organizations that act as animators of the social and emotional life of seniors was pointed out.

2. Building a professional network - with the participation of specialists in various fields: doctors, psychologists, legal counselors, therapists, caregivers and social workers. It was made clear that seniors - in order to benefit from such assistance - often need intermediaries: people who will direct them to the appropriate institutions, help fill out applications, translate procedures, accompany them in the process of using services.

3. Include modern forms of support - such as online groups, health management apps, video calls, social media platforms. The script encourages breaking down digital barriers and offering educational support to enable seniors to use new technologies as tools to counter isolation.

- Chapter 10 - “Self-help and self-care - the employee”.

The final chapter of the script concludes all the material aimed at employees and professionals caring for the elderly. It is devoted broadly to the issues of self-help, counteracting professional burnout and taking care of the physical and mental well-being of those who care for seniors.

The chapter consists of two complementary parts. The first, “Challenges of a Caregiver of the Elderly,” gives the reader a realistic picture of the difficulties and burdens faced by those working with the elderly. The authors evoke the daily dilemmas, physical strains, emotional ambivalence and growing fatigue that can lead to burnout and health crises for caregivers. They point out the variety of situations caregivers find themselves in - depending on the condition of the senior: from mobile people with depression, to patients with dementia, to those who are completely bedridden and dependent on assistance. Each of these situations carries a different type of burden - from physical, to mental and social.

The second part of the chapter - “How to take care of yourself?” - is clearly of a practical, supportive nature. Based on positive psychology, knowledge of burnout prevention and self-help techniques, it provides a guidepost for every caregiver. Above all, it reminds us that self-care is not a manifestation of selfishness, but an elementary condition for good care. It points out ways to build realistic boundaries, create rituals of rest, practice mindfulness, seek support (both from loved ones and professionals), but also positive thinking and gratitude - as strategies for strengthening mental resilience on a daily basis.

It emphasizes the need for self-awareness, but also for building support systems and a work culture based on respect for boundaries and caregiver needs. “Take care of yourself so that you can take care of others,” is the guiding principle that ties the entire chapter together and resounds clearly throughout.

Note from the authors

Dear Readers,

we place in your hands a publication that was born out of the need to notice what too often remains unseen - the daily struggles of seniors with depression and the hardships that accompany the work of those who support them. The script “Notice the Unseen - Faces of Senior Depression” is the result of months of work, meetings, conversations, observations and analysis of the experiences of seniors and those who care for them.

It is a sensitive guide - based on empathy, experience and practical knowledge. It is intended both for seniors who struggle with difficult emotions, and for professionals and caregivers who provide help every day. Our goal was to create a tool that supports, educates, but most importantly, makes you feel that no one is alone in their difficulties.

The content contained herein is intended to help you better understand what depression is in late adulthood, how to recognize it and how to support yourself or others in recovery. We believe that the words in this script will be the start of important conversations - both internally and interpersonally. In it, we show that strength is not in pretending that everything is fine, but in having the courage to talk about what hurts. And on the willingness to reach out for help.

We hope that you will find the publication not only a source of knowledge, but also a source of support and reflection. That it will become a space where seniors feel noticed and those working with them feel understood and cared for.

With warmth and gratitude for your willingness to accompany another human being,

Team of authors Project “Notice the Unseen - Faces of Senior Depression”

Part I

‘Building resilience and psycho-emotional support’

Chapter 1 - “Introduction to Resilience and Mindfulness”

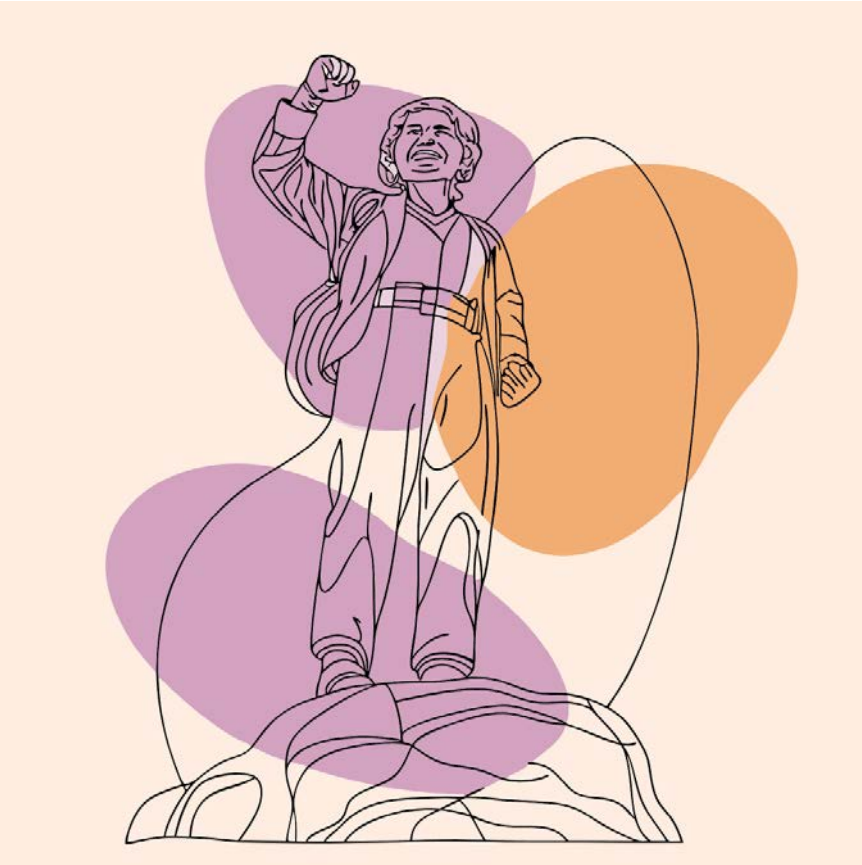
1.1 Definition and meaning of residuals in the context of late adulthood.

Seniors, in your life - as in everyone's life - there can be difficult moments. Sometimes there is pain, loneliness, helplessness or fatigue. All of this is, unfortunately, part of our everyday life. But have you noticed that some people are able to remain cheerful despite everything? Even when fate does not spare them, they still have hope, strength to act and a sense of purpose. Others, on the other hand - in very similar situations - feel overwhelmed, fall into sadness, withdraw from life and lose motivation.

What makes us react so differently to life's difficulties? The answer is resilience.

This word may sound foreign, but its meaning is very close to each of us.

Resilience is otherwise known as mental resilience - the inner strength that allows you to weather storms, adapt to change and pick yourself up after falls. It is flexibility of mind and heart. A trait that allows you - despite obstacles - to move on, not to lose hope and to look for solutions even in difficult moments.



You have probably faced challenges more than once in your life. Maybe it was a time of illness, the loss of a loved one, changes in daily life, loneliness. If you are nevertheless here and now - it means that you already have this strength within you.You can strengthen it nurture it and develop it.

> Resilience acts like a shield - it protects you from the effects of prolonged stress, helps you stay calm when everything around you is changing, and allows you to look at problems that once seemed insurmountable with distance.

When you are resilient, difficulties don't destroy you - they become lessons. Even if something doesn't go your way, you don't give up, you look for another way. You learn from your mistakes, you learn from them, you move on - stronger, more mature, more aware. And above all - you don't let one bad day take away your belief that tomorrow can be better.

We encourage you to discover this inner resilience within yourself. It is what will help you to take care of yourself, enjoy everyday life and find the strength to continue on your path - no matter what life brings.

Perhaps you yourself already know how important it is to be able to pick yourself up after difficult times. The older we get, the more often life puts us to the test. Maybe you have been affected by changes that have turned everyday life upside down - retirement, illness, loss of a loved one, loneliness or the feeling that the world is changing too fast. At such moments it is not difficult to feel lost, invisible, left out. It also happens that it is difficult to find someone who will sincerely ask: 'How are you feeling today?'.

This is why mental resilience - that inner strength we call resilience - is so valuable later in life. It is what keeps you calm when life presents you with new challenges. It makes it easier to find your way in a new reality, to come to terms with the inevitable changes, to find the hope and motivation to continue participating in life - on your terms.

You can nurture and strengthen it in yourself - even if you feel fragile, tired or overwhelmed today. Older people who develop their resilience are less likely to become depressed and more likely to retain their independence, curiosity about the world and desire to do things. They are able to look at their difficulties with

greater calm and understanding, accepting that every stage of life - including the present one - can be valuable.

Even if you are struggling with a chronic illness, you are entitled to wellbeing and emotional balance. Your strength lies in what you have lived through, in the wisdom you have accumulated, in the relationships you have built. Every step towards taking care of yourself - even the smallest one - is a step towards a fuller, calmer and more fulfilling life.

You are not alone. And you don't have to be alone - because resilience is also about being able to reach out for support and allowing yourself to be cared for by others.

It is worth noting that resilience is not a skill we possess from birth. It represents an ability to control ourselves, which each of us can learn. Despite the fact that we often have no control over the various difficult situations that confront us, we always have a say in how we try to deal with a situation. Sometimes this can be very difficult, but we always have a say in our own reaction and behaviour. It is our decision how we react. External circumstances do not have to influence us, they do not have to determine our behaviour. It is enough to know how to

function in the face of difficulties. We can learn to do this. We need an approach that strengthens mental resilience and helps us to remain relatively calm in difficult situations. There are simple techniques and strategies through which we can work on strengthening our mental resilience. We just need to remember that personal development is a lifelong process. There are no shortcuts, so don't expect spectacular results right at the start of the journey. Gradual and regular practice will make you more resilient to adversity and enjoy life to the full.

Everyone is characterised by a certain level of residuality, higher or lower, at different stages of their life.

The following questionnaire will allow you to check at which level your resilience currently stands.

Please rate the following statements on a scale from 0 to 5 (score 0 if you completely disagree with the statement, score 5 if you completely agree with it). When you have added up all the points, you will have a score on the basis of which you can see at which level your resilience is. The closer your score is to 100, the closer you are to building your resilience.

	HOW DO I SEE MYSELF?	ASSESSMENT:
1.	I consider myself a strong and confident person.	
2.	I like myself and think well of myself.	
3.	I function freely in everyday life - in and out of the home.	
4.	I make contacts easily and have no problems going out to people.	
5.	I usually have a good mood and don't lose it for trivial reasons.	
6.	External difficulties have an impact on how I perceive myself.	

7.	I deal well with negative emotions and can control them.	
8.	When the situation gets complicated I am able to remain calm.	
9.	I recover quite quickly from the experience of stress.	
10.	I'm quite a flexible person and if something doesn't go my way, I'm happy to change my attitude and look for other solutions.	
11.	I believe in myself, my skills and capabilities.	
12.	I accept situations beyond my control and do not agonise over them.	
13.	I don't give up quickly in the face of difficulties and try to continue with my plans.	
14.	I enjoy life and enjoy it.	
15.	I can distance myself from people who make me feel bad about myself.	
16.	I am an assertive person - I can say no.	
17.	I have dreams, I set myself goals and I look to the future with optimism.	

18.	I engage in activities that make me happy.	
19.	I don't have unhealthy habits.	
20.	I am able to ask for help and benefit from the support of others.	

Each sentence in the above questionnaire indicates a competence. It is useful to analyse them carefully one by one and think about which ones to start working on in order to strengthen resilience. A helpful exercise may be to try to observe and compare the signs of resilience in yourself and others. At the University of Maryland, it has been proven that practising resilience skills leads to their improvement.

It will also be good practice to revisit the above test regularly and do it anew every few months to be able to see the progress made and possibly revise your goals.

In conclusion, it is worth remembering that the real power of resilience lies primarily within you. You may not always feel it, but you have inner resources within you that, properly nurtured, can become your protective shield and help you cope with everyday life. The key is to notice these qualities and give yourself the space to let them develop.

Here they are:

- mental resilience - understood as the ability to cope with stress and adversity;
- flexibility - the ability to adapt to changing circumstances, to come to terms with what is beyond one's control and the ability to draw conclusions and learn from one's mistakes;
- optimism - a positive view of oneself and the surrounding world, which strengthens one's sense of self-esteem, satisfaction and contentment with life. It helps to maintain serenity, build healthy relationships with others and actively engage in social and cultural life;
- courage - which pushes us to act, even despite the risk of failure, and protects us from discouragement, resignation and stagnation, and allows for personal growth and development;
- self-control - the ability to control and regulate one's thoughts, emotions and behaviour, to master and limit negative reactions or inappropriate action under the influence of strong emotions.

All of these qualities together form the foundation of resilience - your personal strength that can accompany you every day. And while each of them requires a bit of work, it's worth taking the time to develop them. It's an investment in yourself - in your health, wellbeing, relationships and independence.

In the following sections of this script, you will find specific tips, exercises and reflections to help you strengthen your resilience step by step. Remember - it's never too late to take care of yourself.

1.2 The basics of mindfulness and its impact on mental health.

When working on developing resilience, we should seek a space where our mind can calm down, rest and “reboot”. The lifestyle that many of us lead nowadays is unfortunately not conducive to tranquillity.

We live in a time when the world is constantly rushing forward. We run with it, trying to keep up for fear of being left behind, where we are judged by others. We are constantly bombarded with too much information to

process and remember. We may not even be aware of it, but we are constantly stressed and overstimulated.

News programs are constantly filled with topics that disturb our peace of mind—war, politics, threats... We follow social media, compare ourselves to others, and still feel that our lives are dull, sad, and meaningless.

Perhaps we are still living in the past, picking at old wounds, or worrying about what the future will bring.

We dwell on it all, we live it, we occupy our thoughts with it, we torment ourselves, forgetting about ourselves in the process. We forget that our minds sometimes need calm, peace, and disconnection. We don't realize how much we need it. It is difficult for us to relax, which means that the level of stress in our bodies is constantly high, and stress can wreak havoc on the body.

One of the most popular and effective therapeutic techniques that comes to the rescue here is mindfulness, most often practiced through meditation and various forms of conscious action in everyday life.

Mindfulness (from mindfulness) is a state of mind in which we consciously focus our attention on the present moment - it is closely observing and noticing your thoughts, emotions and feelings in your own body, with calmness, acceptance and without judgement.

To live “mindfully” is to live in the present, to focus vigilantly on ourselves and the world around us. All that matters is the “here and now”, we are not preoccupied with dwelling on the past or worrying about the future.

Being mindful means being aware of everything that surrounds us at a given moment, i.e. sounds, smells, sights, vibrations, textures, as well as being aware of ourselves, our own feelings with all our senses, our emotions and thoughts. It is also awareness of our body – our breathing, any tension, pain, feelings of warmth or cold.

Mindfulness is a state in which we are fully aware of everything that is happening around us. Mindfulness training is a practice that requires conscious work on oneself, as well as regular exercise and repetition. Above all, it involves improving the ability to make conscious choices about what we focus our attention on, i.e., selecting our own thoughts.

To practice mindfulness, you need to regularly observe yourself (your body, emotions, and thoughts) and your surroundings. We observe ourselves from the "side," without judgment, with calmness, empathy, and understanding—as if we were looking at a friend whom we appreciate, deeply respect, and are ready to help. Treat yourself with respect and love, notice what concerns you, but do not judge, do not focus on mistakes or weaknesses, but show understanding and be able to forgive yourself.

Mindfulness techniques have been the subject of numerous scientific studies confirming their effectiveness. In 1979, Jon Kabat-Zinn (now known as the father of mindfulness in the West) founded the world's first Stress Reduction Clinic in Massachusetts, USA. It was there that the first mindfulness-based therapeutic program (Mindfulness-Based Stress Reduction) was developed, which showed enormous benefits in combating stress, reducing pain, treating sleep disorders, and significantly improving the overall well-being of patients. The results of their research have been confirmed by thousands of subsequent studies around the world.

Today, mindfulness also has many other proven benefits for a wide range of conditions and disorders:

- strengthens the immune system
- reduces inflammation in the body
- improves cardiovascular function
- lowers blood pressure.

The Polish Mindfulness Association lists a long list of diseases and ailments on its website mindfulness.com.pl for which mindfulness techniques have been shown to be effective. These include asthma, heart disease, diabetes, chronic pain, cancer, hypertension, digestive disorders, mood disorders, and stress and anxiety disorders.

In our everyday lives, regular mindfulness exercises strengthen our mental health by reducing the intensity of negative emotions, improving memory and concentration, helping us better understand ourselves and our emotions, improving our ability to cope with difficulties, and bringing about a calmer and more harmonious life.

According to many studies, mindfulness also has an impact on our relationships with other people. These exercises make us more sensitive to others. By noticing their emotions and needs, as well as knowing ourselves and our emotional state, we are able to improve our communication skills. Such effective communication skills can prevent or greatly reduce conflicts, help achieve compromises, strengthen relationships, and build trust and intimacy with other people.

1.3 Simple mindfulness exercises for daily practice.

To begin practicing mindfulness, it is a good idea to start with simple exercises lasting a few minutes. Devote some time to them every day, remembering that consistency is very important—without it, there will be no results.

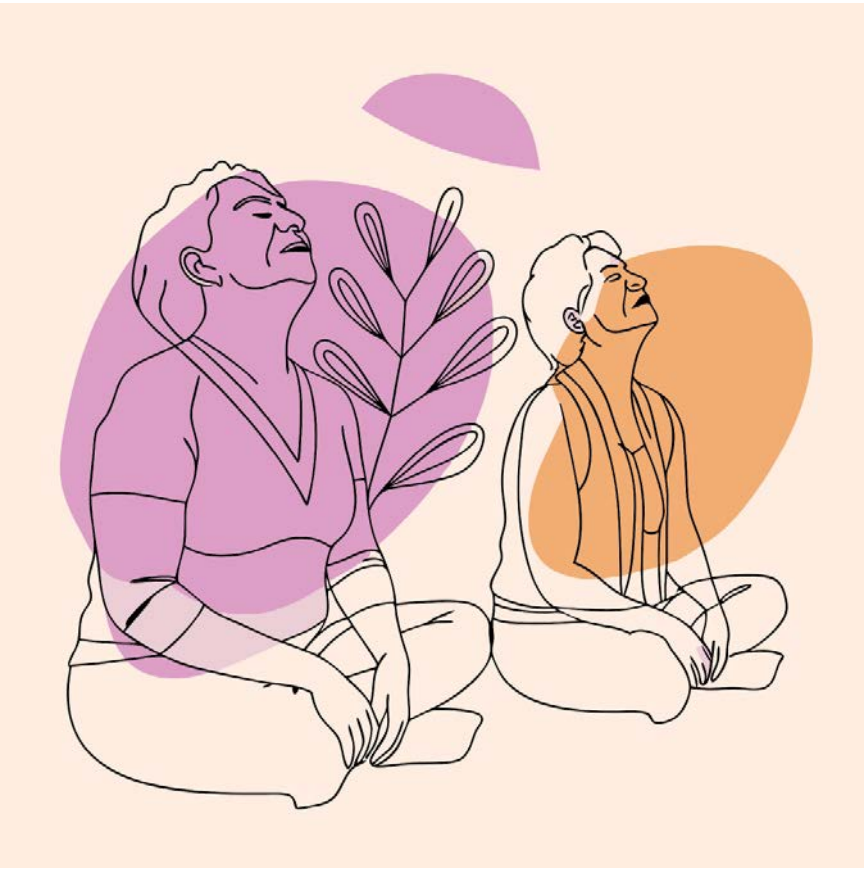
Mindfulness of breathing

Sit comfortably in a quiet and peaceful place, close your eyes, and focus your attention on your breathing. Breathe slowly, concentrating on each inhalation and exhalation. Feel the air flowing through your body, lifting your chest and abdomen as you inhale and allowing them to fall as you exhale.

At first, this exercise should last at least one minute, then gradually increase the time. It is natural that various thoughts will come to mind, causing distractions (these will become fewer over time). Notice these thoughts, accept them, and calmly return your focus to your breath.

Mindfulness of the body

Focus on your body right now. Notice any sensations that are happening in the present moment. It could be the experience of warmth or a breeze, the feeling of clothes on your own body, the feeling of muscle tension or the feeling of your feet pressing on the floor. Feel your own body. You can focus on different parts of it one by one, noticing more sensations.



Environmental awareness

- *Notice the sounds. Even when we are in silence, we are constantly surrounded by various sounds – birds singing outside the window, the sound of a car passing by, the rustling of trees, a cat purring or the hum of the refrigerator at home. These are sounds that we do not "hear" on a daily basis, we do not pay attention to them. Try to notice them, listen to them for a moment.*

- *Look around you. Focus your gaze on an object for a minute or two. It can be a carpet, a flower, a cloud outside the window, a sweater, wallpaper on the wall – anything within your field of vision. Look at it closely and intently. Notice the pattern, texture, shape, perhaps a stain or a flaw. Pay attention to the details.*

- *Smell it. Focus on your sense of smell. If you are outside, you may simply notice the smell of fresh air, grass, or flowers. If you are indoors, notice the smell of your perfume or dinner cooking.*

- *Touch. Pick up any object and focus your attention on it. Turn it in your fingers, rub it, try to squeeze it. Pay attention to its shape, size, weight, and texture. Is it smooth, rough, or slippery? Soft or hard? You can also*

close your eyes, as this will sharpen your sense of touch.

- *Focus on taste. Prepare something to eat, such as a meal or a small snack. Try to eat slowly, taking small bites. Before you swallow, savor the taste. Feel it, try to describe it—is it sweet, bitter, or sour? Can you detect any specific spices?*

Jon Kabat-Zinn introduced a raisin exercise in his MBSR program, which has become very popular in mindfulness training. It involves mindfully tasting a raisin and is interesting in that it engages all the senses—taste, sight, touch, smell, and even hearing. When performing this exercise, we behave as if we were seeing a raisin for the first time in our lives. Remember to perform all activities without rushing.

1. First, take a raisin in your hand and close your eyes. Explore it with your sense of touch, roll it in your hand, turn it around, squeeze it. Notice its texture and weight.

2. Smell the raisin. Can you smell it? Is the smell pleasant? Does it remind you of anything?

3. Bring the raisin to your ear and try to hear the sound it makes when you move your finger over it or squeeze it.

4. Open your eyes and look closely at the raisin. Notice its shape, color, whether it is shiny or wrinkled.

5. Put the raisin to your lips and slowly put it in your mouth. Before you bite it, explore the whole raisin with your tongue, move it around your palate, suck on it like candy. Can you taste it yet? What does it taste like? Sweet? Or maybe slightly sour?

6. Bite the raisin very slowly. Feel its hardness and texture with your teeth. Taste it. Has the taste changed? Or is it more noticeable?

7. Chew the raisin gently, focusing on the sensations. As you swallow, notice how it passes through your throat and esophagus.

This simple exercise with raisins, although it may seem trivial at first glance, is in fact an invitation to be mindful of the here and now – in full contact with your senses, your body, and the moment you are experiencing. It is not just about the raisin itself, but about learning to consciously pause and notice things that usually escape us. Eating mindfully teaches patience, focus, and deeper contact with everyday life, and thus with ourselves.

In a life where we perform many activities mechanically, out of habit, mindfulness training helps us regain agency, pleasure, and balance. Eating less automatically can also have positive health effects—not only for the digestive system, but also for overall well-being. It's not about making every meal a ceremony, but about pausing from time to time and really feeling that we are present. Mindfulness in everyday activities such as eating can be the first step towards a more mindful and peaceful life.

1.4 Tips for integrating mindfulness into your daily routine.

Introducing mindfulness into your daily routine may seem like a big challenge, difficult and time-consuming. However, there are methods that will make this practice quick and easy.

The key is to remind yourself to practice mindfulness as often as possible, so that it becomes part of your normal daily activities.

Daily mindfulness practice does not require a lifestyle revolution or special conditions. On the contrary, its strength lies in its simplicity and the ability to weave it into your normal, everyday activities. All it takes is a

little mindful attitude and a willingness to look at the familiar in a different way.

You can start your day with a moment of silence – a short meditation in the morning, before reaching for your phone or turning on the radio. Such a moment of focus, concentration on your breath or inner affirmation can set the tone for the whole day. Eating mindfully, accompanying yourself in the experience of taste, smell, and texture, not only allows you to digest better, but also to appreciate the simple act of feeding your body and soul. During a walk, you can practice mindful walking – without planning your next tasks, but with curiosity about what is happening here and now: birds singing, leaves rustling, the coolness of the morning air.

It is also worth stopping for a moment during the day. Instead of automatically reaching for your phone during a break, it is better to listen to your breathing, stretch your body, or simply be in peace. Such a short moment of reset can significantly reduce stress and tension.

Mindfulness can also be introduced into relationships – in conversations with other people, by focusing fully on what they are saying, how they are saying it, and how they feel. By listening without judging, without rushing,

without the immediate need to respond, we build deeper and more authentic relationships.

Moments of waiting – for a bus, in a queue, or while cooking – instead of filling them with impatiently checking your messages, can be spent observing your surroundings, your mood, or the rhythm of your breathing. In the evening, it is worth taking a moment to reflect – writing a few sentences in a journal, summarizing the day, noticing at least one thing that made us happy can have a beneficial effect on sleep and regeneration.

Mindfulness can also accompany ordinary, routine activities such as washing dishes, watering flowers, or taking a bath. All you need to do is gently shift your attention to your senses: the temperature of the water, the smell of soap, the movement of your hands. In this way, even the simplest activities take on depth and meaning.

Although it may seem like small things at first, over time they add up to measurable results: greater emotional balance, improved concentration, better well-being, and deeper relationships. Practicing mindfulness is a process – you don't have to be perfect at it. All you need to do is return to yourself with patience, kindness, and openness.

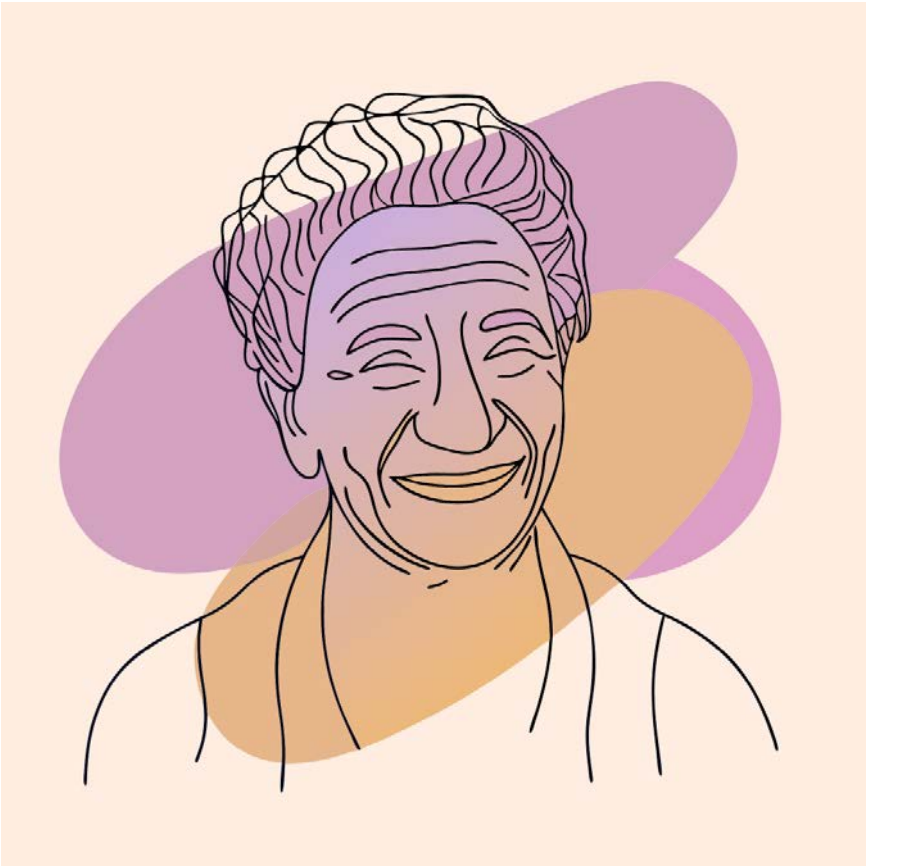
Because every moment of mindfulness, even the smallest, is a step towards greater peace, presence, and meaning in everyday life.

Chapter 2 - 'Techniques for building mental toughness'.

2.1 What is positive thinking and how to develop this skill.

Positive thinking has a huge impact on our lives. The way we perceive ourselves and the world around us largely determines our mood, attitude towards life, relationships with other people and, above all, our actions. If we are overwhelmed by negative thoughts, we cannot expect to have a good, active day and spend it in a pleasant atmosphere.

Positive thinking is "an optimistic attitude toward problems that need to be solved, belief in one's own abilities." In general, it is maintaining a cheerful disposition despite difficulties, not



giving in to adversity, but courageously facing it. It is the belief that "to want is to be able."

Positive thinkers believe in themselves, which allows them to seek solutions creatively, respond appropriately to change, act courageously, and not be paralyzed by anxiety, stress, or fear. They react more calmly to stressful situations, which allows them to act more effectively.

Research shows that positive thinking also affects our health, protecting us from excessive stress and all its negative effects. Optimists are less prone to heart disease, depression and even cancer! They are usually more energetic and lead healthier and more active lifestyles.

The ability to think positively is the key to maintaining self-satisfaction and achieving happiness and fulfillment in life. Even if you are a pessimist by nature and find it difficult to infect others with your smile on a daily basis, you can learn this skill. At first, it requires some effort, mindfulness, and consistency, but the effort you put into learning to control your thoughts will eventually become a habit, and positive thoughts will start to come naturally. It is definitely worth the effort.

Where to start?

First, it is worth realizing that even though tens of thousands of different thoughts pass through our minds every day, we only have access to one of them at a given moment. Unlike actions, where we can perform several activities at the same time, we can only think about one thing at a time. This thought can determine how we feel, influence our level of motivation and whether we take action or not. This thought can inspire us, make us smile,

make us feel good, but it can also discourage, worry or upset us. It is worth taking care of this thought, guiding it, and being mindful. It is important to distinguish between thoughts that serve us and those that can be toxic to us. Make conscious decisions about your thoughts and don't let them control you.

In positive thinking training, we try to focus on the positive aspects and counteract negative thoughts. By doing simple exercises every day, you will be able to control your thoughts better and make positive changes in your life.

- Good habits. To start with, it's a good idea to introduce a habit into your daily routine that will put you in a good mood first thing in the morning. This can be something different for everyone – for example, meditation, a morning walk, a quiet cup of tea, playing with your pet, or listening to good music. This will help you start the day off right.

- Try to be constantly aware of your thoughts. Notice them and observe how they affect your well-being. If you recognize a negative thought, don't let it wander unchecked. It's best to block it right away and try to replace it with a positive one. Of course, you shouldn't

go overboard. Life is not a utopia, and negative emotions are often important and necessary. You need to use common sense and moderation. If we feel bad, we shouldn't put on a mask and pretend that everything is great. Negative thoughts should be blocked when they are toxic and do not bring anything positive or necessary, but only hold you back, lower your mood, overwhelm you, and stop you from acting. It is important to be able to distinguish between them.

- Practice gratitude! Often, when we are weighed down by the hardships of everyday life, we don't notice how many things we should be grateful for. For example, instead of complaining that we have to clean up, we could enjoy the fact that we are able to do so! For the fact that we can safely go for a walk or visit someone. Not everyone has this opportunity. Someone who has been lying in a hospital bed for some time would give a lot to be able to cook a simple dinner or even take a shower. There is always something positive in everyone's life, but the problem is that we are not attentive enough to notice it. Let's try to look for such things, even small ones, in our everyday lives. This helps us build a habit of focusing on the positive aspects of our lives and noticing that things are not as

bad as we thought. Instead of complaining, let's be grateful!

It is a good practice to keep a Gratitude Journal, where you can write down everything you are grateful for (it is usually suggested to find three such things or situations every day). These can be small things, such as a tasty breakfast, sunny weather, or a smile. You will have something to look back on in difficult times. Practicing gratitude is a simple but powerful practice that can enrich our lives.

- Look for the positive side even in difficult situations. Are you stuck in traffic in the rain? Be glad you have a car and you're not getting wet! Instead of focusing on the problem, calmly think about what you can gain from the situation. Even if nothing good comes of it, accept it, don't dwell on it endlessly, just learn from it and accept it as a lesson for the future.

- Take care of your well-being – try to reduce your stress levels to a minimum, limit the time you spend watching news programs, reading unpleasant articles, being around “difficult” people, etc. Consciously decide how you want to spend your time and to whom you want to devote your attention.

- Practice acceptance – above all, learn to accept yourself and your situation, but also your surroundings. Treat yourself as your best friend, think and speak well of yourself. Do not judge or criticize. Everyone has weaknesses, everyone makes mistakes. Be understanding towards yourself. Both towards yourself and others – cultivate an attitude of non-judgment, patience, acceptance, and letting go of yourself and others.

- Use affirmations. This involves repeating positive statements to yourself throughout the day about your perception of yourself, other people, and the world. Say to yourself: “It's going to be a good day,” “I can do it,” “I am grateful for who I am,” “I deserve love and respect,” “I have everything I need to be happy,” etc. These types of thoughts help us calm down, motivate us to take action, strengthen our self-esteem, and improve our relationships with other people. They teach us to think positively and constructively. Affirmations work on our subconscious, which in turn guides our behavior and decisions.

- Practice meditation (e.g., mindfulness) – it helps slow down and calm the mind. It allows you to relax and

focus on positive thinking. Even a few minutes each day is enough.

- Be physically active – exercise (preferably outdoors) is invaluable for both physical and mental health. A well-oxygenated brain works better, which contributes to better concentration, but also copes better with alleviating disorders such as anxiety or depression.

- Find time for yourself – to rest, develop, discover a new passion. Look for activities that will improve your mood. Spending time this way gives you a sense of fulfillment and puts you in a positive frame of mind.

You may be familiar with the parable of the two wolves that live within each of us – one good, gentle, and loving, and the other angry, envious, and fearful. The key is which one you feed more often, because that is the wolf that will grow within you.

Practice positive thinking every day and don't get discouraged if things don't always work out, especially in the beginning. If you haven't been an optimist so far, it may be difficult. In that case, use the small steps method. Even if the progress is slight, if it is repeated every day, you will still be on the road to success. After all, Rome wasn't built in a day!

2.2 Methods of coping with stress and anxiety

Stress is a natural, physiological defense reaction of the body to various stimuli that it perceives as a threat. It is not always a bad thing. Under stress, our body begins to release stress hormones, such as cortisol and adrenaline, which stimulate us to act, improve our physical and mental abilities at that moment, and thus help us cope with challenges. The problem arises when these hormones are secreted in excess and over a long period of time. This condition can disrupt the functioning of the body and lead to its weakening.

Anxiety, on the other hand, is a fear of a threat that we expect but which does not currently exist. It is often a reaction to stress and uncertainty. It is also a natural, albeit unpleasant, response of our body. Occasional anxiety should not be a cause for concern, but excessive anxiety is recognized as a disorder, especially if it is unjustified or disproportionately strong.

We almost always perceive stress and anxiety as difficult and undesirable emotions. When experienced in excess and over a long period of time, they can limit us, paralyze us, and even lead to various health problems. It is

important to know how to deal with them, how to eliminate them, or at least reduce them.

There are various effective techniques for coping with stress and anxiety that will help you calm down and return to a state of balance. Most of them can be grouped into three general categories:

I. Positive thinking and mindfulness practice (mindfulness – discussed in more detail in previous chapters) – changing your perspective and focusing your attention on the present moment allows you to break out of destructive patterns of thinking and behavior, distract your mind from anxious obsessions, help you regain balance, and cope more effectively with difficulties.

II. Relaxation techniques that reduce anxiety and physical tension, e.g. breathing exercises, physical exercises, meditation, relaxing massages, music therapy, acupressure.

III. Display techniques – used in specialist clinics – based on gradually accustoming the patient to situations that cause stress or anxiety.

So what can you do when you feel intense stress or anxiety?

- Diagnosis. First, it is important to diagnose the problem. Stop, sit quietly and think – what is the threat and is your reaction really appropriate? Give yourself time and try to "switch off your emotions." It is a good idea to write down your conclusions on a piece of paper. Often, just looking at the issue and putting your scattered and restless thoughts down on paper makes you calmer and gives you a more complete and accurate picture of the problem. This may reveal that the reality is not as bad or difficult as you thought, and your previous fears will lose their power.

- Relaxation. Try to relax your body. Stressful situations cause our muscles to tense up unconsciously—tight neck and shoulder muscles, clenched fists, a clenched jaw, etc. A massage, a warm bath, physical activity, a walk, meditation, and breathing exercises can help. It is also worth trying to distract yourself from troubling thoughts, even if only for a moment, by listening to music, reading a good book, or watching a movie. Thanks to this moment of respite, when the strongest emotions have subsided, it will be easier to return to

the difficult topic and look for a way out of the situation.

- Talk. It is also good to share your concerns with someone – a trusted outsider will be able to look at your problem without emotion, giving them a broader perspective on the situation and helping you find a solution calmly.

If situations in which we feel fear or anxiety occur frequently or are chronic, then it is even more important to work regularly on strengthening our mental resilience, placing great emphasis on a healthy lifestyle and regular training in positive thinking. A properly prepared and "hardened" body will definitely cope better in times of crisis and will be able to return to a state of harmony and balance more quickly.

Another helpful step in reducing stress and anxiety is to limit chaos in your life. If you feel stressed, try to organize your daily life, introduce a routine, and establish regular activities. Unfinished tasks, overdue responsibilities, and mounting problems can weigh heavily on our emotional state. Set priorities and learn effective time management. Plan the tasks you want to complete in advance and systematically follow your plan,

avoiding any distractions. Break large projects down into smaller parts and complete them slowly but consistently. All this brings a sense of relief and progress, helping to restore order and harmony by limiting the rush of changes and uncontrollable situations that further fuel stress and uncertainty.

Another fairly common trigger of tension and stress in everyday life is a lack of assertiveness. People who have not developed assertiveness are unable to express their feelings, needs, or opinions boldly and openly. They are unable to defend their rights and boundaries, and cannot communicate effectively and satisfactorily with other people. Through their behavior, these people may become submissive, which will severely damage their self-esteem, or they may replace assertiveness with aggression, which in turn will destroy their relationships with other people. All this causes frustration and anger to build up inside them, and in the long run, alienation, hopelessness, and stress join in. That is why it is so important to practice being assertive. How can you achieve this? To be assertive, you first need to know what you want and what is important to you. Then communicate this to others boldly. Do so in a calm and balanced manner, avoiding any aggression. Don't let

others ignore your needs or cross your boundaries. Don't hide it if they hurt your feelings. Speak openly about what hurts you. You have the right to express yourself and to expect others to take you into account. Practice assertiveness so that you can take care of your own needs and not let yourself be taken advantage of.

When trying to reduce tension and stress in everyday life, it is also important to practice accepting things that cannot be changed. The sooner we accept the truth that there are events beyond our control, the better. In a hopeless situation, the only thing we can do is come to terms with the way things are. We cannot control everything, and there is no point in fighting it. In some situations, you just have to let go and stop tormenting yourself.

Taking care of your inner peace also means being careful in your relationships with other people. Try to surround yourself with kind and trustworthy people who will be able to understand, listen to, and support you. Avoid people with whom you find it difficult to communicate, with whom you do not feel comfortable, and who weigh on your emotional state.

2.3 The importance of physical activity in building immunity

We will talk about the impact of physical activity on mental health with Mr. Zbigniew Butkiewicz, a former Polish junior wrestling champion and current president of the UKS ZIUKI Sulejówek Student Sports Club. Mr. Zbigniew has many years of experience in health prevention, with a particular focus on the needs of older people. From 1992 to 2009, he ran his own practice, "Halsa" Brommaplan, in Stockholm. After returning to Poland, he has been actively cooperating with the University School of Physical Education in Warsaw.

- *How can physical activity affect the mental health of seniors?*

Physical activity has a positive effect on the mental health of seniors by reducing stress and tension, improving mood, and stimulating the release of endorphins, which are natural “happiness hormones.” Exercise also helps maintain greater independence, which boosts self-esteem and self-confidence. Regular exercise can also reduce the risk of depression and anxiety.

- *What is the importance of regular physical activity in preventive healthcare for older people?*

Regular physical activity is crucial for maintaining good health in older people. It helps control weight, improves circulation, strengthens muscles and joints, which reduces the risk of falls and injuries. In addition, it supports mental fitness and prevents the development of chronic diseases such as diabetes and heart disease.

- *Are there specific forms of exercise that are more beneficial for the mental health of older people?*

Yes, relaxation exercises such as yoga, Pilates, and tai chi, which combine movement with breath control and concentration, are particularly beneficial. They help reduce stress, improve balance and coordination, and promote flexibility.

Group exercises can also be helpful because they encourage social interaction.

- *What benefits have you noticed in your older patients who regularly engage in physical activity?*

Most often, I see an improvement in mood and greater involvement in everyday life. People who exercise regularly are more energetic, have better motor coordination, and report fewer problems with muscle and joint pain. They also often emphasize that they feel less

stressed and better able to cope with everyday challenges.

- *Do you think that preventive healthcare through sport can counteract depression and anxiety in seniors?*

Definitely yes. Physical activity helps maintain emotional balance and reduce anxiety. Sport increases endorphin levels, which have an antidepressant effect. In addition, regular exercise allows seniors to maintain an active lifestyle, which prevents social isolation—one of the causes of depression.

- *Is physical activity also a good solution in the early stages of depression?*

Yes, physical activity can be very helpful in treating early stages of depression. Exercise, especially outdoors, has a therapeutic effect, improves circulation, which has a positive impact on brain function and mood. Of course, the intensity of exercise should be adjusted to the patient's health condition and in consultation with a doctor.

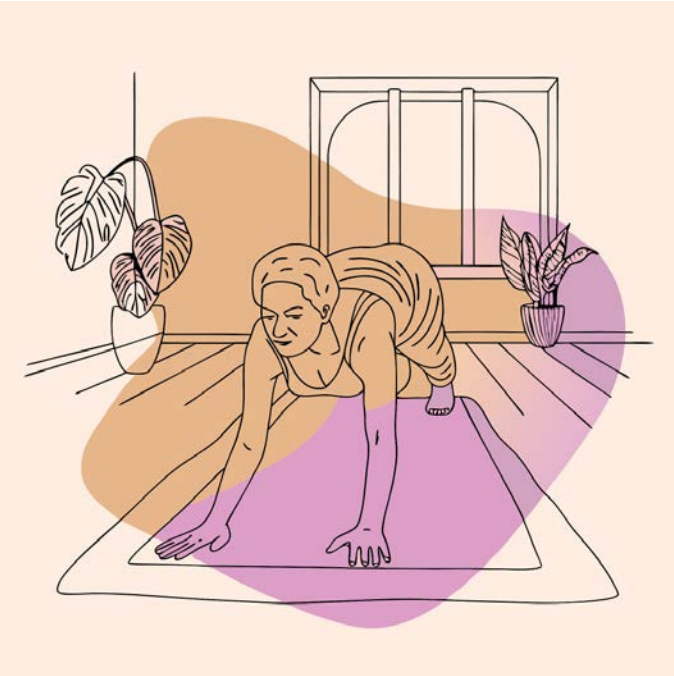
- *What are the most common barriers that seniors encounter when they want to incorporate physical*

activity into their lives? How can these barriers be overcome?

Common barriers include fear of injury, lack of motivation, and health problems that make movement difficult. Overcoming these barriers may involve adapting exercises to the senior's abilities, starting with light activity, and regularly encouraging participation in sports groups. Support from family and coaches also plays an important role.

- *What other elements of preventive healthcare, apart from physical activity, do you consider crucial for maintaining good mental health in older people?*

A proper diet, regular sleep, and social activity are also important. Maintaining contact with family and friends, participating in cultural events or support groups is crucial for the mental health of seniors.



2.4 Music, hobbies, forests - their impact on the mental health of older people

In the previous pages of this publication, we have tried to show that sarcasm does not necessarily mean withdrawal from life, loss of energy or passivity – on the contrary, it can be a period of actively searching for meaning, connecting with emotions and developing personal potential. Various forms of non-medical interventions play a key role in this process,

strengthening mental resilience, improving mood, and giving a sense of agency. In this short chapter, we will look at three particularly effective and valued methods: music therapy, forest therapy, and the broad development of hobbies.

- **Music** – present in human life for thousands of years – carries emotions, memories and power that can move, relax, stimulate and heal. Its therapeutic application, known as music therapy, is widely used in working with seniors, supporting them on an emotional, cognitive and social level. Sounds and rhythms can alleviate anxiety, help reduce symptoms of depression, stimulate memory, and strengthen a sense of identity.

- **Forest therapy** – is based on the power of nature and closeness to nature. Contact with the forest has a calming effect, reduces stress and tension, promotes concentration, regeneration and the restoration of mental balance. Practicing mindful walks among trees is not only a form of relaxation, but also an effective therapeutic method that can be successfully incorporated into the daily care of the health and well-being of older people. Importantly, forest therapy can also be practiced at home – the symbol of this practice has become the so-called “forest in a jar,” a plant

composition enclosed in a glass container. Such a miniature forest, cultivated in one's own home, reminds us of the rhythm of nature, promotes calmness, and builds daily, albeit symbolic, contact with nature. For many seniors, it can be an accessible and inspiring way to commune with nature – even without leaving home.

- In turn, activities undertaken out of passion and interest are extremely important for maintaining mental health at any age. In late adulthood, they not only allow for creative leisure time, but also help maintain mental activity, develop skills, and boost self-esteem. Passions counterbalance monotony and loneliness, foster relationships, and allow us to experience everyday life with greater engagement and joy.

Although each of these methods works on different levels and engages different senses and needs, they all have one thing in common: the supportive power of experience, activity, and conscious contact—with sound, with passion, and with nature. This chapter shows that caring for the mental and emotional needs of seniors can – and should – be based not only on medical interventions, but also on warm, meaningful, and joyful activities that

integrate people with themselves and the world around them.

Music therapy in the everyday life of seniors - effective emotional and cognitive support

Since the dawn of time, music has accompanied humans in the most important moments of their lives – from birth to death, in moments of joy, reflection, prayer, and rebellion. Regardless of location, culture, language, or social status, music is present in everyday life, serving as a form of emotional expression, a means of communication, and a way of building community. Nowadays, with the development of human sciences, music has also gained recognition as a fully-fledged therapeutic tool, successfully used in working with children, young people, adults, and the elderly.

In the context of an aging population, there is a growing demand for alternative or supportive methods of health and psychological care that not only alleviate the symptoms of chronic diseases but also improve quality of life and everyday functioning. One such method is music therapy – the conscious, planned, and purposeful use of music for health and psychosocial purposes. Music therapy has enormous potential for seniors, not only in

treatment but also in supporting mental, emotional, and cognitive well-being on a daily basis.

What exactly is music therapy?

Music therapy is a form of therapy that uses music – both passive reception (listening) and active participation (singing, playing instruments, composing) – as a tool to influence a person's mental, emotional, and physical state. Depending on the needs and abilities of the participant, it can be:

- receptive (passive) – mainly involves listening to music selected by the therapist;
- active – includes, for example, singing, playing simple instruments, rhythm, improvisation;
- integrative – combining music with movement, visual arts, storytelling or social activities.

It is worth noting that music therapy does not require any prior musical skills from participants. Anyone can benefit from it, regardless of age, education, or ability.

Why does music work? What does science say about it?

From a neuropsychological point of view, music affects many structures of the brain simultaneously. It activates not only the auditory centers, but also those responsible for emotions, memory, movement, and speech. Music affects, among other things:

- release of neurotransmitters – e.g. serotonin, dopamine, endorphins;
- lowering of cortisol (stress hormone) levels;
- synchronization of the brain hemispheres;
- activation of autobiographical memories;
- improved concentration and attention;
- regulation of breathing and heart rate.

Studies involving older people show that regular music therapy practices:

- reduce symptoms of depression and anxiety,
- improve sleep quality,
- reduce feelings of loneliness,

- have a positive effect on memory and orientation,
- support rehabilitation after strokes and neurological diseases,
- strengthen motivation to act and social relationships

The benefits of music therapy for seniors – in various aspects of life

1. Emotional and mental

- reducing feelings of sadness, regret, and apathy,

- improving mood and energy levels,
- regaining a sense of purpose,
- reducing nervous tension and stress levels.

2. Cognitive and neurological

- stimulation of long-term and working memory,
- improvement of attention and concentration,
- assistance with temporal and spatial orientation,
- activation of linguistic and verbal functions.

3. Social and relational

- building bonds and relationships with others,
- reducing social isolation,
- increasing openness to contact with the environment,
- sharing emotions and experiences.

4. Physical and motor skills

- improved motor coordination (e.g. through dance, rhythm),

- regulation of breathing and heart rate,
- support for neurological and orthopedic rehabilitation.

How can seniors start their adventure with music therapy?

Contrary to appearances, music therapy does not require specialized equipment or musical training. The mere presence of music in your everyday environment can have a supportive effect. Here are some simple and proven ways to incorporate music therapy into your day:

1. Listening to music consciously – not in the background, but as a ritual

Daily music listening sessions, even as short as 15–20 minutes, can have significant therapeutic effects. It is best to choose calm, familiar songs that you associate with positive emotions, then sit in a comfortable place, close your eyes, and focus solely on the sounds.

Tip:

Start a “music journal” and write down what music you chose each day and what emotions it evoked. After a few weeks, you will notice which songs have the most beneficial effect on you.

2. Create your own playlists – music for every mood

Create several separate playlists (on your phone or computer) tailored to your emotions or needs: e.g., “For sadness,” “For energy,” “For relaxation,” “From my youth,” “For morning coffee.” When you feel down or agitated, you will have your “musical medicine” ready.

Helpful categories:

- classical music (e.g., Chopin, Debussy, Bach – to calm down),
- songs from your youth (often trigger autobiographical memories),
- folk or festive music (to improve mood and group activity),
- instrumental music with nature (e.g., birdsong, forest sounds with relaxing music).

3. Listening to music together and talking about it

Music is a great excuse to socialize. Just invite your neighbors, family, or friends over and listen to well-known hits together, sing along, or reminisce about

stories related to the songs. You can also start a home "music memory club."

Example:

Listen to a selected song together, then ask, "Where were you when you first heard this?" This stimulates memory, opens people up to others, and improves mood.

4. Singing – even when you "can't carry a tune"

Singing is the most natural form of musical expression. It activates the entire body: breathing, resonators, emotions, and memory. You don't have to sing beautifully – just sing from the heart.

You can do this:

- alone at home (e.g. during everyday activities),
- while cleaning or cooking,
- with loved ones – e.g. together with a grandchild,
- using online karaoke.

Benefits:

Singing deeply oxygenates the body, improves the functioning of the diaphragm and heart, stimulates the

brain, and above all, improves mood and promotes integration.

5. Music in motion – dance, rhythm, moving to music

You don't have to be a dancer to move to music! Simple steps to the rhythm of your favorite tune, clapping, tapping your fingers, swaying in your chair – all of these activate your body and senses. Turn on your favorite song and give it a try:

- clap to the beat,
- stomp your feet or tap your hands to the beat,
- nod or dance in place,
- make gentle movements with your arms or hands to the beat of the music.

It is also a form of exercise, accessible even to people with limited mobility.

Home music therapy – how to create your own space at no cost

You don't need a special room, expensive equipment or unique skills to create a welcoming space in your home for daily interaction with music!

Here are a few simple tips:

1. Create your own “music corner”

All you need is a comfortable chair, a shelf with CDs or a radio, a small notebook, and something to write with—this can be your personal place to listen, sing, and experience music.

Useful items:

- headphones or small speakers,
- a notebook for writing down your emotions or memories (a so-called “music journal”),
- a pillow or blanket if you want to lie down and listen in a relaxed position,
- a scented candle, soft lighting – to create the right mood.

2. Your own instruments – home percussion and more

You don't need a piano to make music. Simple percussion instruments are easy to make yourself or very cheap to buy:

Home instrument	How to perform/ simulate	Therapeutic effect
Rattle	Water bottle with peas	Motor coordination, rhythm
Drum	Tea box + spoons	Voltage regulation, emotional release
Bells/harps	Old metal spoons	Rhythm, hand exercises
Tambourine	Decorative plate with lid	Developing hearing and coordination

You can use all these items to create your own rhythms – alone or with others. Playing together is a great way to bond and have fun.

3. Daily plan with music – example “music therapy schedule”

Time	Activity	Description
8:00	Wake up to music	A quiet melody, e.g., a flute or nature sounds. A good mood from the morning.

10:00	A walk with your favorite playlist	Through headphones or a small speaker – a rhythmic march to music.
13:00	Relaxation break	Listening to classical or instrumental music after dinner.
15:00	Singing well-known songs	It can be with lyrics or karaoke – for speech, memory, and breathing development.
18:00	Rhythmic improvisation	Knocking, clapping, playing homemade instruments.
21:00	Evening calm	Meditative music, nature sounds – preparation for sleep.

The plan can of course be modified – the important thing is that music is present regularly, but not intrusively. It is not about quantity, but about the quality of contact with sound.

4. Online music therapy – free and accessible resources

For seniors who have access to the internet (either independently or with the help of loved ones), a huge world of possibilities opens up:

- YouTube – thousands of free therapeutic recordings, e.g., “relaxation music for seniors,” “music therapy for people with dementia,” “Polish songs from the 1960s.”
- Spotify / Tidal / Apple Music – if you have an account, you can create your own playlists and listen without ads.
- Internet radio stations – e.g. Radio Pogoda, Radio Złote Przeboje – offer programs with old hits.
- Facebook groups or thematic forums – many seniors share their musical discoveries there and even organize online meetings.

Professional music therapy – what does it look like and where can you find it?

Although music therapy can be successfully practiced independently at home, in many cases, sessions led by qualified music therapists are also extremely valuable, which is particularly helpful for people with neurological diseases, depression, anxiety, aphasia, or advanced dementia.

1. What does an individual session with a music therapist look like?

Individual sessions are tailored to the specific needs of the participant. After a short interview or observation, the therapist selects the methods of work: these may include listening to specific music, singing, rhythmization, playing simple instruments, and even improvisation.

A typical session:

- Welcome – a musical gesture, song, or greeting using an instrument;
- Main part – e.g., working with emotions through music, rhythms, or songs from the past;
- Cognitive exercises – recognizing melodies, filling in lyrics, rhythmic repetitions;
- Conclusion – calm music, relaxation, discussion of emotions that arose.

2. Group sessions – music as a tool for integration

A great advantage of group music therapy is the shared experience of emotions, building bonds and social contact. It is easier to open up in a group, and singing or playing together brings joy and motivation.

Typical group activities:

- singing well-known songs from the 60s, 70s, and 80s,
- playing simple instruments together,
- creating stories inspired by sounds,
- music and movement games adapted to the participants' abilities,
- seated dancing, rhythmic gestures, making music together,
- working with song lyrics – discussing their meaning.

In group sessions, a sense of community is very important – participants feel needed, heard, and noticed.

3. Where can you find music therapy in Poland?

- Social welfare homes – many of them have full-time music therapists or work with cultural animators.
- Day care centers and senior clubs – organize music classes, choirs, memory workshops.
- Third Age Universities – often offer choir classes or courses with elements of music therapy.
- Cultural centers, libraries, senior foundations – implement music projects with funding.

- Neurological rehabilitation – private and public centers offer specialized programs using music.
- Home therapy – you can arrange individual sessions at home with a certified music therapist.
- The website of the Polish Association of Music Therapists (https://arteterapia.pl/polskie-stowarzyszenie-muzykoterapeutow/) has an up-to-date list of therapists from different regions of the country.

4. The power of memories – music as a vehicle for memory

For older people, songs from their youth are extremely important. Sounds and words remembered 40–50 years earlier can open the door to memories, even when everyday memory fails.

How to work with musical memory:

- Create a playlist of songs that were popular when you were young (e.g., the 1950s–1970s).
- Next to each song, write down a memory – "What was I listening to back then?", "Who sang this song in my house?", "How did I feel when I first heard it?"

- Play these songs regularly to reinforce the memories and emotions associated with them.
- For people with dementia, music can restore contact with the past, help identify their own history, and even restore speech in times of difficulty.

Music as a meeting place – ideas for interpersonal activities

Music therapy is not only an individual practice – it is also an excellent tool for building relationships, community, and intergenerational understanding. Singing, listening to music, reminiscing about songs from the past, or making music in a group – all of these activities help to create a space full of closeness and mutual respect.

1. Themed music meetings – how to organize them?

Organizing a small music event does not have to involve any costs. All you need is an idea, a few people willing to participate, and a little enthusiasm. Meetings can take place in homes, community centers, libraries, senior clubs, or even on a park bench.

Suggested topics for meetings:

- “Songs of our childhood” – songs listened to at home, sung in kindergarten and at summer camps.
- “Songs from the Polish People's Republic” – songs from the 1960s, 1970s and 1980s; can be combined with anecdotes and memories.
- “Songs about love” – romantic, nostalgic, funny. You can read excerpts from the lyrics and talk about old feelings.
- “Music from travels” – melodies associated with vacations, other cultures, trips.
- “Christmas carols and traditional songs” – singing together on holidays or anniversaries.
- “An evening with vinyl” – listening to music from vinyl records or cassettes, if anyone has them.
- “Film music” – recognizing songs from cult films (e.g., “Noce i dnie,” “Czterej pancerni i pies,” “Sami swoi”).

What to prepare?

- a few printed song lyrics,
- a music player,
- drinks and snacks (optional),
- space to talk and share memories.

Well-organized meetings build bonds, reduce feelings of loneliness, and strengthen autobiographical memory.

2. Music in intergenerational relationships – how to get grandchildren and children involved?

Music is one of the easiest and most beautiful bridges between generations. Grandchildren often listen to something completely different from their grandparents – but this can be a starting point for getting to know each other.

Ideas for intergenerational activities:

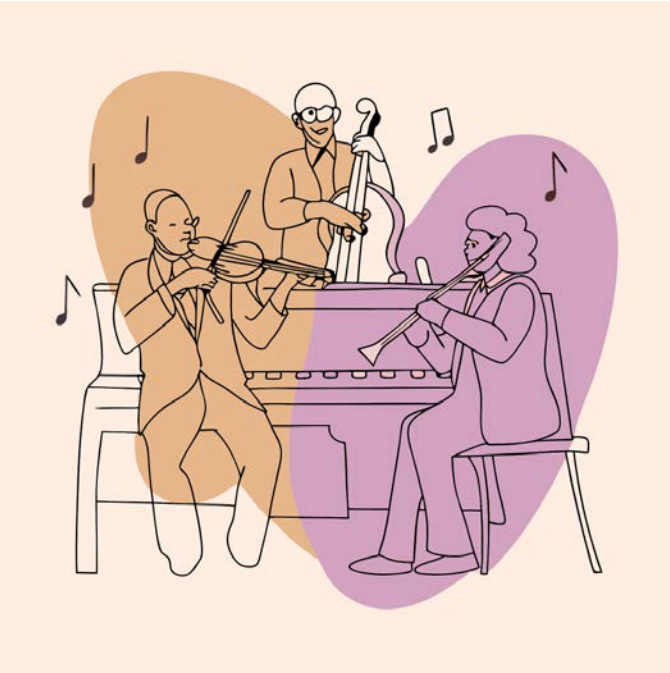
- Playlist exchange: your grandchild creates a list of their 10 favorite songs, and you do the same – then you listen to them together and talk about why you chose those songs.

- Singing well-known hits together – children can learn them and seniors can remember them.
- Recording your own “concerts”: the grandchild accompanies, the grandmother sings, they record the performance on their phone and send it to the family – it's fun and also exercises memory and speech.
- Creating a “musical family tree” together: each family member writes down their favorite songs, creating a chronicle of tastes, emotions, and memories.

Thanks to joint activities, seniors feel needed and heard, while the younger generation learns about family history in a natural and intimate way.

3. How to run a small music group on your own – a guide for seniors

If you have even a little bit of initiative and want to share the joy of music with others, there is nothing stopping you from running a small music group on your own (or with the help of an instructor).



What can such a group do?

- Sing well-known songs together.
- Improvisation rhythmically – on household instruments or those purchased for a few dollars.
- Select a theme for the gathering and choose music to suit the mood or occasion.
- Compose your own songs (e.g., rhymes to familiar melodies).
- Listen to music together and discuss memories.

Required items:

- a place (hall, common room, apartment, garden),
- simple materials: song lyrics, instruments, sound system (even a Bluetooth speaker),
- a leader or facilitator (this could be a senior citizen themselves!),
- good energy and openness to shared experiences.

Summary – why is it worth introducing music therapy into the daily life of seniors?

Music therapy is a safe, accessible, and enjoyable method of supporting the mental, physical, and social health of older people. Its power does not lie in spectacular effects, but in its gentle, everyday presence – in sounds that evoke emotions, memories, and hope. You don't have to be a musician to enjoy the benefits of music. All you need to do is listen attentively, share with others, and be open to the sounds and rhythms of your own life.

Benefits of music therapy for seniors:

- stress and tension reduction,
- improved mood and motivation,

- stimulation of memory and cognitive functions,
- improved sleep quality and daily rhythm,
- building bonds and social contacts,
- increased sense of purpose and belonging,
- stimulation of movement, breathing, and emotional expression.

Checklist: how to start your own music therapy

- Choose a time of day when you have some time to yourself (e.g., in the morning or evening).
- Find a quiet place—comfortable, noise-free, with access to music.
- Create your first “emotion playlist” – a few songs that evoke positive memories or calm you down.
- Decide whether you want to just listen, sing along, or move to the music.
- Share the experience – invite your loved ones to sing, listen, or tell musical stories together.

Lasotherapy - the healing power of trees and silence

What is forest therapy?

Forest therapy, also known as forest bathing (from Japanese shinrin-yoku), is a conscious practice of immersing oneself in the atmosphere of a forest to improve physical and mental health. It is not about active walking or recreational sports, but about deep, mindful contact with nature – its smells, sounds, light, structure, and energy. The forest becomes not only a place of rest, but also a natural "therapist."

In recent years, forest therapy has gained immense popularity as a form of supportive therapy, especially in countries such as Japan, South Korea, Germany, Norway, and Poland. It is included in health prevention programs, neurological rehabilitation, depression therapy, burnout reduction, as well as in work with seniors struggling with loneliness, anxiety, loss of agency, and cognitive impairment.

What makes the forest have a therapeutic effect?

- Plants, especially conifers, release phytoncides – volatile organic compounds with antiviral, antibacterial, and fungicidal properties. Breathing forest air rich in phytoncides strengthens the immune system, as confirmed by numerous studies, including those conducted in Japan and Finland. Just a few dozen minutes in the forest increases the number of NK (natural killer) cells, which protect us against cancer and infections.

- The color green, which dominates in the forest, has a calming effect on the nervous system, reducing stress and muscle tension. Observing leaves, moss, grass, and ferns improves concentration and calms the limbic system (responsible for emotions).

- The rustling of leaves, birdsong, and the sound of the wind are sounds with a natural acoustic structure that affect our brain differently than urban noise. The sounds of the forest are “uncompressed,” meaning they have a fluid dynamic that activates alpha waves in the brain, which are responsible for relaxation.

- Walking barefoot on the forest floor, touching tree bark, smelling resin, absorbing the mist and light between the leaves – the forest affects all the senses. Seniors experiencing a decline in sensory function can activate forgotten stimuli and feelings in the forest.

Health benefits of forest therapy for seniors

Forest therapy is accessible, safe, and extremely effective —especially in the context of supporting older adults, both healthy and chronically ill.

Here are the most important benefits of regular forest therapy:

- Reduction of stress and mental tension

- Spending 20–30 minutes in the forest significantly reduces cortisol levels – the stress hormone.

- It reduces muscle tension, slows down the heart rate, and regulates blood pressure.

- It reduces anxiety and restores a sense of security.

- Improved mood and prevention of depression

- Seniors who regularly participate in forest therapy have been observed to have improved mood and increased serotonin levels.

- Being in nature affects the production of endorphins, natural hormones that promote happiness.

- Forest therapy strengthens the sense of meaning in life and grounding in reality.

- Improvement of memory and cognitive functions

- Studies show that contact with nature improves concentration, attention and spatial orientation.

- Walking in the forest stimulates neurogenesis - the formation of new neural connections.

- Being among trees promotes the processes of reflection, recollection and symbolic thinking.

- Strengthening immunity and physical health

- Contact with natural forest air supports the immune system.

- Walking increases lung capacity, improves circulation, and promotes weight control.

- It reduces the risk of lifestyle diseases such as hypertension, type 2 diabetes, and coronary heart disease.

- Strengthening social and relational bonds

- The forest is conducive to conversation – but also to shared silence, without pressure.

- Group walks improve relationships and facilitate the formation of new friendships.

- Being part of a group in the forest can act as a natural form of group therapy.

Forest therapy exercises for seniors – mindfulness and contact with nature

Forest therapy does not require much physical effort from seniors. On the contrary, it is based on slowness, mindfulness, and deep breathing. Below are a few examples of exercises that can be performed both individually and in a group, adapting them to individual mobility capabilities.

Mindful walking – step by step, sense by sense

is is one of the basic and simplest forest therapy exercises! It can be performed even on a short section of a forest path (e.g., 100–200 meters), walking very slowly and focusing your attention on one sense at a time.

Instructions:

- Walk slowly, without rushing, focusing your attention on…

– sounds (rustling leaves, birds singing, twigs cracking),

– smells (resin, moss, moisture),

– colors and light and shadow (leaf colors, play of light),

– touch (bark texture, softness of moss, coolness of stones).

- Stop when something catches your attention – don't analyze it, just feel it.
- Breathe deeply through your nose, exhaling through your mouth.

Duration: 15–30 minutes

Objective: to anchor yourself firmly in the “here and now” and activate all your senses.

The practice of wooden presence – “My tree”

Another simple exercise involves consciously choosing “your tree,” where you spend a few minutes in silence and contact.

Instructions:

- Choose a tree that “calls” to you – don't use logic, just follow your intuition.
- Approach it, rest your hand, forehead, or entire body against it.
- Stay there for 2–5 minutes – breathing, listening, observing.
- You can touch it, hug it, sit next to it, close your eyes.
- Ask yourself: “What kind of tree is this? What does it give me? What does it remind me of?”
- Optional: give the tree a name and return to it during subsequent visits.

Circle of silence – group exercise

This is an ideal exercise for a group of seniors – no words, no physical fitness required.

Instructions:

- Sit in a circle (you can sit on stumps, mats, or chairs).
- Close your eyes for 2–3 minutes and listen to the sounds of the forest.

- After a while, open your eyes and look at each other without saying a word.
- If you want, you can share one word that describes how you feel.

Effect: a deep sense of being “together” and present in the moment.

Meditation with moss and a leaf

Small elements of the forest – moss, leaves, twigs – can become a pretext for meditative mindfulness.

Instructions:

- Find a leaf or a piece of moss.
- Sit comfortably and spend 5 minutes observing its color, structure, and smell.
- Don't judge, don't compare—just be in touch with what you have in your hand.

Objective: to train mindfulness, concentration, and slow down thought processes.

How to prepare for a forest therapy walk?

For seniors, every activity should be safe, accessible, and adapted to their physical condition. Here are the most important tips:

Clothing and equipment:

- Comfortable shoes (preferably hiking or sports shoes).
- Layered clothing (warm sweatshirt, rain jacket).
- Backpack with water and snacks.
- Cell phone (just in case) + ICE card (emergency contact).
- Seating mat or small folding stool.

When is the best time to go to the forest?

- In the morning (between 9:00 and 11:00) – the air is cleanest.
- Avoid heat and sudden changes in weather.
- In autumn – watch out for slippery leaves; in winter – choose paved paths.

Where to go?

- A forest near your home – if possible, the same one regularly (this builds a sense of connection).
- A forest park, nature reserve, arboretum.
- Health trails, forest educational trails, sensory gardens.

How much time?

- To start with: 30 minutes in silence and at a slow pace.
- Ideally: 1–2 hours once a week or more often.
- It's not about covering distance – it's about being in nature.

Weekly forest therapy program – a proposal for seniors

The program can be carried out independently or in a group, with the help of a caregiver, animator, or as part of activities at a senior club, community center, nursing home, or during a retreat. Each day, a different practice is proposed – the exercises are short but profound in their effects. We warmly encourage you to try them out!

Day 1 – Encounter with the forest (30–60 min)

Objective: to establish contact with nature, consciously entering the forest space

- Approach the forest slowly. Stop at the entrance – close your eyes and take three deep breaths.
- Stand in silence for a moment and feel: “I am here.”
- Walk 100–200 meters slowly, without talking, focusing on the smells and your breath.
- Find a tree you like and place your hand on it.
- Finish by sitting down on a bench or tree trunk, close your eyes for a minute, and name what you feel in your mind.

Day 2 – Sounds of the forest (30 min)

Objective: to sharpen your sense of hearing, to anchor yourself in the present moment

- Stop in a quiet place.
- Sit down or lean against a tree.
- Close your eyes and listen—what sounds do you hear closest to you? Farthest away?
- Count all the sounds you can identify (birds, insects, wind, leaves, breathing).
- After a few minutes, open your eyes – look around slowly and try to connect the sounds with specific sources.

Day 3 – Walk with a leaf (30 min)

Goal: concentration and tactile contact with nature

- Pick up a leaf from the ground – don't tear it off.
- Hold it in your hand throughout the walk – observe its shape, color, and texture.
- Sit down and look at it closely, as if you were seeing it for the first time in your life.

- When you get home, draw its outline or describe it in words – what story does this leaf tell?

Day 4 – Tree presence ritual (20–30 min)

Goal: deep emotional connection with one tree

- Find “your tree” – you can give it a name.
- Sit next to it or lean against it with your whole body.
- Close your eyes and breathe with the tree.
- You can say the words “Thank you for being here” in your mind.
- When you're done, write one sentence about this relationship in your journal.

Dzień 5 – Obserwacja światła (30 min)

Cel: rozwijanie zmysłu wzroku i zauważanie detaliDay 5 – Observing light (30 min)

Objective: developing the sense of sight and noticing details

- Walk around in search of light – how does it shine through the leaves? Where does it fall? How does it change?

- Stop where the light creates an interesting pattern – try to “photograph” it with your eyes.
- Finally, sit in a well-lit place – close your eyes and “see” the light inside yourself.

Day 6 – Correspondence with the forest (20–30 min)

Objective: reflective work with emotions and the symbolism of nature

- Take a piece of paper or a notebook and sit down by a tree that inspires trust.
- Write a letter to the forest: “Dear forest, today I feel...”.
- Write down what is bothering you, what you came with, what you are asking for.
- Put the letter in your pocket—you can burn it, bury it, or read it again in a few days.

Day 7 – Forest of Gratitude (30 min)

Objective: to integrate experiences and deepen the relationship with nature

- Walk slowly through the forest, giving thanks in your mind for everything it has given you.
- Touch the trees that have “accompanied” you in recent days.
- Stop at the place that has touched your heart the most – sit down and say “thank you.”

Forest diary – a tool for deepening experiences

It is worth keeping a personal forest therapy journal – it does not have to be long or literary. Five minutes a day is enough. It can include:

- The date, weather, place of the walk,
- One sentence about your mood (“I feel...”, “Today I was most moved by...”),
- A drawing, symbol, outline of a leaf or bark,
- A quote that comes to mind,
- A photo taken with your phone – e.g., of a leaf, a ray of light, a tree trunk.

Forest at home – how to practice forest therapy without going outside?

Not every senior citizen has the opportunity to take regular walks in the forest – due to health, weather, transportation limitations, or lack of support. Therefore, it is worth remembering that elements of forest therapy can be transferred to your own home, creating small, accessible rituals close to nature.

1. Forest relaxation corner

- Choose one place in your home – preferably by a window – and decorate it in a forest style.

- Place potted plants there (ferns, ivy, dracaena, ficus).
- Add moss (bought or collected legally), pine cones, bark, stones, and feathers.
- Add a wooden element (e.g., a branch in a vase) and green-colored material.
- Place a comfortable chair, a lamp with warm light, and a blanket.
- Sit there for 10–15 minutes every day – just to be. Breathe. Do nothing.

2. Forest sounds in the background

Play a gentle recording of forest sounds: birds singing, leaves rustling, a stream flowing. You can find them on YouTube or Spotify, among other places.

Use these sounds:

– in the morning (instead of radio or TV),

– during naps,

– in the evening to calm down.

3. Forest scents and light

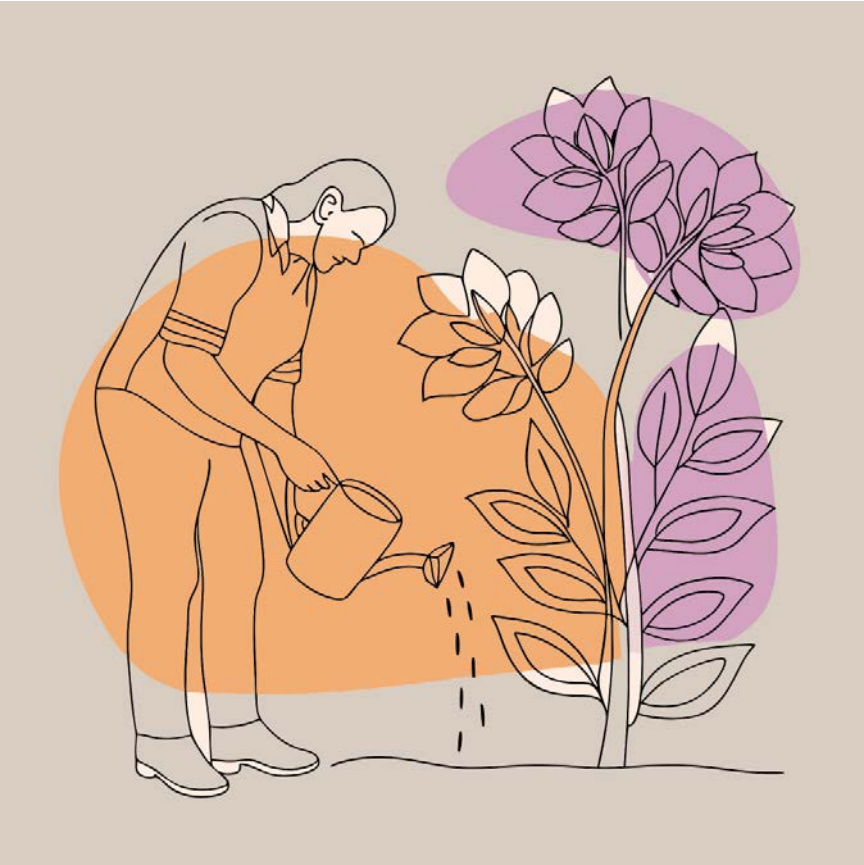
- Light a candle or incense with the scent of sandalwood, pine, or moss.
- Use essential oils (e.g., fir, cypress, cedar).
- Try to stay in natural light—cover windows as little as possible.

4. Working with plants and the senses

- Touch tree bark, leaves, pine cones – examine their structure.
- Care for your houseplants with attention – as if you were talking to them.
- Tell your loved ones what the smell of the forest reminds you of – this is an exercise for your memory and emotions.

Forest in a jar – how to create your own forest microcosm?

A forest in a jar is a closed (or semi-open) composition of plants and natural materials that recreates a microecosystem and acts as a "home therapy capsule." Seniors, even those with limited mobility, can make such an object on their own (or with assistance) – it is not only



a form of therapy through contact with nature, but also a unique creative ritual.

Materials needed:

- Glass container (jar, vase, large jar with a stopper or lid)
- Expanded clay (drainage balls)

- Sand (preferably white)
- Activated carbon (e.g. from a pharmacy or garden store)
- Potting soil
- Small plants (pothos, ivy, ferns, moss, succulents – depending on the type of forest)
- White decorative pebbles
- Decorative elements (e.g., colored sand, larger stones, wood)
- Moss (natural, stabilized or collected in accordance with regulations)
- Spatula or spoon, brush, stick, tweezers
- Spray bottle with water

Step by step – instructions for creating a forest in a jar

1. Drainage with expanded clay

Pour a layer of expanded clay onto the bottom of the jar – approx. 2–3 cm. This is the base for draining excess water, which protects the roots of the plants from rotting. You can gently level the layer with a spoon.

2. Thin layer of soil (first layer)

Add a thin layer of soil – approx. 1 cm. Press it lightly against the sides of the jar to create a clear, horizontal line. This step is important because it visually “draws” the subsequent soil layers.

3. White sand (decorative layer)

Pour a thin layer of white sand (approx. 0.5–1 cm), which will contrast beautifully with the soil and expanded clay. Spread it carefully, e.g. using a paper funnel or your fingers.

4. Activated charcoal

Sprinkle a small amount of activated charcoal – approx. 1 teaspoon – evenly over the surface of the sand. This element purifies the air in the jar and has an antibacterial effect. This will keep the “climate” of the forest stable.

5. Thick layer of soil (for planting)

Add the final layer of soil – approx. 5–8 cm (depending on the size of the jar). It should be well compacted at the edges. This is where we will place the plants. Be careful not to mix the soil with the white sand – use cardboard as a protective barrier and then carefully remove it.

6. Planting

Make small holes and place the selected plants in them. Plant the larger ones first, then the smaller ones. Gently press the soil around each seedling. Use sticks or tweezers if your hands do not fit in the jar. Spray the soil with water.

7. White pebbles and decorative layers

Arrange a thin layer of white pebbles around the plants, but don't overdo it – they are meant to emphasize the structure, not dominate it. You can also add some colored sand or a large stone as a forest “rock.”

8. Moss and accessories

Add pieces of moss to create a green “carpet” between the plants. You can also add a miniature house, an animal figurine, a pine cone, or a feather.

Caring for your forest in a jar:

- Closed jar: water once a month (or less frequently), watching for condensation.
- Open jar: water every 1–2 weeks, lightly spraying the soil.

- Do not expose to direct sunlight – diffused light is best.
- If the moss starts to turn brown, gently replace it.
- Observe what is happening inside – it is a living microcosm!

What does a forest in a jar offer?

- Symbolic contact with nature – even without leaving home.
- The daily ritual of looking, touching, and watering builds mindfulness and calm.
- A sense of agency – seniors have created something themselves and are taking care of it.
- Helps regulate emotions – observing slow changes soothes the nervous system.
- Can become the beginning of a passion – some people create entire "home forests."

Forest therapy – summary and inspiration for the future

Forest therapy is a return to something that is deeply rooted within us: the need to be part of nature, to breathe

its rhythm, to touch its body. In a world full of stimuli, noise and anxiety, the forest teaches us to listen, observe and wait. For seniors, it is often the simplest, cheapest and safest form of therapy, available at any time of the year, at any stage of life.

The most valuable thing about forest therapy is not the spectacular effects, but the quiet change: calmer breathing, a lighter mind, a sense of meaning rooted in something greater than ourselves.

Forest therapy checklist for seniors

☐ I went outside today – even if it was just to the balcony or garden

☐ I noticed something green and alive

☐ I listened to the sounds of nature – real or recorded

☐ I touched a leaf, bark, soil, or plant

☐ I took a few deep breaths in silence

☐ I remembered a place in nature from the past

☐ I did something related to plants – caring for them, repotting them, observing them

☐ I sat in silence without my phone, TV, or noise

☐ I said to myself, “Today, it's enough just to be.”

Further ideas for practice (or continuing work with a senior group):

- Organizing “forest breakfasts” – e.g., once a week, a meal in the park with a period of silence.
- Creating a herbarium of memories – drying leaves and writing stories related to them.
- Regular walks with a purpose – e.g., “Today I am looking for one color,” “Today I am following a sound.”
- Keeping a tree journal – describing your favorite trees, their appearance, their “character.”
- Meetings around the forest in a jar – sharing results and thoughts.

Every human being has a natural ability to feel connected to nature – no app, expensive equipment or perfect weather is needed. All it takes is a willingness to stop and let the forest – the real one and the one in a jar – tell us what is most important.

Hobbies in the life of seniors - a source of health, joy, and meaning

A lot changes with age: daily routines, priorities, relationships, opportunities. Our perception of time also changes – it becomes more personal, reflective, sometimes lonely. One of the most valuable gifts a senior can give themselves is the decision to fill this time with something that brings joy, peace, and a sense of purpose. That something is a hobby – a seemingly simple activity that actually has a profound connection between everyday life and mental well-being.

Contrary to appearances, hobbies are not just a form of recreation or a way to combat boredom. For seniors, they can be one of the pillars of emotional and cognitive health. Studies show that older people who regularly engage in activities based on their passions demonstrate:

- lower stress levels and better emotional management,
- lower risk of depression and anxiety disorders,
- better memory and cognitive performance,
- greater sense of purpose and self-confidence,
- better sleep quality and circadian rhythm,
- greater mental resilience in crisis situations.

Hobbies engage the mind, senses, and emotions. They provide satisfaction from activity, improve self-esteem, and help maintain a sense of influence and agency, which can be threatened in older age. It is an activity in which seniors make decisions, plan, learn, and sometimes even rediscover themselves.

Why is it worth having a passion – even if you've never had one before?

Many seniors say: “I've never had a passion,” “I don't know what I like,” “It's not for me anymore.” This belief often stems from a lack of experience, low self-esteem, or a past in which professional and family life left no room for “frills.”

Meanwhile, middle age is the perfect time to ask yourself:

- “What have I always wanted to do but never had the time?”
- “What did I enjoy doing as a child?”
- “What interests me, even if I don't understand it?”

You don't have to sign up for a painting class or buy photography equipment right away. Just start trying. Passion isn't something you're born with. It often comes from curiosity, chance, or contact with other people. Every day can be the beginning.

Where to look for inspiration when you don't have an idea for a hobby?

A lack of an idea is not a lack of potential at all - it's a sign that you need inspiration. Here are proven sources and strategies:

1. Memories of childhood and youth

- What activities did you enjoy as a child?
- What entertained you, relaxed you, absorbed you completely?
- Maybe it was drawing, tinkering, collecting stamps, singing?

2. Interests of loved ones – from inspiration to participation

- Talk to your children or grandchildren: what are they passionate about?
- Sometimes it's worth trying something that someone close to you enjoys – a shared hobby can bring you closer together.
- A grandfather who starts growing herbs on the balcony with his granddaughter discovers a whole new world.

3. Local cultural centers, libraries, retirement homes

- Many towns and villages have hobby clubs, workshops, and open classes.

- You can sign up for a choir trial, gardening classes, handicraft workshops, or a theater group.

- These are often free or available for a nominal fee—and most importantly, they bring people with shared interests together.

4. The Internet – a "mine of ideas"

- YouTube: thousands of videos such as "Hobbies for beginners over 60"

- Facebook: thematic groups for seniors (e.g. "Seniors crochet", "I love birds", "Photography 50+")

- Foundation websites, UTW (University of the Third Age) – often run online workshops.

5. Hobby fairs, neighborhood gatherings, flea markets

- Even a short visit to a local event can spark an idea – e.g., handicrafts, jewelry, bonsai cultivation, cross-stitching, regional literature.

A hobby doesn't have to be spectacular - it just has to be "yours"!

Being passionate about something doesn't have to be something big, impressive, or media-friendly. A hobby can be very simple—but deep, personal, and soothing.

Examples of less obvious but very valuable hobbies:

- doing jigsaw puzzles and creating picture galleries,
- writing a memoir or diary from the old days,
- telling fairy tales and recording them for grandchildren,
- bird watching and taking notes,
- gardening on a windowsill (basil, arugula, herbs),
- macramé, sewing on a sewing machine, embroidery,
- drawing with pastel crayons,
- collecting cookbooks and cooking recipes from different cultures,
- documenting family history – creating a family tree.

Pomysłów jest tak naprawdę nieskończenie wiele!

Who can you do your hobby with?

- Alone – with mindfulness

It's a great opportunity to connect with yourself – to discover your emotions, needs, and values. You can introduce an element of ritual into a solitary hobby: a cup of tea, quiet music, a fixed time of day. This gives you a sense of consistency and control over your own life.

- In a duo – with a loved one

Grandchildren, children, partners, neighbors—sharing a hobby strengthens bonds. It could be cooking together, listening to music, solving crossword puzzles, or caring for plants. Intergenerational hobbies allow both sides to learn from each other.

- In a group – with new people

Clubs, forums, online groups – any form of community built around a passion is an added bonus: relationships, support, motivation. It is easier to start, persevere, and develop in a group. Joint activities strengthen the sense of belonging, which is especially important for people who are lonely or have suffered a loss.

How do hobbies affect the brain of seniors?

- Hobbies, especially regular ones, have a proven impact on brain plasticity:
- They create new neural connections, which can delay cognitive decline.
- They stimulate memory, especially hobbies that require learning new techniques or languages.
- They strengthen concentration and patience, especially manual activities such as painting and handicrafts.
- They teach mindfulness, because being “here and now” is a natural part of passion.
- They stimulate creativity, even in people who previously considered themselves “uncreative.”

Seniors often experience a loss of social roles: professional, parental, and caregiving. Hobbies allow them to build a new identity—that of a person who is curious about the world, active, and fulfilled.

A passion provides a language that can be shared, a way to talk about oneself and be invited into conversation. A senior who says:

“I collect interesting leaves and make bookmarks out of them” or “I keep a notebook with regional recipes” is not anonymous. They are someone—someone with a passion.

A hobby is not just an activity – it is an attitude towards life. It is a decision that even despite limitations, it is worth looking for joy, lightness, and meaning. It is not about achieving success. It is about doing something for yourself – with heart and curiosity.

There are no “bad” passions. There is no “too late.” There is only the first step—and a world of possibilities.

Chapter 3 – “A set of practical exercises and worksheets for seniors”

Dear Senior,

this chapter was created with you in mind – your well-being, your peace of mind, and your inner strength. Here you will find techniques that will help you take care of yourself – not only when times are tough, but also on a daily basis, in the little moments that make up your life. Each exercise has been carefully selected based on conversations with people like you – people who are looking for simple, effective ways to improve their mood, relieve tension, strengthen their psyche, and find inner peace.

The worksheets in this chapter do not require any special preparation or experience on your part. All you need is a few moments of silence and an openness to encountering yourself. You don't have to do everything at once. You can choose the exercises that appeal to you most at any given moment. You can return to the cards repeatedly, at your own pace, according to your own daily rhythm.

Each of the 18 cards will guide you step by step – through a short introduction, clear instructions, and space for your own thoughts, notes, and reflections. You decide how deeply you want to go into the process. Remember – there are no right or wrong answers. There is only your experience, your needs, and your personal journey.

We invite you on a journey toward greater well-being. Stop for a moment, take a breath... and take a look at the first card. You're in the right place.

"Our life is woven from details. When we don't notice them, we miss the essence of it."

Dominika Dworak - "Coming back to myself".

Mindfulness

Try to focus on your senses now by engaging fully in experiencing one thing - such as chewing gum. Perform the following tasks with calmness, without rushing or distraction, trying to give these activities as much attention as possible.

1. Take a chewing gum in your hand and sit comfortably. Touch it, drag your finger across it, try to squeeze it.... What do you feel? Is it hard? Does it feel pleasant to the touch?

2. Observe the rubber, look at it carefully. Notice its shape, color, texture. Is it smooth? How does it look under the light? Is it shiny?

3. Bring it close to your nose and smell it. What olfactory sensations does it evoke? Is it sweet, minty, or does it have some other smell?

4. Think about the taste before you take it in your mouth, then gently touch it with your tongue. Put the gum in your mouth, but don't bite it right away. Feel its shape, taste and aroma. Take your time. Pay attention to every sensation - the texture, the intensity of the taste and the texture.

5. Slowly chew the gum and feel its hardness. Chew it, trying to notice every detail of the taste, texture and feeling of chewing it. Can you feel the taste developing in your mouth? Does the smell, taste or sensation in your mouth change after a few moments?

The goal of this exercise is to be fully present in the moment and focus on experiencing things that usually go unnoticed. This can help reduce stress, improve concentration and restore emotional balance.

A calm mind, clear thoughts,
good decisions, a fulfilled life....

Attention

Focusing on the sensations of your body is a great way to increase awareness and reduce tension. It also helps reduce stress and anxiety by allowing you to be in the "here and now." It's good to regularly take time to notice and "feel" your body.

- Take a comfortable position - Sit or lie down in a quiet place where you will not be distracted. Try to keep your body relaxed and your hands resting on your knees along your body.
- Close your eyes - This will help you better focus on your feelings, without distracting your sense of sight.
- Focus on your breathing - Take several deep breaths, inhaling through your nose, holding for a moment, and then slowly exhaling through your mouth. Notice how the air enters and leaves your body. Feel your body relax with each exhalation.
- Notice the tensions in your body - Now pay attention to how your body feels. Slowly "scan" it from the top of your head to your toes. Pay attention to every part of your body:

  Forehead and eyes - Are they tense? Try to relax them.
  Jaw - Do you keep it tense? Try to relax it by opening your mouth slightly.
  Shoulders and arms - Do you feel tension in your shoulders? Try to let them go and feel them become heavier.
  Stomach - Notice if it is tense. Try to relax it, directing your attention to each inhale and exhale.
  Legs - Feel how they rest against the floor or bed. Notice if they are tense, or if you can feel their weight.

- Attention to sensations - Think about what you feel in each part of your body. It could be heat, cold, trembling, pressure or any other sensation. Try not to judge these sensations, just notice them.
- Focus on your breath and body - With each breath, feel your body become more relaxed. If you still feel tension, concentrate on that part of your body and imagine that with each exhalation, that tension leaves your body.
- Finish the exercise - When you are done, slowly return to awareness of your surroundings. Wiggle your fingers, stretch, open your eyes. Notice how you feel after this exercise.

This exercise not only improves our attentiveness, but also helps maintain emotional balance and reduce stress. You can perform it at any time during the day when you feel you need to calm down or reset.

Practice resilience - program yourself for success!

Mental resilience

Resilience, understood as the ability to adapt, cope with stress and recover quickly from difficult situations, has become one of the most important skills today.

Take the resilience test from Chapter 1.1, and then look at the graphic below. Take a moment and analyze your competence. Find areas where you feel the need to improve, to refine your own skills. List them below.

Building resilience requires conscious effort and lots of practice. However, it is worth the effort, as it is the best possible investment in the future.

Mindfulness

Where are you now?

.....

Sit back and remain in stillness for a while. Try not to think about anything. Focus on the present moment.

Look around you. What do you see?

What does your body feel? Maybe you are touching something?

Do you smell anything?

What sounds do you hear?

What emotions accompany you?

"Be of good cheer, because why be bad."
Stanislaw Lem

Affirmations

Read the following affirmations. Ask yourself, which ones could work for you? Highlight them. Try to come up with your own, matching them to your person and situation.

It will be a good day.

I deserve happiness and peace in my life.

I am proud of myself.

I don't have to be perfect.

I love myself.

I am important and my needs matter.

I believe in my abilities and talents. I know I can handle myself.

I can achieve success.

I am strong enough to make my own decisions.

I deserve love, respect and success.

Today I choose peace and harmony.

My dreams are within reach.

I deserve healthy, loving relationships.

My affirmations:

.....

.....

.....

.....

Affirmations are worth repeating daily (or several times a day) to strengthen positive thinking, to better deal with fears and limiting beliefs, to motivate ourselves to take action and to change the way we see ourselves and our lives.

"I decided to be happy because it's good for my health."
Wolter

I take care of myself

Think about the areas listed below. In each square, write a number from 1 to 5 that reflects how much you care about that element of your life.

PHYSICAL HEALTH

- [ ] I eat healthy
- [ ] I take care of adequate rest and sleep
- [ ] I remember to get a daily dose of exercise
- [ ] I perform regular examinations recommended by my doctor

MENTAL HEALTH

- [ ] I try to control my thoughts
- [ ] I think good thoughts about myself
- [ ] I replace negative thoughts with supportive ones
- [ ] I take care of my emotions
- [ ] I treat myself with gentleness and understanding
- [ ] I control difficult emotions
- [ ] I learn to reduce stress
- [ ] I think positively
- [ ] I practice being mindful
- [ ] I turn complaining into gratitude
- [ ] I cultivate my passions and hobbies
- [ ] I try to be mentally active, I look for interesting activities and challenges
- [ ] I surround myself with people I feel comfortable around
- [ ] I look for the good and positive in my life

Notice in which areas you need additional strengthening. Working on yourself is a process that requires great determination. It's important not to be discouraged by initial difficulties, but to consistently strive toward your goal, even if progress is not always immediately apparent. Sometimes changes start to become apparent only after a long time, but every small improvement is a step in the right direction. It is worth making the effort and fighting for your health and mental resilience.

"To be successful, you have to work smart, never give up."
Walt Disney

I take care of myself

From the previous worksheet, choose three issues where you think you need to work on them the most at this time. Write them out and add details - what you can do in each area.

① .....

.....

.....

.....

② .....

.....

.....

.....

③ .....

.....

.....

.....

Remember not to try to improve everything at once. A step-by-step approach is the key to lasting change. Trying to make too many changes at once often leads to overwhelm and frustration, which can discourage further action. It's better to start with small, achievable goals and gradually expand as you progress. This way we can see concrete results and motivate ourselves to keep working.

Give each day a chance to become the best of your life!

I take care of myself

Every morning try to write down a list of a few things you will do for yourself that day to strengthen your mental resilience. These don't have to be big tasks, set realistic goals for yourself. Be consistent and act on this list if possible, but also be flexible and understanding and if you fail, don't get angry with yourself.
In the evening, to end the day on a positive note, write down at least three things you are grateful for that day.

And remember...

THE FEELING OF HAPPINESS DOES NOT DEPEND ON EXTERNAL FACTORS, BUT ON THE WAY WE THINK ABOUT OURSELVES AND THE WORLD.

PRACTICING GRATITUDE
TEACHES YOU TO BE HAPPY. DON'T FOCUS ON YOUR SHORTCOMINGS. BE GRATEFUL FOR WHAT YOU HAVE.

STARTING UP WON'T TAKE ANY OF THE YEAR'S PROBLEMS, BUT IT WILL TAKE A DAY'S PEACE OF MIND.

DON'T FOCUS ON COMPLAINING, BUT ON SOLVING PROBLEMS.

REMEMBER YOUR STRENGTHS. APPRECIATE YOURSELF AND BE PROUD OF YOURSELF.

LOVE YOURSELF AND TAKE CARE OF YOUR WELL-BEING.

SMILE AND ENJOY LIFE!

Remember your strengths!

Thoughts

Focusing on your strengths has many benefits. First of all, it helps build self-confidence and a positive self-image. When we focus on what we are good at, we can feel more motivated to act and strive to grow. It's also a reminder of our successes, which can help us overcome difficulties.

Take a moment and think about what your strengths are. Think about your character, skills, behavior towards others - everything is important. If you have a problem with this - ask someone close to you for help, as it happens that others see qualities in us that we may not see ourselves.

MY

SUPER-POWERS

Return often with your thoughts to this list. Focusing on your strengths can be helpful, especially during difficult times, as it helps restore a sense of control and positive energy. Everyone has unique talents, skills and qualities that set them apart, and reminding yourself of these can help you cope with stress or depression.

"Gratitude helps you fall in love with the life you already have."

Kristen Hewitt

Gratitude

Even in the most challenging days, there is often something to be thankful for - it could be a small gesture, a moment of rest, an opportunity to learn something new or support from others. Sometimes it's the little things that make us feel stronger and more connected to what really matters, despite the difficulties.

The practice of noticing gratitude can help change our perspective. Instead of focusing only on the negatives, we also begin to see the positives that may have previously escaped us.

Regular practice of gratitude helps us notice how much goodness actually surrounds us in everyday life, improves our mood and affects our motivation level. The more we practice - the more we change our mind and literally program ourselves for happiness.

Today I am grateful for:

- I wake up in a warm bed
- I am breathing
- I have food and drink
- I am safe
- I have family/friends
- My hands are functional
- I can go for a walk
- Something went well for me today
- I feel good

Think about it - what do you feel gratitude for today?

Practicing gratitude teaches you to be happy. Instead of focusing on what you lack, try to appreciate what you already have in your life. Changing your perspective to a more positive one can significantly improve your mood and perception of the world.

"Your calm mind is your best weapon against challenges. So relax."

Bryant McGill

Relaxation

Effective tools in the fight against stress and anxiety are relaxation techniques. They have a direct effect on our nervous system, which regulates body functions such as heart rate, blood pressure and breathing. Relaxation practices help reduce tension and restore a sense of control over emotions.

Take a look at the following sample activities, which are simple and effective ways to calm your mind and body. Choose and loop around the ones that best suit your needs and lifestyle - what makes you happy and calms you down? Write down your suggestions below as well.

breathing exercises

mindfulness meditation

visualizations

sporting activity

relaxing bath

stretching

reading

Hobbies - painting, gardening, cooking, etc.

music therapy

walk

good movie

aromatherapy

When we focus on negative thoughts, they can intensify our anxiety. By turning our attention to something neutral or positive, we can give ourselves a break and allow the mind to rest from these intense emotions.

"Inner peace begins with a relaxed body".
Norman V. Peale

Visualisation

Visualisation is another tool that can help reduce stress and restore a sense of calm. It involves imagining positive, calming scenarios that help the mind and body to relax. When we imagine a peaceful place or situation, our body reacts as if it is really there - our heart rate lowers, muscle tension decreases and stress levels drop. Visualisation helps you to focus on something positive, rather than the thoughts and emotions associated with stress. This takes your mind off the difficult situation and calms your mind. In addition, visualising positive scenarios gives you a sense of control over situations that may cause stress or anxiety. In this way, you can better cope with difficult moments in life.

How to do visualization for stress reduction?

1. Find a quiet place and sit or lie down in a comfortable position.
2. Take a few deep breaths to quiet your mind and prepare for visualization.
3. Imagine a place that you associate with safety and peace, such as a beach, forest, mountains or a peaceful garden. Imagine the details: what the place looks like, what smells you smell, what sounds you hear.
4. Immerse yourself in the experience. Use all your senses to feel that you are really in that place. Pay attention to sounds (e.g., the sound of waves, birds singing), smells (e.g., the smell of fresh air, flowers), textures (e.g., sand underfoot, soft grass). The more details you imagine, the more effective the visualization will be.
5. Feel the calm. Imagine your body becoming more and more relaxed and light. Immerse yourself in this peaceful image for a few minutes, feeling the stress and tension drain away.
6. Finish: After a few minutes of visualization, slowly return to reality. Take a few deep breaths and open your eyes. Feel your body relax and your mind calmer.

Example of 'Beach' visualisation:

- Imagine you are on a warm, sunny beach. You see the blue sky and the waves of the sea gently crashing against the shore.
- You feel the warm sand under your feet and the pleasant smell of the sea breeze.
- You feel the water cooling your feet and each breath becomes deeper and calmer.
- With every inhalation you feel the stress drain away, like waves in the sea. You are fully relaxed.

Relaxation techniques are an investment in physical and mental health that can have long-term benefits, improving quality of life, helping to manage stress and emotions, and supporting coping with the challenges of everyday life. It is worth starting to practise them, even if you only introduce one simple technique initially, such as breathing exercises or visualisations.

The greatest weapon in the fight against stress is relaxed breathing."
Amit Ray

Relaxation

One of the most commonly recommended tools for stress reduction is breathing exercises. Just simply breathing calmly and deeply gives great improvement and strongly influences the body's self-healing process. Breathing exercises:

- oxygenate the blood, which strengthens brain function, improves concentration
- blood pressure decreases, heart rate slows down
- our physical and mental energy increases
- we strengthen our immunity
- alleviate the accumulation of negative emotions, such as anger or frustration, thus gaining greater control over emotional reactions
- relax the body and mind, which makes it easier to fall asleep and improves the quality of sleep
- lower the level of stress hormones, which contributes to reducing tension and improving mood.

Try the following exercises:

Diaphragmatic (abdominal) breathing:

- Sit in a comfortable position or lie down.
- Place one hand on your abdomen and the other on your chest.
- Inhale slowly through your nose, trying to avoid lifting your chest - let your abdomen rise.
- Exhale through your mouth, feeling your belly drop.
- Repeat for a few minutes, concentrating on your breathing.

3-3-6 method:

- Sit or lie down in a comfortable position.
- Close your eyes and take a breath in through your nose, counting slowly to 3.
- Hold your breath for 3 seconds.
- Exhale slowly through your mouth for 6 seconds.
- Repeat the cycle 4 times. This exercise helps you relax and fall asleep.

Breathing in a "u" rhythm:

- Sit in a comfortable position.
- Take a breath in through the nose for 4 seconds.
- Exhale slowly through your mouth, making a "u" sound for 8 seconds.
- Repeat for several minutes, trying to lengthen the exhalation time.

Practice Tips:

- Practice daily, preferably in a quiet place to focus on your breath.
- Use breathing exercises in moments of tension, stress or anxiety.

Start with a few minutes a day and gradually increase the practice time.

How you think - that's how you feel.

Thoughts

You plan to go for a walk. Unfortunately, a few minutes before you leave, it starts to rain. How do you react? Are you angry, disappointed? Do you think: it's ugly, I'll get wet, I'll get sick, I'm staying home? Think, how else could you direct your thoughts? For example, maybe:

"So what if it's raining? The rain won't stop me. The weather is perfect! Perfect for... wellingtons and a raincoat. Certainly, it smells beautiful outside now with the rain. The air is fresh and crisp. I'll watch the drops crashing on the sidewalk forming puddles, listen to the sound of them. Such a walk, however short, will do me great."

You go to a meeting at the Senior Club. Unfortunately, you find out on the spot that no one is there. What do you do? Do you get angry with yourself, thinking, "As usual, I got something wrong," "I suck," "I wasted so much time"? Ask yourself, what could you do in this situation by staying calm and positive thinking?

Someone squeezed in front of you in line at the store. How do you feel about this? Do you give vent to your anger and say some unpleasant words to this person, which triggers a mutual melee? Or do you not speak up at all and are angry with yourself for not being assertive? Then you recall the unpleasant event all the way home and are in a bad mood for a long time? How do you direct your thoughts to avoid this?

The next time you face a difficult situation, think about what options you have for responding. Try to consciously choose those that will not shatter your inner peace. Practice these behaviors, and in time it will become your habit.

Watch your thoughts, for they will turn into words.
Watch the words, for they will turn into actions.
Watch the actions, for they will become habits.
Watch the habits, for they will become character.
Character will be your destiny.
We become what we think.

Quote from the movie "The Iron Lady".

Thoughts

Our thoughts have a huge impact on how we feel. When we focus on negative thoughts, we often feel stressed, anxious or sad. In contrast, positive thoughts that focus on solutions, possibilities and gratitude can improve our mood and well-being.

In the following exercise, try turning negative thoughts into positive ones:

"Nothing works out for me, I suck." → *"I will not give up. I will learn from my mistakes. I will try a different approach," he said. I can do it."*

"Nothing good will ever happen to me again in my life." → .....

.....

.....

"No one cares about me because I'm not worth it." → .....

.....

.....

Recall what negative thoughts have been invading you recently. Try to alleviate them, look for other positive ones that you can replace them with in the future. Choose such words that you would use when supporting a friend.

Anxiety makes you suffer even though there is no reason yet.

Stress and anxiety

Think about what events or thoughts in recent times have been upsetting your internal balance and causing anxiety. Write them down below. On the right side, write "S" - if you recognize the emotion "stress", or "A" - if the situation arises from anxiety. Remember that stress is a response to a specific event (to something real that already exists or is absolutely certain to happen soon), while anxiety can result from fear of the future (we worry that something will happen, although there is no certainty that it will happen).

Now think about your sphere of influence - analyze which of the above situations you have real influence on. Put a "+" sign next to them.

Then look at the situations/events that are beyond your control and there is nothing you can do to change them. Worry, frustration and discouragement in this area is completely useless and thinking about it only makes you lose your energy and well-being. In this case, the best solution is often to simply "let it go." It's a shame to waste our own health on something we can't change anyway. It's better to just get over it and accept the status quo. Analyze what benefits you will gain by giving up a particular thing, and what possible losses you will incur, and then decide what is more beneficial for you.

Acceptance is a process that takes time and patience. Sometimes it can be difficult to come to terms with situations that seem impossible to change, but gradually adopting this attitude helps reduce internal resistance and tension and restores peace.

So don't worry too much about tomorrow, because tomorrow will take care of itself. Enough is the day of its misery.
(Matthew 6:34)

Stress and anxiety, cont.

Now look at the situations from the previous worksheet, which have been marked with a '+' sign and an 'A'. The anxiety you feel about them is generated by anxious thoughts. The first step toward easing the tension should be to ask yourself - how realistic is the possibility of a situation that causes this anxiety? How big is the risk and is it worth worrying about? Often our fears are exaggerated and may not have a solid basis, yet they arise and shatter our peace of mind. Just realizing that our fears are about things that haven't happened yet can help stop the spiral of negative thoughts.

When dealing with anxiety, it's a good idea to act on the level of thoughts and try to consciously manage them. If you notice that they are exaggerated or irrational, try replacing them with more balanced and positive thoughts. For example, if you are afraid that something will go wrong, recall situations where you feared something and as a result everything went well. Try to change your thinking, e.g. instead of "I won't be able to do it," think "I'll try my best, and that's enough." Instead of "What if something goes wrong?" think "I'll do my best, and if something goes wrong, I can handle it."

One can also think - what could happen in the worst situation and what we could do then. Sometimes the consequences don't turn out to be as dire at all as we might have thought before, and this also brings relief.

When you notice that you are starting to worry and think in an anxious way, try to clearly say "STOP!" to yourself in your mind. This is a signal that can help you break the train of thought and redirect your attention to something else. It's a good idea to divert your attention by engaging in something you enjoy or find productive. This could be reading a book, playing sports, cooking or meeting with friends.

Sometimes talking to a trusted person can help lower anxiety. Sharing your fears and feelings can make you see the situation from a different perspective, and this change in perspective often helps lower the intensity of anxious thoughts.

Anxiety tends to intensify when we avoid situations that trigger it. By gradually confronting situations that trigger anxiety, we can learn to better manage our emotions. Start with small steps to gradually get used to situations that trigger anxiety.

If anxiety thoughts are very intense and difficult to manage, consider consulting a psychologist or therapist.

Try not to look too far into the future with your thoughts, live the present day and enjoy it. Say to yourself, "I will only worry about it when it happens." And until then - don't let unnecessary worry negatively affect your present.

"The greatest weapon against stress is our ability to choose one thought over another."

William James

Stress and anxiety, cont.

Write in the table below the situations from the previous worksheet that were marked with the '+' sign (together with the letter 'S' - stress or 'L' - anxiety). Analyze each of them in turn. First of all, think about what you can specifically do to eliminate or at least partially reduce the source of stress or anxiety. Any action that can improve the situation, even small, often makes us feel more confident. The feeling that we have done everything in our power can significantly reduce the level of stress and anxiety. When we feel that we have made every effort to deal with the situation, we gain a sense of control and agency.

What worries me?	What can I do in this situation?

Fighting stress and anxious thoughts is a process that requires commitment, time, patience, and a conscious approach. It is important not to expect immediate results. Practicing techniques to cope with these emotions gradually can lead to noticeable improvement in the long term.

Stress and anxiety are often the result of many years of thinking and behaving in a certain way. To be able to reduce them, practice is necessary. It is worth learning to control these emotions to improve the quality of life, relationships, and daily functioning.

Chapter 4 – "Recognizing the symptoms of senior depression"

4.1 Characteristic symptoms of depression in older people.

Depression can affect anyone, regardless of age or gender. However, the unfortunate truth is that older people are a group particularly vulnerable to its onset.

Depression in older adults is a serious and, unfortunately, quite common problem that is often underestimated or unrecognised. Many seniors struggle with it alone, unaware of the presence of this illness and not knowing that it can be effectively treated.

Depression is a significant health problem that affects well-being, thoughts and daily functioning. It is a serious mood disorder and leads to a persistent feeling of sadness, hopelessness, lack of pleasure or interest in everyday activities. Anxiety and disturbances in day-night functioning may occur. This illness can also cause

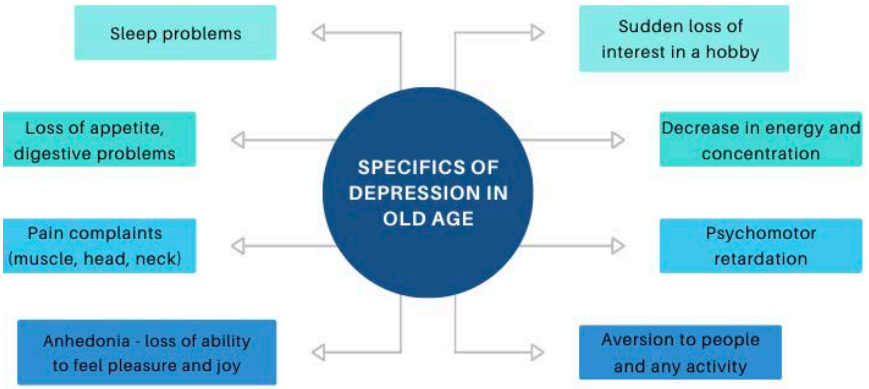
various physical symptoms, such as sleep problems, loss of appetite, concentration problems, constant fatigue or physical pain.

The high incidence of depression among older people compared to other age groups is associated with the more frequent occurrence of factors that can trigger and exacerbate it, such as retirement (and the need to reorganise one's life), chronic illnesses, pain, loss of loved ones, loneliness, reduced social activity, decline in physical fitness and the possible need for care or medical supervision. All of the above factors usually generate a great deal of stress. Daily routine, stagnation and tedious boredom also contribute to the development of depression. A dull everyday life, where there is nothing to do and nothing to look forward to, can eventually turn into apathy or melancholy and pose a threat to mental health.

In addition to a lack of activity, an excess of responsibilities can also be a factor contributing to depression. This mainly refers to the currently common problem of grandparents being overburdened with caring for their grandchildren. If a senior citizen is not assertive enough and does not want to admit to being exhausted from caring for their grandchild in order not to disappoint

their children, their fatigue will increase over time, along with frustration, anger and stress.

Unfortunately, this disease often goes undiagnosed among seniors and therefore remains untreated. This is because its symptoms are mistakenly associated with normal signs of ageing (such as frequent fatigue, lack of concentration or cognitive decline) or with symptoms of other conditions (depression is often confused with dementia or Alzheimer's disease, for example). However, the main problem in diagnosis remains the fact that seniors themselves do not have sufficient knowledge and awareness and do not associate their malaise with the possibility of depression, which means that they do not seek help at all. They do not recognise or downplay the problem, attributing negative symptoms to old age. Another difficulty is that older people may have different symptoms than younger people. Sometimes, sadness or mood disorders are not the main symptoms of the disease in seniors. Depression in older people is often characterised by an unusual set of somatic symptoms that dominate over mood disorders. These can include various types of pain (often headaches or stomach aches), cramps, digestive problems, nausea, appetite disorders, circulation problems, etc.



Often, the loved ones of an elderly person struggling with depression are unaware of the problem. Many seniors do not want to share their problems so as not to burden their families, are ashamed that they are unable to cope on their own, or do not want to be a burden. Meanwhile, there are no tests that can provide a definitive diagnosis of depression, and the disease is diagnosed based on the symptoms described by the patient. The silence of a person suffering from depression is dangerous because the condition of the patient, who is left alone in their suffering, without help or support, can quickly deteriorate.

4.2 How to distinguish normal mood swings from symptoms of depression.

Depression is a major problem in today's world, and one that is growing every year, which is why it is often talked about. Raising awareness of this illness is important and very necessary, but a side effect of this has been that we have begun to overuse the term in everyday life. We have started to describe every mood swing, sadness, chronic fatigue or discouragement as “depression”, even though they often have nothing to do with this illness. Everyday life is often associated with difficult emotions, mood swings, energy slumps, feelings of depression, sadness, anxiety or helplessness. We have negative thoughts and feel unhappy. However, this is completely normal and does not usually indicate illness.

As we noted in the previous section, depression is a difficult disease to diagnose, but it is relatively easy to distinguish depression from a temporary low mood or the blues. The main factors that allow us to recognise the problem are the duration and intensity of the symptoms. We may suspect depression if its symptoms are present continuously for at least two weeks. The symptoms of a simple mood swing are much shorter.

In addition, people with depression are characterised by low reactivity, which means that their mood does not change at all or changes only slightly despite changes in their environment or circumstances, and generally nothing can improve their mood, nothing makes them happy. People who are currently going through a difficult period but do not suffer from depression – on the contrary – are happy when something joyful happens, are able to cheer up for a while, forget about their struggles or sorrows. They do not feel the overwhelming, omnipresent and unchanging hopelessness characteristic of depression.

People experiencing normal mood swings or the blues are not usually accompanied by symptoms such as pain, loss of appetite or insomnia. Depression, a feeling of lack of energy or sadness are often the only symptoms.

In order to suspect depression, feelings of low mood must also be accompanied by other symptoms, such as loss of interest, reluctance to engage in normal daily activities, difficulty concentrating, pessimistic thinking or low self-esteem. Self-destructive behaviours, such as suicidal thoughts or attempts, are also very important symptoms.

Symptoms of depression	Normal mood swings
A constant, long-lasting feeling of depression	Short-term mood swings
No apparent reason for the deterioration in well-being	The cause of feeling unwell can be identified because it results from specific events in life
Low reactivity, inability to feel pleasure, emotional indifference	Reactivity – there are better moments, cheerfulness, responds positively to consolation, good news or surprises
The decline in mood is very profound, even the simplest tasks such as getting dressed seem insurmountable, the patient does not want to live, suicidal thoughts arise	The mood decline is not severe enough to interfere with daily activities
The patient sees everything in a negative light, with no possibility of improvement and no hope for the future	The ability to assess the situation realistically remains, and the person notices possible opportunities
Somatic problems (e.g. headaches, joint pain)	Usually no somatic (physical) symptoms
Usually, several symptoms occur simultaneously	Symptoms often occur individually
Is a serious disease and must be treated	It usually does not require treatment and the symptoms disappear spontaneously

Although low mood is not an illness that requires treatment, it can be a risk factor for depression. Prolonged low mood should be a warning sign, as it may worsen, negative thoughts may intensify, and unpleasant feelings may take away the joy of life. Therefore, people

who experience negative mood changes over a longer period of time and have difficulty functioning on a daily basis should consult a doctor.

4.3 Screening tools for assessing symptoms of depression.

One of the most widely used tools for screening depression worldwide is the Patient Health Questionnaire 9 (PHQ-9). In addition, the Geriatric Depression Scale (GDS) was developed for older adults, designed to be completed independently, and authored by Jeronime Yesevage (Yesevage et al., 1983). It has been shown that the use of questionnaires to assess the occurrence and severity of depressive disorders allows them to be recognised twice as often as medical interviews conducted by doctors of specialities other than psychiatry.

Interpretation of the PHQ-9 questionnaire results - indicates the severity of depressive symptoms:

0-4 points - none;

5-9 points - mild;

10-14 points - moderate;

15-19 points - moderately severe;

20-27 points - severe depressive symptoms.

Interpretation of the GDS scale results (where each answer marked in bold is awarded 1 point and those in normal font are awarded 0 points):
0-5 points – no depression;
6-10 points – moderate depression,
11-15 points – severe depression.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Geriatric Depression Scale: Short Form

ose the best answer for how you have felt over the past week:

re you basically satisfied with your life? YES / **NO**

lave you dropped many of your activities and interests? **YES** / NO

o you feel that your life is empty? **YES** / NO

o you often get bored? **YES** / NO

re you in good spirits most of the time? YES / **NO**

re you afraid that something bad is going to happen to you? **YES** / NO

o you feel happy most of the time? YES / **NO**

o you often feel helpless? **YES** / NO

o you prefer to stay at home, rather than going out and doing new things? **YES** / NO

Do you feel you have more problems with memory than most? **YES** / NO

Do you think it is wonderful to be alive now? YES / **NO**

Do you feel pretty worthless the way you are now? **YES** / NO

Do you feel full of energy? YES / **NO**

Do you feel that your situation is hopeless? **YES** / NO

Do you think that most people are better off than you are? **YES** / NO

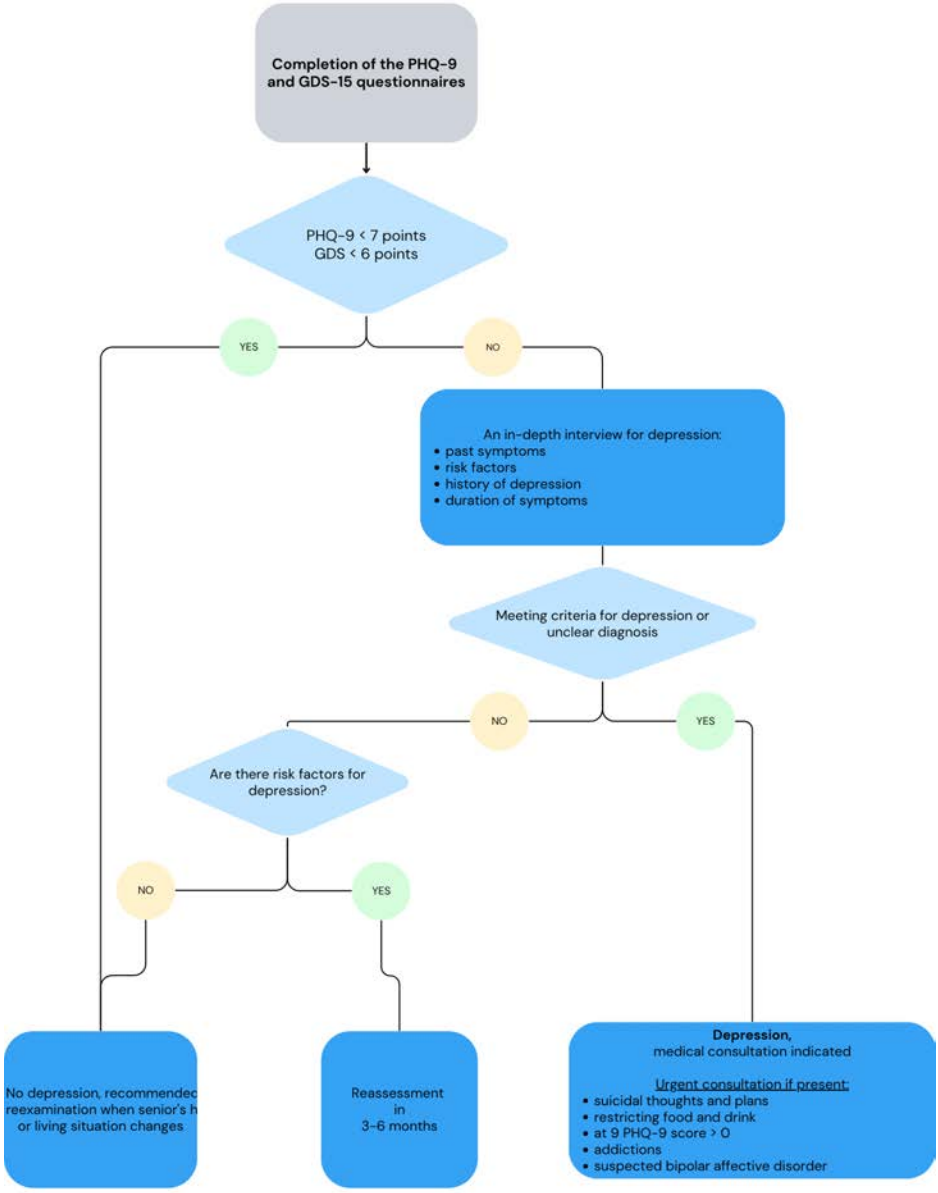
wers in **bold** indicate depression. Score 1 point for each bolded answer.

ore > 5 points is suggestive of depression.
ore ≥ 10 points is almost always indicative of depression.
ore > 5 points should warrant a follow-up comprehensive assessment.

rce: http://www.stanford.edu/~yesavage/GDS.html
s scale is in the public domain.

Another helpful tool for assessing symptoms and managing depression is an algorithm developed by the authors of the publication ‘Recommendations for the management of depression in older people, with a proposed prevention programme for general practitioners, geriatricians and geriatric nurses’ from the Institute of Psychiatry and Neurology in Warsaw.

Algorithm for managing depression in older adults



It is worth remembering that tools such as the PHQ-9 Patient Health Questionnaire or the Geriatric Depression Scale, as well as treatment algorithms developed by doctors, can help identify the first signs of depression. They are very useful, especially when we want to check whether something is wrong with our mental well-being. They can be completed independently, even at home. However, it should be emphasised that such questionnaires are only guidelines, not a diagnosis. Even if the completed test indicates the possibility of depression, this does not necessarily mean that someone is actually suffering from it. The symptoms may just as well be the result of other problems, such as fatigue, stress, loneliness or medication.

Therefore, it is essential to talk to a doctor, preferably a psychiatrist or psychologist, if the results are worrying. Only a specialist can make a correct diagnosis and offer the best support. Depression can and must be treated, and the sooner this is done, the easier it is to regain balance and well-being.

Remember: you are not alone. If you feel overwhelmed, do not hesitate to seek help. Talking to a professional is a sign of self-care, not weakness.

4.4 Can depression be prevented?

Although many cases of depression cannot be completely prevented, more and more research and observations confirm that appropriate prevention can significantly reduce the risk of its occurrence, alleviate the course of the disease, and support the effectiveness of treatment. This is particularly true for older people, who are more prone to mood disorders due to biological changes, loss of loved ones, loneliness, deteriorating health, and limitations in independent functioning. However, this does not mean that depression must be an inevitable part of old age – on the contrary, thanks to prevention, it is possible to build a strong foundation of mental resilience, even if life brings difficult experiences.Profilaktyka zdrowia psychicznego to zbiór działań, które mają na celu wspieranie dobrostanu emocjonalnego i psychicznego człowieka. It is not only about preventing illness, but also about strengthening inner strength, a sense of purpose, hope and the ability to cope with adversity. Unlike treatment, which deals with the diagnosis and therapy of a specific disorder, prevention focuses on taking care of yourself and your environment on a daily basis. It is the sum of

our small decisions, habits and choices that, in the long run, affect how we feel and how we respond to challenges.

From the perspective of older people, mental health prevention takes on particular importance. At this stage of life, we often experience loss – of a partner, friends, health, independence – which can lead to low mood and feelings of loneliness. A reduction in professional or social activity is often associated with a sense of loss of meaning and purpose. However, it is worth remembering that old age does not have to be a time of giving up – it can just as well be a period of inner development, reflection, sharing experiences and finding joy in other, often new, forms.

Caring for the mental health of seniors is a multidimensional process. It encompasses the body, emotions, relationships with others, ways of thinking, and the everyday choices we make. Prevention is not about looking for quick fixes, but about building a stable lifestyle that supports well-being – even on bad days. It is a process that requires mindfulness, patience and kindness towards oneself.

In the following sections of this chapter, we will focus on the most important areas of mental health prevention – those that, according to research and clinical practice,

have the greatest impact on our well-being. We will show how diet, exercise, sleep, relationships with others and developing passions can become part of our daily routine in caring for our mental health. It is not about making all the changes at once, but about gradually building greater awareness and readiness to take care of ourselves. Seniors who regularly take preventive measures are less likely to experience a deep mental crisis, find it easier to get through difficult moments and are more likely to seek available support.

One of the most important and often underestimated elements of mental health prevention is diet. What we eat has a direct impact not only on our body, but also on brain function, hormone balance and energy levels. Modern science clearly confirms the link between diet and mental well-being. People who consume large amounts of processed foods, simple sugars and saturated fats are significantly more prone to developing depression. On the other hand, a diet rich in vegetables, fruit, whole grains, healthy fats (e.g. from olive oil, nuts or sea fish), as well as B vitamins, vitamin D, magnesium and zinc supports mental balance, improves concentration and helps maintain a stable mood. For seniors, who naturally have a reduced ability to absorb

certain nutrients, regular, balanced eating is particularly important. A properly selected diet can also support cognitive function, reduce fatigue and protect the nervous system.

Another foundation of mental health prevention is physical activity. Movement is not only a way to maintain physical fitness, but also a powerful ally in the fight against low mood, apathy and anxiety. During exercise, the body produces endorphins – so-called happiness hormones – which improve mood, increase feelings of satisfaction and help to naturally reduce emotional tension. You don't have to start with strenuous exercise right away – regular walks, stretching exercises, morning gymnastics or dancing to your favourite music can work wonders. Outdoor activities are particularly valuable – not only do they oxygenate the body, but they also stimulate the senses and restore contact with nature. Even a small daily dose of exercise can significantly improve mental well-being, increase energy and reduce the risk of depression.
Sleep also plays a key role in maintaining mental health. Older people often experience sleep problems – difficulty falling asleep, frequent waking during the night, and early morning awakening. Although it may seem that the

need for sleep decreases with age, in fact, its quality is extremely important for the functioning of the entire body. Lack of sleep or poor sleep quality can lead to irritability, low mood, impaired memory and concentration, and in the long term, to an increased risk of depressive disorders. That is why it is important to maintain good sleep hygiene: set bedtimes and wake-up times, limit naps during the day, avoid stimulants before bedtime, and create a calm and restful atmosphere in the bedroom. An evening routine, such as quiet reading, calming music or gentle breathing exercises, can help signal to the body that it is time to rest.

Humans are social beings. The need for closeness, to be noticed, listened to and accepted is one of the deepest human desires, regardless of age. For this reason, interpersonal relationships play a huge role in mental health prevention.

For older people, who often experience loneliness, social isolation or the loss of loved ones, contact with others can be a real cure. It is not just about conversation – it is about connection, a sense of belonging, mutual understanding and the opportunity to share everyday life, joys and concerns.

Good family, friendship and neighbourly relationships support a sense of purpose in life, provide a feeling of security and reduce stress. Often, all it takes is one person with whom we can talk honestly to reduce the psychological burden we have been carrying for a long time. Seniors who maintain regular contact with other people – participate in senior clubs, support groups, educational activities or volunteering – are less likely to suffer from depression and have a higher sense of life satisfaction.

Social support is not only the presence of others, but also the ability to ask for and accept help. Too often, older people are ashamed to talk about their emotions, convinced that ‘it is not proper to complain’ or that

‘others have it worse’. However, being open to support and sharing one's feelings is not a sign of weakness, but of courage and emotional maturity. Sometimes, all it takes is a conversation with someone you trust – a family member, friend, carer or psychologist – to see your problems from a different perspective and find hope where you thought there was none.

It is also worth emphasising that by supporting others, we also support ourselves. Involvement in social life, a willingness to help, passing on experience to younger generations and joint activities with peers all contribute to building a sense of self-worth and agency. Seniors who are involved in community life – whether it's meeting at a club, talking to friends on the phone or looking after their grandchildren – are less likely to experience loneliness and are more motivated to take care of their mental health.

Understanding one's emotions and being able to name and express them is one of the key pillars of mental health. However, too many adults, especially the older generation, grew up believing that showing feelings is a sign of weakness. Many emotions – especially sadness, anger, frustration and fear – were suppressed, ignored or repressed, which led to their accumulation and increased internal tension. Meanwhile, every emotion, even the

difficult ones, carries an important message about our state, needs and boundaries. Emotional education involves developing the ability to recognise, accept and express emotions appropriately, without shame or self-judgement.

For older people, the ability to understand their own emotions can be a powerful tool to support them in their daily lives. It helps them to cope better with sudden changes, loss, illness, loneliness or anxiety about the future. It increases self-awareness and allows us to view ourselves with greater kindness, even in moments of weakness. It is also a way to detect early warning signs, such as low mood, irritability, burnout or feelings of hopelessness, before they develop into a deeper mental crisis.

Emotional education does not require specialised courses. It is rather a daily practice of self-reflection – asking yourself simple questions: 'What am I feeling right now?', 'Why am I feeling this way?', 'What do I need to feel better?', 'Can I talk to someone about this?' Learning to distinguish between emotions – e.g. sadness from disappointment, anger from fear – makes them less overwhelming and more understandable. It also allows you to better communicate your needs to others and

avoid misunderstandings that can lead to tension and feelings of rejection.

An important aspect of emotional education is also accepting difficult feelings as a natural part of life. Sadness, anxiety or regret are not signs of failure – they are human reactions to difficult situations. There is no need to fight them, but you can learn to cope with them and find ways to prevent them from dominating your everyday life. Calming techniques such as meditation, breathing exercises, journaling, and contact with people who can listen attentively and provide emotional support can be helpful in this regard.

Many mental health professionals emphasise the enormous role that our attitude towards life plays. Of course, positive thinking does not mean ignoring difficulties or pretending that everything is fine when it is not. Rather, it is about seeing meaning, hope and the good sides of life despite adversity. People who are able to remain optimistic, even in the face of illness, loneliness or fatigue, tend to cope better with crises and return to emotional balance more quickly.

A positive attitude is not naivety, but a conscious choice that allows you to view reality with greater calm and flexibility. It is a choice you can make every day, regardless of the circumstances. In practice, this means

looking for things to be grateful for, noticing small pleasures, avoiding catastrophic thinking and nurturing hope. Sometimes it is enough to look back and remember how many difficulties you have already overcome, how many times – despite your fears – you managed to find a way out of a situation. Such memories help build confidence in yourself and in life.

For seniors who are struggling with physical limitations, loss or lifestyle changes, positive thinking can be a particular source of strength. This is not about forcing yourself to smile, but about being open to good experiences, even if they are small: a warm conversation, a good book, sunshine outside the window, a delicious meal, an interesting conversation with a grandchild, a chat with someone kind, a helping hand from a neighbour. These are the things that make up everyday life, which, despite everything, can be valuable.

It is also worth noting that positive thinking has a physical impact on the body. Studies show that people with an optimistic outlook are less likely to suffer from chronic stress, have better immunity, lower blood pressure and a lower risk of certain chronic diseases. This shows that the mind and body are closely linked – and that by taking care of our mental health, we also support our physical health.

Stress is a natural reaction of the body to situations that we perceive as difficult, demanding or threatening. In moderate doses, it motivates us to act, helps us concentrate and survive sudden changes. However, prolonged stress, especially when we do not know how to relieve it, can become a serious threat to our health – both physical and mental. In older people, who often face many changes – illness, loss of loved ones, limited independence or financial difficulties – stress can lead to feelings of overload, helplessness and, consequently, even depression.

Stress management is an essential skill for maintaining mental balance. Although it is impossible to completely eliminate stressful situations from our lives, we can learn how to respond to them in a way that supports us rather than destroys us. The key is to notice your own warning signs – tension in your body, rapid breathing, irritability, difficulty sleeping or excessive worrying. Recognising these symptoms is the first step to stopping and thinking about what might help you regain your peace of mind.

There are many simple but effective methods of reducing stress that can be practised alone at home or in a group. One of them is breathing exercises – deep, calm diaphragmatic breathing calms the nervous system and helps restore balance. Another form is relaxation

techniques, such as meditation, mindfulness or visualisation, which help to focus your attention on the ‘here and now’ and calm your racing thoughts. Simple physical activities, such as a walk in nature, listening to music, spending time with animals, writing a diary or talking to someone you trust can be just as effective. What calms one person may not necessarily work for another, so it is worth finding your own ways to recharge.

It is also important not to suppress stress. Many seniors have learned over the years to ‘cope in silence’ – however, what is left unsaid often accumulates in the body and mind, leading to internal tension.

Sharing your difficulties with someone who can listen without judging can bring enormous relief. It is also worth remembering that you do not have to carry everything on your own – seeking help, talking to a psychologist or participating in a support group is a sign of maturity, not weakness.

Simple educational tools designed specifically for older people can also be helpful in managing stress and building mental resilience on a daily basis. We therefore particularly encourage you to use the worksheets provided in this script. They contain exercises to help recognise emotions, reduce tension, strengthen feelings of security and restore mental balance. The cards can be

used individually or in a group – during workshops, neighbourhood meetings or therapeutic sessions. Their regular use can become part of everyday self-care – one that does not require a lot of effort or resources, but brings tangible benefits to emotional health.

A sense of purpose and involvement in something enjoyable are important sources of mental resilience, especially in older age. Many people, when they retire, experience emptiness, a lack of purpose, and a feeling that they are no longer needed. However, every person, regardless of age, needs space in which to develop, experience pleasure, learn something new, share their experiences, or simply devote themselves to what brings them joy.

Hobbies and interests are more than just a way to fill time. They are a real tool for supporting mental health and even slowing down the ageing process of the brain. Intellectual activity stimulates memory, concentration and flexibility of thinking. Creative activities such as handicrafts, painting, writing, singing, gardening, photography or cooking develop creativity and allow you to express your emotions. Learning new things – even the basics of a foreign language, how to use modern technology or play an instrument – not only brings

satisfaction, but also strengthens your self-esteem and sense of agency.

For seniors, hobbies can also become a way of building relationships with others. Participation in group activities, art workshops, interest clubs or joint intergenerational projects promotes socialising, sharing experiences and breaking out of isolation. In such spaces, generational barriers often disappear, and each participant, regardless of age, contributes something unique. This builds a sense of belonging and being needed.

It is important not to approach hobbies with pressure or perfectionism. It is not about 'being perfect' at something, but about experiencing joy and satisfaction from the activity itself. Sometimes 15 minutes a day is enough – with a piece of paper, a book, flowers on the balcony or crochet – to reduce tension and feel that the day had meaning. Regular intellectual and creative activity is like gymnastics for the mind – it strengthens it, stretches it and helps it remain flexible, even in difficult life situations.

As part of this script, we also encourage you to use worksheets that support the development of passion and creative activity. They offer inspiration, tasks to complete, space for reflection and specific suggestions

for activities that you can implement right away – on your own or with your loved ones. Many of them combine mental, emotional and social activity, giving a sense of fulfilment and meaning.

Preventing depression in late adulthood is not a set of unrealistic recommendations, but rather a daily practice of self-care – conscious, thoughtful and based on life experience. In this chapter, we have emphasised that although not all depressive episodes can be prevented, there are many realistic measures that can significantly reduce the risk of their occurrence, alleviate the course of the disease and improve the mental well-being of older people.

We have pointed out that healthy eating habits have a direct impact on the functioning of the nervous system. A well-balanced diet can help stabilise mood, increase mental resilience and reduce fatigue. Physical activity remains equally important – adapted to the capabilities of the elderly, but performed regularly – because exercise not only supports the body, but also regulates emotions and helps reduce tension.

We also looked at the importance of sleep – its quality, rhythm and impact on the ability to adapt to change. Lack of sleep or disturbed sleep can imperceptibly lead to

chronic depression, irritability and even depressive episodes. Therefore, sleep should be treated not as a luxury, but as a fundamental physiological and psychological need.
We also placed great emphasis on interpersonal relationships – contact with loved ones, neighbours, peers, and those with whom we can build bonds based on trust and mutual respect. A strong social network is a protective factor that reduces the risk of loneliness and strengthens the sense of meaning in life. In this context, we also emphasised the importance of asking for help, sharing emotions and overcoming the belief that one should not talk about one's difficulties.

The elements of emotional education were also discussed – the ability to recognise, name and experience emotions. This ability becomes invaluable support in crisis situations and allows for deeper contact with oneself. It naturally combines with a positive attitude towards life – not naive optimism, but a deep conviction that even difficult situations can be tamed, understood and worked through.
Stress management – as one of the key pillars of prevention – was presented not as a skill reserved for younger generations, but as a competence that can be

developed at any stage of life. We showed that methods such as breathing, mindfulness, contact with nature and exercise can also be accessible and effective in old age. Here, we particularly encouraged the use of worksheets designed specifically for seniors, which contain exercises and tasks to help reduce tension and strengthen emotional well-being.

The role of passion, hobbies, creativity and intellectual activity is also important. Late adulthood can be a time of discovering new forms of expression, learning and sharing joy with others. Creative activity supports cognitive flexibility, prevents monotony and builds a sense of control over one's own life. In this area, we also recommend using the prepared educational materials – cards, exercises, inspiration – which can accompany the search for individual forms of development.

Finally, we looked at the issue of mental well-being. Taking care of oneself, setting boundaries, being gentle with one's limitations and the need for balance are not signs of comfort, but of health. Seniors who consciously take care of themselves do not ‘turn their backs’ on the world – on the contrary, they learn to be its full and conscious part.

Finally, we also mentioned the often overlooked but important area of prevention – addiction prevention. The

abuse of drugs, alcohol, digital media or uncontrolled escape strategies can be both a symptom of depression and a factor that exacerbates it. Recognising these risks and intervening early can prevent more serious consequences.

In summary, depression prevention is something that is worth learning and practising every day. It is not a task for specialists, but a process in which every senior citizen has a voice, a choice and a real impact. It is an invitation to be mindful, to live in harmony with oneself and to build mental resilience – step by step, in the rhythm of everyday life.

We encourage you to take advantage of all the additional materials prepared as part of this study, including the worksheets, which serve not only as educational aids, but also as concrete tools to support reflection, self-awareness and the strengthening of inner strength. Thanks to them, caring for mental health can become not only possible, but also real, accessible and effective.

4.5 When and where to seek help.

Depression is a serious condition that affects not only the psyche, but also the functioning of the entire body. It can sap strength and the will to live, disrupt sleep, appetite and thinking, and even affect physical condition. It is not just a ‘bad day’ or ‘sadness for no reason’ – it is a medical condition that requires professional treatment. It is not enough to wait it out. It is not enough to ‘keep yourself busy’ or ‘pull yourself together’. Depression does not go away on its own and does not disappear with strong willpower. Left untreated, it progresses, deepens, and its effects can be tragic.
For this reason, it is extremely important not to delay in responding. The sooner help is provided, the greater the chances of successful treatment and recovery. Every day spent in fear, apathy, emptiness or despair is a day lost – and yet life, regardless of age, can still be a source of joy, meaning and relationships. That is why it is so important not to ignore any worrying symptoms. If you feel that something is wrong – that your well-being has deteriorated, that you have lost joy in everyday activities, that you have difficulty concentrating, sleeping or eating, that you worry more often and that the future seems empty – do not hesitate.

The first step may be to talk to someone you trust. You don't have to go to a specialist right away – you can talk to a family member, friend or neighbour. Sometimes it is the other person who first notices that something is wrong. Depression affects the way you think – it distorts reality, takes away hope and undermines the meaning of life. That is why talking to someone who can look at your situation from the outside and with kindness can be very helpful.

If you have any doubts about your mental state, the next step should be to contact your family doctor. Your primary care physician will conduct an initial interview, order basic tests and check whether the symptoms are the result of other health problems, such as hypothyroidism, anaemia, vitamin deficiencies, side effects of medication or chronic diseases. All of these factors can cause symptoms similar to depression or co-occur with it. If necessary, your GP will refer you to a specialist, such as a psychiatrist or psychologist.

It is worth knowing that you can make an appointment with a psychiatrist on your own – without a referral or regional restrictions. A psychiatrist is a doctor like any other – they treat specific illnesses that can affect any of us, regardless of age or lifestyle. There is no reason to be ashamed or afraid. The sooner a diagnosis is made, the

greater the chance of effective treatment and a quicker return to full strength.

Depression, like any other chronic illness, does not disappear overnight. Its treatment requires commitment – both from the doctor and the patient. It also requires patience, as the effects are not always immediate. That is why it is so important to start treatment with the conviction that it is a step in the right direction. Trust a specialist – they have the knowledge and experience to choose the right treatment methods. This may be pharmacological treatment, psychotherapy or, most commonly recommended, a combination of both.

Do not try to diagnose or treat yourself. The symptoms of depression are complex, varied and can have many causes. Sometimes they occur atypically – without sadness, but with irritability, a feeling of meaninglessness, physical pain or sleep problems. Depression can also be ‘silent’ – the person smiles, talks and goes about their daily activities, but is suffering internally. That is why it is so important to consult a specialist who can assess the full picture and recommend the best solution.

Pharmacological treatment, i.e. antidepressants, is nothing to be ashamed of. Many older people are afraid of such drugs, mistakenly believing that they ‘change your personality’ or are ‘addictive’. However, modern drugs work safely and effectively, restoring balance in the nervous system, improving mood, sleep, appetite and overall quality of life. Sometimes they are only needed for a certain period of time – as support during the most difficult period. Sometimes longer. But always under the supervision of a doctor.
Psychotherapy is also an extremely important part of treatment. Meetings with a psychologist or psychotherapist allow you to understand the causes of your difficulties, name your emotions, work through past experiences, and learn new ways of coping with stress and anxiety. Therapy helps to sort out what is ‘weighing you down’, gives you a sense of agency and helps you build healthier relationships with yourself and others.

It is also worth taking care of your lifestyle – although it may seem insignificant, daily habits are extremely important for mental health. Regular sleep patterns, healthy meals, moderate exercise, limiting stimulants, contact with nature, and spending time with kind people – all of these things support the healing process. You

don't need to make big changes – just start with small steps: a few minutes' walk, a daily conversation with someone close to you, one healthy decision at mealtime. What is repetitive and good builds lasting change over time.

One of the most important factors supporting the recovery process in depression is the presence of another person – a loved one who does not judge but understands; who does not give ready-made advice but listens attentively and with empathy.

Although this disease affects individuals, it always has an impact on those around them – family, friends and neighbours. That is why it is so important for those closest to seniors to be able to recognise the first signs of low mood, respond with sensitivity and, most importantly, not leave the person alone.
A supportive environment can have a therapeutic effect: it encourages the person to seek help, reminds them that the disease does not take away their dignity or value, strengthens them in moments of doubt and reminds them that there are still many things worth living for. Support is not about constant consolation, but about being there – quietly, understandingly and consistently.

Sometimes a single sentence, such as 'You are not alone,' can change someone's path.

It is also worth taking advantage of professional social assistance, such as support groups for people with depression, educational programmes for seniors, and local initiatives offering meetings, workshops, and activities to promote social engagement. As part of this study, we also encourage you to use the worksheets we have developed – they are a practical tool to help you reflect, organise your thoughts, recognise emotions and

plan small steps towards regaining mental balance. The materials can be used independently or with the help of a carer, therapist or family member. They are tailored to the abilities and needs of older people, both those who are more independent and those who need support in working with text or tasks.

Contemporary psychiatry and psychology offer effective, safe and accessible methods of treating depression – provided that we dare to use them.

Getting older doesn't mean giving up on a good life. Age doesn't take away your right to happiness, inner peace and fulfilment. Don't be afraid to ask for help - not only when you can't take it anymore, but also when you feel that 'something' has changed, that 'it's not the same anymore'.

Depression in older adults is a real and serious problem – but it is a problem that can be solved. You are not alone. Help is available. There are people who understand. There are doctors who can treat it effectively. There are paths that lead to the light – even if they are hard to see today.

You deserve to live peacefully. You deserve to feel joy again. You deserve someone to help you.

And remember – depression is an illness that can be effectively treated. But the first step is up to you.

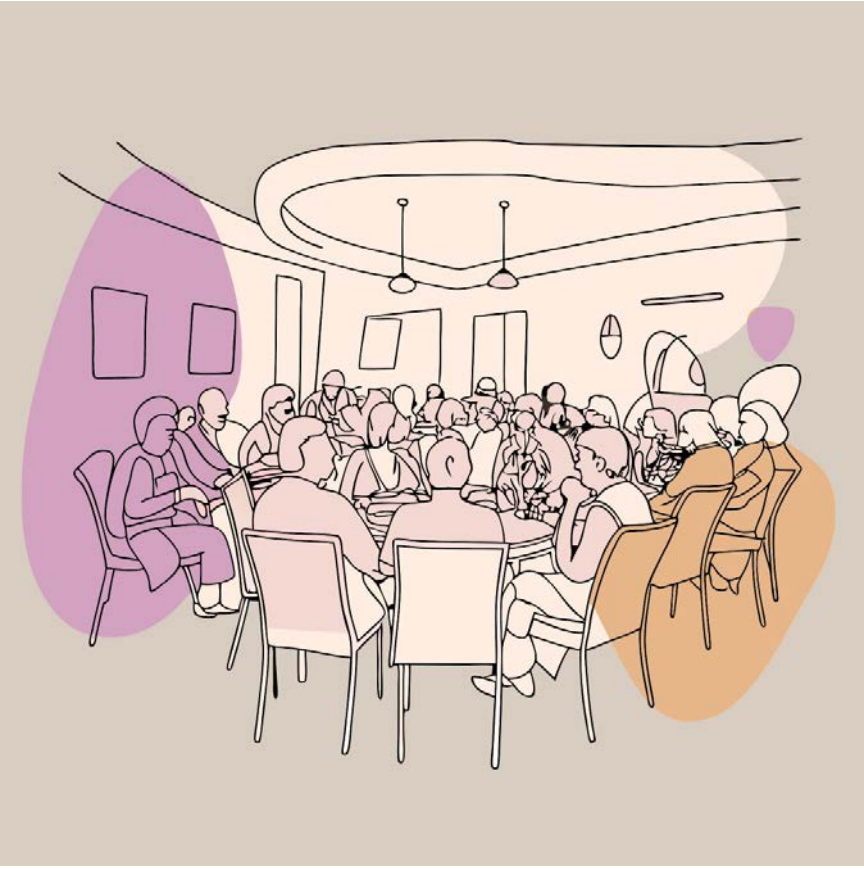
Chapter 5 – 'Psycho-emotional and social support'

Dear Senior,
you are holding the last part of the materials prepared especially for you. After chapters devoted to mental health, coping with emotions, depression, loneliness and strengthening everyday resilience, it is time to look at an equally important area of your well-being – psycho-emotional and social support.

In this chapter, you will find specific information and inspiration to help you improve your relationships with others, understand the power of community, and learn why it is important not to be alone – not only in times of crisis. You will read about building bonds, where and how to look for support groups, and how to use community resources, both local and online. We have also paid special attention to the opportunities offered by the Internet in building relationships and seeking help.

We encourage you to use the tips and inspiration contained here, if you have the opportunity to do so.

This chapter is an invitation to trust your need to be with others. You are not alone. Support, kindness and presence – all of this is within your reach. It is worth taking advantage of it.



5.1 Building and maintaining healthy social relationships.

Senior citizens, regardless of age, need connections with other people. These connections give meaning to everyday life, help us get through difficult times and bring joy in quieter moments. No one is a lonely island by nature – humans have always been and will always be social beings. That is why it is so important to nurture relationships – those we already have and those that may yet develop.

You may notice that your circle of friends is shrinking as you get older. Someone has moved away, someone has passed away, contact has been lost. This is natural, but it does not mean that you have to be alone now. On the contrary – at any age, you can make new friends, strengthen bonds, rebuild relationships with family, neighbours or former colleagues. Real relationships don't need fireworks – all it takes is conversation, presence, and sometimes just listening attentively to the other person.

Good relationships provide something that cannot be replaced by any therapy or medication - a sense of belonging, security and importance.

They are the reason we get up in the morning, tell someone about our dreams, share our worries and sometimes even a sandwich.
Thanks to relationships, we are less afraid because we know we are not alone. This is extremely valuable, especially in difficult times – and, as we all know, these sometimes simply happen.
Research conducted at Brigham Young University has shown that people who lead active social lives are 50% more likely to live longer than those who shy away from company. Loneliness and prolonged lack of social support can negatively affect overall quality of life and lead to serious health problems such as depression and anxiety.
Building and maintaining healthy social relationships is a process and requires conscious effort, but it is an investment that pays dividends many times over. By working on our relationships, we can not only enrich our own lives, but also influence others, creating a healthier and more supportive social environment.

I know that establishing relationships can seem difficult, especially when accompanied by shyness, fear of judgement or simply a lack of opportunity. But it's worth overcoming these barriers. Every ‘good morning’, smile

or question about someone's health can be the start of a conversation. And conversation leads to relationships. Relationships lead to strength, which allows us to live fuller, happier and safer lives.

In the following paragraphs of this chapter, you will find specific tips on how to maintain relationships, how to develop them and where to look for opportunities to meet new people. We will show you that even small gestures can mean a lot, and that every person, regardless of age, has the right to be part of a community. After all, none of us wants to live alone. And you, Senior, deserve closeness and kindness – today just as much as you did in the past.

- **Building interpersonal relationships**

Senior citizen, relationships with other people are one of the most important pillars of a good life – not only in youth, but also in mature age. True bonds are built slowly, but they bring enormous benefits – they give a sense of closeness, security and belonging. They make us feel part of something bigger, that we are needed and that someone sees, hears and understands us. It's not about grand gestures – it's the little things in everyday life that

build relationships: a phone call, a cup of tea together, a short walk, a smile. Good relationships need to be nurtured – like a garden, which without care begins to grow wild and wither.

One of the most important aspects of building closeness is regularity. You have to nurture contact – it's not enough to get in touch once in a while. Conversations, visits, spending time together reading, doing crossword puzzles or cooking strengthen the bond and make the relationship something permanent, something certain. When contact is lost, it is more difficult to return because a distance emerges. That is why it is important to remember to pick up the phone, check in on neighbours, and remind grandchildren of your presence. Even the shortest conversation can restore closeness.

The ability to listen attentively is also important. It is not just about being physically present – you need to listen with your heart. Look into the other person's eyes, do not interrupt, ask questions out of curiosity. Show that you care about the other person, that their concerns are important to you. It is worth being open to other people's emotions – their joys, worries, stories from the past and plans for the future. It is by listening that we build trust.

When talking to someone, speak openly but respectfully. Express yourself – your opinions, emotions, needs – but

do so in a gentle and honest way. Relationships break down when we remain silent or harbour resentment. It is worth talking about what hurts us, but without hurting others – and it is worth listening when the other person wants to tell us something important. Communication is not just words – it is also tone of voice, eye contact and gestures. All of this tells the other person: ‘I care about you.’

Empathy, or the ability to feel what others feel, is the foundation of a healthy relationship. When we are able to put ourselves in someone else's shoes and understand their point of view, it is easier to avoid misunderstandings and reach out. Sometimes you don't need to say anything – just being there, a handshake, shared silence is enough. Being there for someone is extremely valuable.

No relationship is without difficult moments. Misunderstandings and differences of opinion arise, and sometimes someone disappoints someone else. In such situations, it is worth trying to resolve the conflict calmly, without mutual accusations. Understanding is built through conversation, a willingness to understand, and a search for compromise. And if necessary, through forgiveness. Forgiving does not mean forgetting, but allowing yourself and the other person a new beginning.

Holding on to resentment only deepens loneliness and separates us from others.
Just as important as honesty and empathy is keeping your word. When you say you'll call, call. When you make an appointment, show up. This builds a sense of security and trust. And when someone does something for you, don't forget to say thank you. Small expressions of gratitude have great power. People who feel appreciated are more likely to come back and get involved.
Relationships don't have to be perfect. They just need to be real – based on mutual respect, honesty and a willingness to understand. Sometimes a single kind word can change someone's day. Sometimes it's enough just to listen without judging. Sometimes it's good to just be there.

- **Where can you make new friends?**

Senior citizens, it is never too late to meet new people. Feeling lonely does not have to be a permanent state – often all it takes is a small step, a small decision to open up to new acquaintances.
Many towns and cities have senior clubs, interest groups and themed associations. If you have a passion – gardening, books, crafts, singing – look for a place where

people with similar interests meet. Joint activities bring people together and provide a natural excuse for conversation.

If you like learning new things, it is worth signing up for educational activities such as workshops, computer courses, language courses or art classes. You learn, develop and, at the same time, meet people who also want to do something for themselves. This is often the beginning of beautiful friendships.

Volunteering can also be a good idea. By helping others, we often experience enormous gratitude and joy ourselves. You meet people who share similar values, which is a great basis for building relationships.

If you feel that you need to talk to someone who has experienced something similar to you – e.g. the loss of a loved one, health problems, feelings of exclusion – look for a support group. Such meetings provide a space to share experiences, but are also a place where friendships based on mutual understanding are born.

More and more older people are also using the Internet – and rightly so! Social media, local groups and online events are opportunities to meet and talk, even if you find it difficult to leave your home. Of course, it is important to be cautious and sensible, but when used well, the Internet can help you open up to the world.

Don't forget about physical activity. A walk with a group of neighbours, activities in the park, joint exercise – these are not only good for your health, but also a great opportunity to talk and build relationships. Even a simple ‘good morning’ to someone you pass every day can be the beginning of a new friendship.

Programmes that bring generations together are also an interesting option – meetings between young and old, joint activities or conversations over tea. Such exchanges of experiences can be extremely enriching for both sides.

Remember, seniors – don't be afraid to take the first step. You don't have to be the life of the party to have warm relationships. Sometimes all it takes is to be open, curious about other people, ready to listen and tell something about yourself. A new friendship often starts with the simplest word: ‘Good morning’.

5.2 The importance of group support and how to find support groups.

Senior, there comes a time in life when you feel overwhelmed – by everyday life, loneliness, illness or memories that are difficult to deal with on your own. This is when support groups can be of great help – places created specifically to give you space to talk, share experiences and feel that you are not alone in all this. Such groups operate in many places and can look very different – some are run by psychologists, therapists or doctors, others are created from the heart and are set up by seniors themselves, for other seniors. Sometimes they are regular meetings at a community centre, sometimes a café with tea and a common theme, and sometimes a regular psychological support group. Regardless of the form, their value remains the same. Participating in a support group gives you something very important – a sense of understanding. You meet people who are also dealing with loneliness, illness, old age, loss of loved ones, and the hardships of everyday life. By listening to their stories, you see that you are not alone – that others are also going through similar experiences, thinking similarly, and feeling similarly. Sometimes just listening to someone else's story is

enough to feel relief and hope. And even better – when you can talk freely, without fear of judgement. In a group where there is trust, you can openly talk about your sorrows, fears and even anger – and no one will scold you, dismiss you or laugh at you. It is a huge relief to be able to just be yourself, with all your experiences.

Support groups also have a practical dimension – they allow you to gain new information and skills. Specialists such as psychologists, doctors and dieticians are often invited to answer questions, explain things and offer advice. You will learn how to deal with health problems, how to take care of your well-being, what to eat, how to exercise, when and how to ask your doctor for help. Such knowledge – conveyed calmly and with empathy – is often more valuable than dry brochures.

An additional benefit is that support groups often offer more than just conversation. They organise joint activities, ranging from art workshops and physical exercise to team-building trips and themed lectures. These are not only interesting experiences, but also a real opportunity to make new friends. For many people, it is thanks to a support group that a new chapter in their lives begins – one that is more active, joyful, full of people, laughter and mutual care.

Don't forget that in a group you can share what you know and what you have experienced. Your experiences are extremely valuable – they can help others, encourage them and show them the way. Often, it is the seniors who initially came for help who become a source of support for others – with a kind word, advice or simply their presence. Being part of such a community also builds a sense of being needed, important and noticed – and this is one of the foundations of mental health.

It is worth remembering that regular participation in support groups helps to combat depression, anxiety and stress. It allows you to tame emotions that you sometimes cannot even name, but which can poison your everyday life. Sharing them in an atmosphere of kindness and understanding can be healing – and it also brings relief and improves your mood. Over time, you begin to feel joy again from the little things – laughing together, talking, shaking hands.

Support groups for seniors are also an excellent counterbalance to social isolation. You no longer have to sit alone within four walls. You can be part of something bigger. Meet, be active, laugh, learn and share the best of yourself. Joint activities help to maintain not only physical fitness but also mental fitness – and at the same time they bring more joy than any television set can offer.

You can find support groups in many places: community centres, libraries, senior clubs, parishes, health centres or foundations supporting older people. Online support groups are also becoming increasingly available for those who, for various reasons, are unable to attend in person. You can find them online, ask for information at a clinic or inquire at your local council office.
And most importantly, you don't have to wait for someone to invite you. All you have to do is take the first step. Sometimes all it takes is a phone call, signing up for a meeting, or leaving the house. Give yourself a chance for a new experience. Even if you feel uncertain, trust yourself. In places like these, no one will judge you. People are there to support each other – just like you.

How can you find a support group?
If you feel like you need someone to talk to, someone who understands you, or just someone to be there for you, don't wait. Support groups are closer than you think. Check out your local community centre, ask at the library or senior citizens' club – they often organise meetings, workshops and discussion groups. You can also visit your health centre or ask your GP – many professionals know of local places where seniors support each other.

If you use the Internet, enter keywords such as ‘senior support group + name of your town’ into a search engine – you will often find announcements on social media or on the websites of foundations. You can also ask a loved one to help you with your online search. Remember that there are also groups that operate remotely – by phone or video calls – if you prefer to talk from home.

Don't be afraid to ask and search. All it takes is one phone call, one step - and you can find a place where you will be warmly welcomed and feel important. You are not alone.

5.3 Use of social resources.

Dear senior, there is a whole network of kind people, institutions and places around you that can be extremely helpful, especially when everyday life becomes a little more difficult. With age, health limitations, mobility problems, feelings of loneliness and financial difficulties become more common. This is when social resources become particularly important – everything that the community can offer you to help you continue to feel part of the community, have access to support and live with dignity. There is no stronger source of support than family. Relationships with children, grandchildren, siblings or even more distant relatives can provide enormous support. Daily – and sometimes festive – meetings, phone calls or shopping trips together build a sense of security and belonging. For many seniors, family is the foundation that gives them strength, meaning and warmth, especially when loneliness knocks on the door.

But support does not end with family. Sometimes it is the neighbour – the one who says ‘good morning’ every morning in the stairwell – who turns out to be the greatest help. They may bring groceries, offer an arm for a walk, or simply have a cup of tea and a chat with you. Friends and neighbours are often people with whom you share your everyday life – and it is through these simple everyday gestures that a support network is built that can really change lives.

Let's not forget the power of the local community. In many towns and cities, there are self-help groups where seniors support each other. There you can find company for walks, cooking, going to the cinema or just having a heart-to-heart chat. Informal networks, often created by seniors themselves, can be more valuable than many a guidebook. They give you the feeling that you are not alone – because, in fact, you are not.

Modern technologies can also become your ally, senior citizen. If you use the Internet – and if you don't, it's worth trying! – you can stay in touch with your family, even if they live far away. Platforms such as Skype and WhatsApp enable video calls, Facebook allows you to join thematic or neighbourhood groups, and Zoom lets you participate in support group meetings without leaving your home. You will also find many tools online

to support your health, education and everyday life. It is worth asking someone close to you for help in taking the first steps – you are not too old to start. You can find out more about using the power of the internet in the next section.

Senior citizens, many foundations and social organisations are working specifically for you. Senior clubs, associations and foundations offer not only social and entertainment activities, but also very specific support: legal assistance, psychological counselling, meetings with doctors, workshops on health and pension rights. There you can find answers to questions that have been bothering you for a long time – and people who will listen to you attentively.

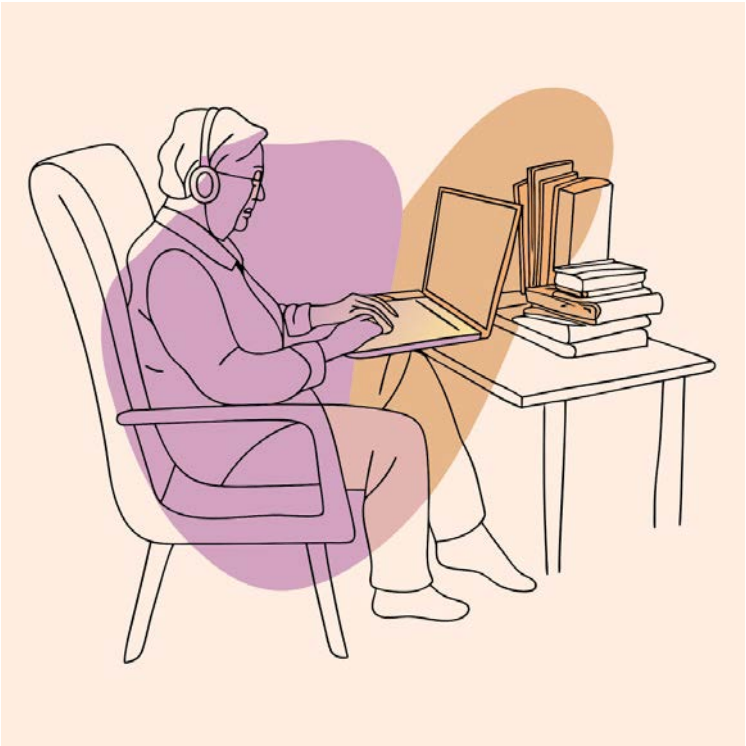
Public institutions are also within your reach – clinics, geriatric clinics, rehabilitation centres, social assistance centres. It is worth knowing your rights and taking advantage of the services available, which are designed to meet the needs of older people. Remember that you have the right to care, understanding and respect. A visit to a health centre is not only a medical check-up, but also an opportunity to get psychological help or a referral for rehabilitation.

And one more thing - don't be afraid to ask for help. Many older people feel reluctant to ask others for support, but it's worth overcoming this reluctance. No one should be lonely. Remember that asking for help is not a sign of weakness - it's a sign of wisdom and self-care. Community resources are not just institutions and organisations. They are, above all, people - kind, attentive and ready to help. You are also part of this community. You have your place, your voice and your value.

5.4 Possibilities for seeking support online.

Senior, the online world can be a valuable source of support – but it is important to use it wisely, with caution and an awareness of its possibilities and limitations. The Internet opens many doors: to contact with others, to knowledge, to emotional support, to groups that understand what you are going through. But not everything you find online will be helpful or true. On the Internet, you can come across valuable, supportive content as well as superficial, unverified and sometimes even harmful information.

That is why it is so important to choose reliable sources – websites run by specialists, mental health foundations, medical portals or groups that are moderated and have a clearly defined purpose.



Sometimes, a single bad word or ill-considered opinion from an anonymous user is enough to deepen someone's insecurity, anxiety or sadness. Don't treat everything you read online as the absolute truth. If something worries you, it's always worth consulting someone you trust – a loved one or a specialist.

Also, don't forget that spending too much time on social media can affect your well-being. Comparing yourself to others and looking at unnaturally ‘perfect’ photos and stories can cause unnecessary tension, frustration or

feelings of loneliness. The internet is a tool – it is beneficial when it serves you, not when it controls you. If you feel overwhelmed, take a break. The internet will not go away, and you have the right to take a breather.
Although online forums and support groups can provide comfort, a sense of community and understanding, they are no substitute for talking to a psychologist or doctor. If your difficulties become too much, if your sadness, anxiety or lack of energy do not go away, do not wait until it gets worse. Professional help is not a weakness – it is taking responsibility for yourself. A psychologist, psychiatrist or therapist is someone who will not only listen to you, but also suggest specific solutions that can really improve your well-being.
The internet can be the start of a good journey. It can be an impulse to change, to look for solutions, to share your story. But the road to lasting mental health improvement often leads through personal contact, conversation and relationships. Use the internet as a resource, but don't forget what really works – kind contact with other people, professional care, honest conversation and the courage to fight for your well-being.
You have the right to feel good. You have the right to seek support. You have the right to live peacefully and

without fear – and there are tools to help you do so. Online and offline.

Types of online social resources that support mental health

The modern digital world offers many tools that can help people take care of their mental health, including older people. Online resources are becoming increasingly popular because they are easily accessible, often free of charge, and can be used in the comfort of your own home at a convenient time. For many seniors, this is a convenient way to seek help, support or knowledge. Here are some of the most commonly used forms of online mental health support:

- Online support groups

These are virtual spaces where people with similar experiences meet to talk, share emotions, seek understanding and find hope. Such groups are often formed around specific topics, such as depression, loneliness, anxiety, grief after the loss of a loved one, emotional burnout, or more broadly, the mental health of seniors. They can be found on well-known social media platforms (e.g. Facebook), but also on dedicated platforms created specifically for people in need of emotional support. They are often moderated by

psychologists or trained individuals who oversee the conversations. Thanks to such groups, many people feel that they are not alone in their suffering, which is the first and very important step towards improving their well-being.

- Online forums about mental health

Forums are discussion spaces where users – often anonymously – share their experiences, ask questions, comment on other people's posts, and exchange advice and experiences. There are forums run by specialists, as well as more informal ones created by users themselves. Popular examples include Polish-language psychiatric forums and international forums such as Reddit, which has special subpages (e.g. r/depression, r/anxiety) focused on specific issues. The ability to write anonymously often makes it easier to express difficult emotions and fears, especially for those who are not yet ready to talk openly about their experiences. It is a safe space to ‘talk’ and listen to others.

- Apps supporting mental well-being

In recent years, many modern applications for phones and computers have been developed to help people take care of their mental health. Some focus on daily calmness and relaxation, such as meditation apps, breathing exercises, and mindfulness exercises. Others offer the

opportunity to ‘talk’ to an intelligent chatbot every day, which helps organise thoughts and reduce stress. There are also apps that allow you to contact a real therapist online – these solutions are particularly helpful for people who, for various reasons, cannot visit a therapist's office. However, it is important to remember that not every app will be suitable – it is a good idea to choose those that have been created by specialists and are trusted by users.

- Social media as a space for support and education

Although social media platforms such as Facebook, Instagram and TikTok are often criticised, they can also play a positive role. Many individuals and organisations run educational profiles where they share content related to well-being, depression prevention, stress management and mental resilience. These include short videos with relaxation exercises, motivational graphics, podcasts with therapists and stories from people sharing their journey to recovery. Of course, it is always important to be cautious and not compare yourself to others, but conscious use of social media can also provide mental support for older people.

- Webinars, lectures and podcasts

More and more institutions – foundations, universities of the third age, mental health clinics – are organising online thematic meetings on mental health. These so-called webinars are live broadcasts with psychologists or doctors, during which you can not only listen but also ask questions. Podcasts, on the other hand, are audio recordings – conversations, lectures, advice – that can be listened to at any time, e.g. while walking or resting. These forms of education help to understand the mechanisms of depression, anxiety, stress and trauma. They also make it easier to learn strategies for coping with difficulties and give you the feeling that you can look for new solutions for yourself.

Using online social resources for mental health support has many advantages, such as easy accessibility, anonymity, a sense of belonging to a community, and the opportunity to share experiences and advice. However, as with any form of support, it is important to use these resources in moderation and responsibly. It is worth remembering that there is a lot of unverified information on the Internet that can be misleading or even harmful. Be cautious and use reliable sources, such as platforms run by professionals or mental health organisations.

It is also important to remember that excessive use of social media can also lead to a deterioration in mental health, particularly in the case of social comparisons, cyberbullying or negative influences. Use social media consciously and wisely, take what is beneficial for you, but step back in time if you feel threatened.
Online support groups and forums can be a great source of support, but they are not usually a substitute for individual therapy. For serious health problems (e.g. severe depression), seek professional help who will tailor the treatment to your individual needs.

Part II

‘Understanding and acting’

Chapter 6 – 'Basic knowledge about depression in older adults'

6.1 Epidemiology of depression among older people.

Depression among seniors in Poland is a growing health problem that is becoming increasingly noticeable in the context of an ageing society. According to demographic data, Poland has one of the highest ageing rates in Europe, which is leading to an increase in the number of older people and a rise in health problems, including depression. The demographic changes taking place in Poland are largely due to the ageing of people born during the post-war baby boom and the increasing life expectancy of senior citizens.

In 2020, the number of people aged 60+ was 9.8 million (25.6% of the total population), while in 1990, for comparison, this figure was 5.7 million (15% of the total population). According to the latest forecast by the Statistical Office of the European Union (Eurostat), the number of elderly people in Poland is expected to continue to grow steadily. Calculations indicate that by 2030 this number will reach 10.5 million, and by 2050 it may even reach 12.9 million (which will account for approximately 38% of the total population of Poland). What is more, it has been estimated that in 2050, the number of people aged 75 and over may reach 5.2 million (15.2%), and those aged 85 and over – 1.9 million (5.7% of the total population).

The ageing of the population poses many health challenges, both for older people and for healthcare systems, which must meet the growing needs of this expanding age group. The ageing of the population generates many health and social issues, including

depression, which is becoming increasingly common and has a significant impact on the quality of life of older people.

According to PolSenior2, a nationwide study on the health of older Poles conducted as part of the National Health Programme for 2016–2020, 23% of seniors surveyed show symptoms of depression. This means that almost one in four respondents struggles with mood disorders. The study found that the presence of symptoms of depression increases with age. In the 60-74 age group, the disease occurred in 18.9% of respondents, while in the 75+ age group, it occurred in as many as 35.5% of the population surveyed. It was also shown that women are more likely to suffer from depressive disorders – in the 60-74 age group, 16.3% of men and 20.9% of women had symptoms, while in the 75+ age group, the figures were 26.9% of men and 40.2% of women. It should be noted that the results obtained among the elderly respondents were based on the 15-point Geriatric Depression Scale (GDS) > 5 points.

The issue of mental health among Poles, including seniors, was also addressed in a report by the National Health Fund published in 2020 and its update from 2023 – 'NFZ o zdrowiu. Depresja' ('NFZ on health. Depression'). The data contained in the report (Table 1) allows us to compare the scale of depression among Poles in different age groups and to see the trends in the incidence of this disease over the 11-year period covered by the study. In this case, the data was obtained on the basis of the number of medical services provided.

Based on the table above, it is easy to see that in the groups of people over 65, the number of medical services provided for the diagnosis of depression in the examined period is increasing quite steadily. It can therefore be concluded that depression is affecting an increasing percentage of our elderly compatriots, which, with the growing number of elderly people in society, means that the problem is becoming more serious every year.

Between May and July 2023, psychologists from the ‘Faces of Depression’ Foundation conducted a survey among seniors (aged 60+) to assess their mental well-being. The group of respondents consisted of 533 people, which is not fully representative, but the results are worth looking at as they are quite worrying:

- 22% of respondents have felt sad every day for at least two weeks,
- 16% believe that their life has lost meaning,
- 26% feel tired for most of the day (for at least two weeks),
- 17% have lost interest in their passion, which previously brought them joy,
- 26% experience sleep disturbances,
- 5% of the seniors surveyed said they had suicidal thoughts for at least two weeks,
- 6% have thought about taking their own lives in recent months,
- 11% of those surveyed who had previously been diagnosed with depression are not trying to treat their illness in any way.

It should be noted that when it comes to depression among seniors, a major problem is the fact that, as the Foundation points out, ‘It is difficult to answer unequivocally how many seniors struggle with depression, because many of them are not diagnosed and do not seek professional psychiatric or psychological help.’

6.2 Specific characteristics of depression in older people and difficulties in diagnosing it.

Depression in seniors can take many forms, and the symptoms often differ from those seen in younger people. In older people, depression may be less obvious, as many of its symptoms are subtle or non-specific. Symptoms can be confused with natural ageing processes or other conditions that often accompany old age.

The main symptoms of depression in older people that can help identify it are:

1. Mood swings

- Depression and sadness – Although older people may not always openly express their feelings, depression in seniors often manifests itself as chronic sadness, depression, feelings of hopelessness or emptiness.

- Irritability and irritability – Instead of the sadness typical of younger people, depression in seniors can manifest itself as chronic nervousness or irritability. Seniors may be more sensitive to stress and situations that did not previously cause them problems.

2. Sleep disorders

- Insomnia – Difficulty falling asleep, frequent waking during the night, or waking up too early in the morning are common symptoms of depression in seniors. Sometimes sleep is interrupted by nightmares or feelings of anxiety.

- Daytime sleepiness – On the other hand, some seniors may sleep too much during the day, feeling tired even though they sleep long hours at night.

3. Changes in appetite and weight

- Loss of appetite – Depression in seniors often leads to a lack of interest in food, resulting in weight loss. Sometimes seniors do not feel hungry and lose their appetite, which can lead to malnutrition.

- Overeating – In some older people, depression can cause the opposite reaction: emotional eating, which leads to excessive food consumption and weight gain.

4. Decreased energy and motivation

- Fatigue and exhaustion – Seniors with depression may feel constantly tired and lack the energy to perform everyday activities, which leads to neglecting personal responsibilities. Simple tasks such as getting dressed or washing can become a major challenge.

- Apathy and lack of initiative – Interest in previous hobbies, family gatherings or social activities disappears. Older people may withdraw from social life, losing the desire to engage in various activities.

5. Problems with concentration and memory

- Difficulty concentrating – Depression can manifest itself in difficulty concentrating, forgetting small things such as appointments, tasks to be completed or conversations. This can be confused with natural ageing processes such as memory loss.

- Slow thinking – Older people with depression may experience 'slow thinking', i.e. difficulty making decisions, solving problems or organising daily activities.

6. Somatic problems

- Physical pain and discomfort – Depression in seniors often manifests itself in the form of vague physical complaints, such as headaches, back pain, joint pain, shortness of breath,

dizziness, heart palpitations, itchy skin, constipation or digestive problems. Weakness, lack of energy and fatigue are also common. These symptoms can be mistaken for the effects of ageing or chronic illness, which means that depression often goes undiagnosed.

- No improvement in the treatment of other diseases – Older people may notice that despite treatment for other conditions, their health is not improving, which may be the result of depression rather than the ineffectiveness of the therapy.

7. Psychotic symptoms

- Hypochondriacal disorders - Hypochondria in senior depression is a fairly common phenomenon that can significantly increase suffering and hinder the treatment process. In the context of senior depression, hypochondriasis involves excessive anxiety about health, combined with a belief that one has a serious illness, despite the absence of clear medical evidence for its existence.

- Nihilism - In some cases, depression can lead to nihilistic beliefs, in which the person believes that nothing has meaning and that the world and life are empty and worthless. The patient may also be convinced that their body or mind is unable to perform its functions (e.g. their digestive system is not working, their kidneys are not working, etc.), while these beliefs are not realistic and are not supported by reality.

- Depletion - Older people suffering from depression often feel exhausted, both mentally and physically. This can manifest itself in a lack of pleasure, emotional numbness, black-and-white thinking, a lack of purpose in life, and low self-esteem.

8. Decline in social activity

- Social isolation – Depression leads to withdrawal from social life, which manifests itself in avoiding contact with family and

friends. Seniors may avoid meetings, phone calls, and withdraw from participating in social activities.

- Loneliness – Although loneliness and isolation can lead to depression, people who are already struggling with depression often isolate themselves even more, which exacerbates feelings of loneliness.

9. Feelings of hopelessness and anxiety

- Feeling worthless – Seniors may start to feel that they no longer have any value, that they are a burden, useless and unnecessary. This can lead to feelings of hopelessness and giving up on life.

- Anxiety and worry – Older people with depression may experience chronic anxiety, uncertainty about the future, and fears related to illness, death, or loss of control over their lives.

10. Changes in daily behaviour

- Neglecting personal hygiene – Older people who have always taken care of themselves may start neglecting their personal hygiene, which may be a sign of apathy or lack of motivation, characteristic of depression.

- Changes in daily rhythms – Seniors may have problems with their daily routine, such as getting up in the morning, preparing meals, leaving the house or performing normal household chores.

11. Suicidal thoughts

- Thoughts about death and suicide – Suicidal thoughts in seniors may occur particularly in cases of deep depression. Seniors may express a longing for death or say that they no longer want to live, although they do not always make specific suicide attempts.

Recognition of depression in the elderly

Depression in seniors is often overlooked or misdiagnosed. The reasons for the low recognition and inadequate treatment of this disease include:

- patient-related barriers – lack of knowledge about depression prevention, symptoms and treatment options among older people, lack of support in the immediate environment, fear or shame of admitting weakness, reluctance to share problems with others;

- barriers related to medical personnel caring for seniors – insufficient knowledge about the prevention, diagnosis and treatment of depression, short consultation times during visits to the doctor's office, insufficient number of specialists to meet growing needs;

- systemic barriers – lack of detailed guidelines for medical staff on how to deal with elderly patients with depression, problems with the organisation of the healthcare system, shortcomings in the geriatric care system.

As we have already noted, depression can manifest itself differently in older people than in younger people. Classic symptoms may be masked, and the disease may manifest itself in a somatic way, with symptoms such as pain, fatigue, sleep disturbances or digestive problems, which can be confused with the natural effects of ageing or chronic diseases (e.g. heart disease, diabetes, joint disorders). This can cause doctors to focus on treating physical ailments rather than investigating the possibility of depression. Another problem is that assessing the health of an older person requires taking into account coexisting chronic diseases and medications. Seniors often take multiple medications, some of which may have side effects that cause symptoms of depression. As a result, the side effects of medications may be confused with actual depression, making it difficult to diagnose correctly. Unfortunately, geriatrics is a relatively young field of medicine in Poland, and the number of specialists is insufficient to

meet the growing needs. Current care for older people is often not comprehensive. Instead of providing comprehensive care (medical, rehabilitative, social), the system consists of many scattered elements that do not always work together.

Diagnostic problems are also exacerbated by the fact that older people may find it difficult to seek help due to embarrassment or fear of stigma associated with mental health problems. Some may also be unaware that their symptoms are depression and consider them a natural part of ageing. Seniors often experience changes in their ability to self-assess and express emotions, especially as a result of the loss of loved ones, health problems or changes in social structure (e.g. social isolation). They may have difficulty communicating their emotions and feelings, which can lead to delayed diagnosis. The risk of developing dementia or other cognitive disorders also increases with age. Symptoms of depression in people with dementia can be difficult to distinguish from symptoms of neurodegenerative disease, such as apathy, difficulty concentrating, memory impairment or reduced motivation. This can lead to misdiagnosis, where depression is treated as part of the dementia process.

Often, the patient's loved ones may downplay the symptoms of depression, believing them to be related to age rather than a mental disorder. Sometimes, patients are unable or unwilling to talk about their emotions, especially if they are cared for by family members who focus on practical issues rather than mental health problems. Older people usually prefer to spend more time at home, limit their activities and avoid challenges, which can also be mistaken for a ‘natural’ part of ageing rather than the effect of depression. However, reduced activity can often be one of the key symptoms of this disorder.

Another major problem is that a fairly large group of seniors struggle with social isolation. Lack of social contact can lead to a worsening of depressive symptoms, and infrequent contact with family, friends or healthcare professionals makes it very difficult to notice the symptoms of the disease. The lack of proper diagnosis and support significantly worsens the patient's condition.

The diagnosis of depression in seniors requires consideration of a number of factors that can alter the clinical picture of this disorder. It is important for doctors and carers to be aware of the specific characteristics of depression in older people and to treat somatic symptoms, social isolation and behavioural changes as potential signs of depression, especially if they are associated with the loss of loved ones, health problems or other life difficulties. Early detection and appropriate intervention can improve the quality of life of older people with depression.

6.3 Causes and risk factors of senior depression.

Depression in late adulthood is a complex phenomenon that cannot be explained in simple terms. It is rooted in a whole range of interrelated biological, psychological and social mechanisms. Each of these can act independently or interact with others, increasing the risk of depressive symptoms. When working with seniors, it is particularly important to understand this multidimensionality – only such an approach allows for proper diagnosis and planning of effective support.

- Biological determinants of depression in old age

One of the main areas of research into depression is the changes that occur in the brain, both biochemically and structurally. Disorders in the functioning of neurotransmitters – such as serotonin, dopamine and noradrenaline – are directly linked to low mood, difficulty in experiencing pleasure, and a decrease in motivation and energy. In older people, the nervous system undergoes natural changes, which can exacerbate these processes. Neurotransmitter deficiencies lead to disturbances in emotional regulation and can influence the development of depressive symptoms.

Genetic predisposition also plays a role – some people are at increased risk of developing depression due to inherited gene variants, especially those related to serotonin processing. Family

history, although not a death sentence, should be a signal for increased vigilance in assessing the mood and mental functioning of seniors.

Hormonal disorders are another important factor. Abnormalities in the thyroid, adrenal glands or the hypothalamic-pituitary-adrenal axis can lead to significant mood swings. Excess cortisol, a stress hormone, is strongly associated with depression. In women, menopause may be associated with an increased risk of mood disorders, while in men, andropause and the associated hormonal changes can also affect well-being.

Chronic diseases such as diabetes, cardiovascular disease, Parkinson's disease, cancer and chronic pain are extremely common among seniors, which not only take a physical toll but also affect the psyche. Living with pain, physical limitations, hospitalisations and treatment on a daily basis can lead to feelings of loss of control, helplessness and mental exhaustion. In addition, some medications used to treat somatic diseases can have side effects including mood disorders.

Sleep disorders – such as insomnia, frequent awakenings, circadian rhythm disorders – also affect mental health. Sleep plays a key role in the regeneration of the nervous system. Lack of sleep promotes irritability, reduced concentration and mood, and if problems persist, it can lead to the development of full-blown depression.

The mental state of seniors is also influenced by their lifestyle. Lack of exercise, a diet poor in essential nutrients, alcohol abuse, smoking and the use of psychoactive substances weaken the body and disrupt the neurochemical balance. Lack of physical activity affects not only physical health but also mental health – regular exercise promotes the production of endorphins, which improve mood. An unhealthy diet can lead to deficiencies that weaken the body and increase susceptibility to emotional disorders.

- Mental and personality risk factors

When working with seniors, the impact of past experiences and personality traits on their current functioning cannot be overlooked. Long-term stress and traumatic experiences, such as bereavement, loss of a partner, divorce, abandonment by children, retirement, or sudden illness, can trigger a mental health crisis. It is often the accumulation of these experiences, combined with limited coping resources, that leads to depression.

High levels of pessimism, low self-esteem, a tendency to worry excessively and think negatively about oneself and one's surroundings are factors that increase the risk of depression. Seniors who have viewed the world as hostile and threatening throughout their lives are more likely to experience depressive symptoms when faced with life changes.

The ability to cope with stress varies greatly from person to person. Those who have difficulty expressing their emotions, escape from problems, avoid confrontation or suppress their feelings are more prone to depression. On the other hand, people who are able to talk about their emotions, ask for help and actively seek solutions are less likely to develop depression.

- Social determinants of depression in older adults

One of the most important social factors increasing the risk of depression is isolation. Loneliness, especially long-term loneliness, can be as dangerous as a chronic illness. Lack of daily contact, loss of friends, limited mobility, death of loved ones, and withdrawal from social life all contribute to the onset of depressive symptoms.

Another factor is economic situation. Low pensions, difficulties in covering medical expenses, bills or basic needs can cause anxiety, shame and helplessness. Financial problems can affect self-esteem and agency, especially in people who were previously independent and professionally active.

Traumatic experiences – especially domestic violence, emotional neglect, sexual abuse or psychological violence – can leave a lasting mark on a person's psyche. Regardless of whether they occurred in childhood or adulthood, they often resurface in old age, affecting mood and the ability to trust others.

Finally, there is a lack of control over one's life. Many seniors feel dependent on others: their family, institutions, the healthcare system. Losing influence over everyday decisions, reduced autonomy, and the feeling that ‘everything is happening outside of me’ can lead to resignation and hopelessness. It is this state of psychological helplessness that often underlies depression.

There is no single cause of depression. It is a complex condition that results from the interaction of many biological, psychological, social and environmental factors. Biology (such as neurotransmitter disorders, changes in brain structure, genetics, disease) provides the basic mechanisms, psychology (e.g. trauma, negative thinking) influences how we cope with stress, and social factors (e.g. isolation, life crises) can be a catalyst for the development of depression.

Understanding the complexity of the causes of depression in older people not only allows for better diagnosis of the problem, but also enables effective support for seniors in their individual situations. Taking biological, psychological and social factors into account should become the basis for all assistance and therapeutic measures undertaken when working with this age group.

6.4 Effects of depression in older people.

Depression in old age is not just a mental health issue – its effects extend to many aspects of a senior's life, affecting their physical health, cognitive functioning, social relationships and overall quality of life. Neglected, undiagnosed or untreated depression can lead to long-term and often irreversible consequences that affect not only the person suffering from the condition, but also those around them – their family, carers and even the health and social care system. It is therefore crucial for professionals and those supporting seniors to recognise the early signs of depression and understand how far-reaching its consequences can be.

- The impact of depression on physical health

Depression in older people often coexists with somatic diseases and, what is more, it can contribute to their development, exacerbation or treatment difficulties. Among the most direct effects of depression are immune disorders – chronic stress and low mood negatively affect the functioning of the immune system, making the body less resistant to infections. Seniors suffering from depression are more likely to develop pneumonia, influenza and other infectious diseases, and their recovery process takes longer.

In addition, depression correlates with a worsening of chronic diseases. Conditions such as high blood pressure, ischaemic heart disease, kidney failure, type 2 diabetes and rheumatic diseases often worsen in patients with depression. This is not only about psychophysiological mechanisms – the fact that people suffering from depression are more likely to neglect treatment, stop taking medication as prescribed, fail to attend follow-up appointments and have significantly reduced motivation to take care of their health is also of key importance.

One of the most common symptoms of depression is also sleep disorders – both problems with falling asleep and multiple night-time awakenings or early morning awakenings. The loss of deep

sleep phases affects not only mental well-being, but also the body's performance, tissue regeneration, cardiovascular function and metabolism. Chronic insomnia is a risk factor for many somatic complications, including muscle weakness, decreased immunity, increased cortisol levels and increased pain.

In older age, depression often leads to a lack of physical activity. Lack of exercise contributes to a faster loss of fitness, deterioration of coordination, decreased muscle strength and an increased risk of falls. The consequences can be dramatic – fractures, head injuries, hospitalisations, which further increase the senior's dependence on their environment and contribute to further deterioration of their mental state.

- Decline in independence and self-reliance

One of the most visible effects of depression in older people is the loss of functional independence. Low mood, decreased energy, lack of motivation and difficulty in making decisions directly translate into a reduced ability to live independently. In practice, this means withdrawing from many everyday activities – seniors stop cooking, cleaning, shopping or keeping their surroundings tidy. Over time, these seemingly minor neglects can lead to a significant decline in the standard of living and the need for external help.

Importantly, this dependence on others is not due to physical disability, but to the mental burden of depression. For many seniors, the loss of independence is associated with a profound crisis of identity and dignity – they feel useless, dependent and ashamed of their helplessness. In extreme cases, this can lead to a complete abandonment of self-care, a reluctance to accept any form of help, and even self-destructive behaviour.

It is worth noting that untreated depression increases the risk of the so-called ‘frailty syndrome’ – a condition in which seniors become more susceptible to injuries, infections, falls and other health complications. The loss of independence rarely happens suddenly – it is rather a gradual process that can be stopped or slowed down through early psychological and social intervention.

- Cognitive disorders and deterioration of intellectual functions

Depression in old age often affects cognitive functions, leading to what is known as pseudodementia. Seniors suffering from depression may have significant difficulties with concentration, memory, organisation of thought and decision-making. These symptoms can be strikingly similar to the early stages of Alzheimer's disease or other forms of dementia, leading to misdiagnosis and inappropriate treatment.

However, depressive pseudodementia differs from neurodegenerative dementia in that its symptoms are reversible and

may resolve after effective treatment of depression. Proper diagnosis is crucial here. Many older people with cognitive impairment caused by depression do not receive adequate help because their problems are attributed to the natural ageing process.

From the perspective of those working with seniors, recognising this difference is extremely important. Careful observation, conversations with the person being cared for and their loved ones, the use of screening tools (e.g. GDS or PHQ-9 – see the previous part of the publication) and the inclusion of specialist consultations can prevent the unnecessary labelling of an older person as suffering from dementia, and thus enable them to return to fuller functioning after appropriate psychological support.

- The impact of depression on social relationships and the quality of interpersonal bonds

Depression in older people is not limited to mental and physical health – its effects also extend to social relationships. People with depression often withdraw from contact with family, friends, neighbours and even acquaintances from senior clubs or support groups. Low mood, lack of energy, apathy and shame about their condition cause seniors to stop answering the phone, leave the house and avoid social gatherings.

Over time, this can lead to complete social isolation – a state that not only deepens depression but also hinders access to any form of help. What is more, these individuals often explain their withdrawal by physical discomfort, which is sometimes accepted by those around them, thus masking the real source of the problem. Social isolation, although seemingly voluntary, is in fact a symptom of the disease – and one of its most dangerous mechanisms.

An additional problem is the disruption of emotional bonds. Seniors with depression may become more irritable, distrustful, indifferent or even aggressive towards those who try to help them. Loved ones, not always understanding the cause of such behaviour, may react with frustration, distancing or increased control, which

further worsens the relationship and reinforces the feeling of misunderstanding. Over time, this leads to the erosion of family and social ties, and the senior remains in a state of loneliness, which they may consider irreversible.

- Risky coping strategies and addiction

Faced with difficult emotions and a lack of effective psychological support, some seniors turn to psychoactive substances – most often alcohol, sedatives or sleeping pills, and in some cases also addictive painkillers. This is a form of self-medication, but it almost always makes the situation worse.

Addiction in seniors often develops secretly – it may go unnoticed by the family or be misinterpreted as part of 'coping' with old age. However, it should be remembered that the metabolism of older people is much slower, which means that even small doses of substances can cause severe side effects – dizziness, balance disorders, poor concentration, drowsiness. The combination of these effects with depression significantly increases the risk of falls, accidents in the home and even death.

What is more, sedatives and sleeping pills, especially benzodiazepines, can exacerbate depressive symptoms in the long term and lead to memory impairment and cognitive decline. In practice, this means a vicious circle: a senior citizen who tries to improve their mood with medication without consulting a doctor may fall into an even deeper mental and physical crisis.

- The most serious consequences – the risk of suicide among seniors

One of the most dramatic consequences of untreated depression in older people is an increased risk of suicide. Although this topic is often marginalised in public debate, epidemiological data remains alarming – seniors, especially men over 75, are among the groups with the highest rates of successful suicide attempts. This is due, among other things, to the fact that older people are less likely to

resort to impulsive forms of self-harm and more likely to plan their actions in a thoughtful manner, without prior warning signs.

Depression in this age group can take the form of a deep sense of meaninglessness, a lack of prospects, and a belief that one is a ‘burden’ to others. This mental state, combined with isolation, chronic pain, loss of mobility or grief over the loss of loved ones, can be very difficult to bear, especially in the absence of adequate support.

As people who work with seniors – carers, therapists, social care workers, psychologists or doctors – we should be particularly sensitive to subtle signs: statements about the meaninglessness of life, lack of care for health, failure to organise personal affairs, unexpected farewells. Every such situation should be taken seriously and consulted with a mental health professional.

However, it should be emphasised that this topic requires in-depth analysis and discussion, which is why it will be presented in more detail in the next chapter (7), which will be entirely devoted to suicide prevention among seniors, recognising warning signs and the principles of safe response.

Chapter 7 - "Recognising and assessing suicide risk

7.1 Symptoms and warning signs of a suicidal crisis.

Suicide among seniors is a serious public health problem that is often overlooked, yet it poses one of the highest suicide risks compared to other age groups. According to data from the Central Statistical Office, people over 65 in Poland account for approximately 15-20% of all suicide victims. Suicide attempts in this age group are also more likely to result in death, as seniors' decisions to commit suicide are usually well thought out and consistently carried out.

Police statistics show that in recent years, almost 700 seniors have died by suicide each year. Unfortunately, suicide researcher Prof. Agnieszka Gmitrowicz points out in OKO.press that these figures are underestimated and that in reality, there may be up to 15 times more suicide attempts. This is due to the fact that many suicide attempts are not reported anywhere, as they are carried out in such a way as to look like accidents. It is also important to note that in Poland, although women are more likely to suffer from depression, suicide attempts are more common among men (there are 5-6 men for every woman).

The ability to recognise suicide risk in seniors is extremely important, as older people often do not express their thoughts and feelings about suicide directly, or even hide them. Symptoms of depression or suicidal crisis may go unnoticed or be mistakenly associated with other illnesses or the natural consequences of ageing. For this reason, identifying warning signs, understanding risk factors and regularly monitoring the mental health of seniors is extremely important.

The most common risk factors for suicide in older people include:

- Depression

Depression is the main risk factor for suicide among older people. Seniors may experience depression due to loneliness, loss of loved ones, deteriorating health, and loss of independence. Common physical symptoms also exacerbate mental health issues, while making it harder to get the right diagnosis and treatment. Mood disorders and long-term changes in behaviour, like feeling hopeless, guilty, or losing interest in things, can be signs that a senior is going through a mental health crisis.

- Social isolation

Among seniors, loneliness is one of the strongest risk factors for suicide. Older people who have no close family ties or who have lost their partners, friends or close family members are particularly vulnerable to developing depression and suicidal thoughts. Seniors who have limited social contact or spend most of their time alone may gradually feel useless and that their life has no meaning. The lack of close social ties – and the emotional support and assistance that usually comes with them – can make a lonely person feel even more overwhelmed by their problems, which can lead to a deterioration in their mental health. Loneliness and a lack of understanding can intensify negative thoughts and feelings, such as feelings of worthlessness, which further block the desire to seek help and deepen the state of isolation. This creates a vicious circle that strongly affects the quality of life of seniors and can lead to suicidal thoughts.

- Chronic diseases and disability

Chronic diseases and disabilities are significant risk factors for mental health deterioration. Older people who struggle with long-term conditions such as heart disease, diabetes, cancer, dementia, and disability often experience a decline in their quality of life, which can lead to serious mental health problems, including depression and suicidal thoughts. Chronic pain, difficulty

performing daily activities, and the need for ongoing medical care can lead to feelings of helplessness, hopelessness, frustration, and loss of control over one's life. Disability can also exacerbate feelings of loss of autonomy and independence, which in turn can lead to lower self-esteem. In addition, long-term illness increases stress and anxiety and causes a reduction in physical and social activity among older people, which increases feelings of isolation and exacerbates mental health crises.

- Loss of loved ones

Grief following the death of a loved one, especially a spouse, can lead to deep trauma and emotional crisis, which can lead to suicidal thoughts. The loss of a loved one in old age is often associated with deep sadness, feelings of loneliness and emptiness. Seniors may feel that they have lost their source of emotional support and a partner to share their life with. In old age, when there are fewer loved ones, social contact may be reduced, and decreased activity and isolation only deepen the state of grief. Often, especially in people who had a strong bond with their partner, thoughts of death may arise as a way to end the suffering.

- Financial difficulties

Financial difficulties are a common stress factor, especially if seniors are unable to meet their daily expenses or provide for their basic needs. The constant stress of not having enough money to live on contributes to the development of depression and anxiety, and the shame that seniors may feel as a result leads to isolation and a sense of stigmatisation. Debt problems can lead to an escalation of financial problems and a deterioration in mental health, which can lead to suicide attempts, especially if seniors feel ‘trapped’ in a situation of debt and with no prospects for improvement.

- Cognitive disorders

Older people with cognitive impairments, such as dementia or Alzheimer's disease, often face many challenges that can lead to a

decline in their mental health and increase the risk of suicidal thoughts. Problems with memory, orientation, decision-making and changing awareness of oneself and one's surroundings can cause serious feelings of hopelessness and fear of deteriorating health. The gradual loss of the ability to function independently, make everyday decisions, cope with life's problems and the need to rely on others can exacerbate these feelings and lead to suicidal thoughts.

Recognising suicide risk in older people requires attentiveness and particular sensitivity to the presence of risk factors. Warning signs of suicide in older people can be subtle and difficult to spot, especially if the older person is trying to hide them. However, there are certain indicators to look out for in order to respond in time and provide appropriate help.

Recognising warning signs – how not to miss a cry for help

Many seniors who experience deep psychological suffering and consider ending their lives do not communicate this directly. Their signals are often subtle, scattered, and may be misinterpreted by those around them as ‘typical senile behaviour’ or natural withdrawal associated with age. In reality, however, they may indicate a worsening mental health crisis. Below are the most common warning signs which, if recognised early enough, can enable effective intervention.

1. Changes in behaviour and social functioning

One of the most common signs that should alert a carer or loved one is a noticeable change in a senior's behaviour. A person who has previously been socially engaged and maintained family or social contacts suddenly begins to withdraw – they do not answer phone calls, avoid conversations and stop attending meetings. This type of isolation is not just a sign of a need for peace and quiet – it is often a symptom of a growing sense of loneliness and hopelessness.

Progressive self-neglect can also be an alarm signal. If a senior citizen stops taking care of their hygiene, clothing or appearance, refuses meals or medication, this may indicate a significant decline in motivation and energy, typical of a deep state of depression. Loss of interest in former passions, passivity and reduced daily activity should be treated as potentially serious symptoms.

Sometimes, a so-called ‘sudden improvement in mood’ can be particularly difficult to recognise – a senior citizen who has been sad, depressed and discouraged for a long time suddenly becomes cheerful, calm and even joyful. Such an apparent turnaround may mean that the person has already made the decision to end their life and feels relief as a result of this determination. Such situations require immediate attention.

2. Statements and thoughts related to death

A very important area that should not be underestimated is statements made by seniors that directly or indirectly refer to death. Even if they are phrased ‘jokingly’ or half-heartedly, they should be taken seriously. Phrases such as ‘there is no point in living anymore’, ‘it would be better for everyone without me’, ‘I would like to fall asleep and not wake up’ or ‘I am just a burden’ are clear signs of mental suffering that can lead to self-harm.

Conversations about passing away, wills, ‘wrapping things up,’ and statements containing references to death (‘I have a feeling I'm going to die soon’) should also be noted. Older people often communicate their thoughts indirectly, which is why it is so important to be able to ‘read between the lines.’

3. Changes in emotional and physical functioning

A mental crisis can also manifest itself through noticeable changes in emotions and physical well-being.

Seniors may experience excessive irritability, inappropriate angry reactions, and irritability, especially if they were previously mild-mannered and balanced. They may also become tearful,

emotionally unstable, suddenly tense, and then withdrawn and apathetic.

A decrease in energy, chronic fatigue, and a lack of motivation to perform even simple daily activities are signs that the body and mind are overloaded. If this is accompanied by sleep problems (both insomnia and excessive sleepiness) and changes in appetite (loss of appetite or overeating), this may indicate advanced depression.

Such symptoms are often mistakenly attributed to ‘ageing’ or ‘bad days’. However, their sudden intensification or accumulation should be grounds for consulting a doctor or mental health professional.

4. History of previous suicide attempts

One of the best documented risk factors for repeated self-harm is a previous suicide attempt. In seniors who have attempted suicide in the past, the risk of repeated acts increases significantly, especially since this age group rarely displays ‘calls for help’ in the form of non-threatening gestures. Older people tend to act in a more considered manner, and their decisions are often final.

For this reason, the life history of a senior citizen – including their mental health – should be known to those around them. Even if previous attempts took place many years ago, they should be treated as an important risk factor and taken into account when assessing their current mental state.

5. Organising affairs, giving away personal belongings

Behaviours that may appear to be pragmatic ‘organising of one's life’ – e.g. writing a will, giving away family heirlooms, donating clothes, closing bank accounts or handing over important documents – may, in the context of other signs, be a clear warning sign.

Such actions often accompany people who are planning to end their lives and want to ‘tie up’ matters that are important to them before making a final decision.

Caregivers should pay attention not only to the actions themselves, but also to the emotional tone accompanying them – if tidying up is accompanied by melancholy, withdrawal, resignation or even relief, it is worth considering a conversation and offering psychological support.

6. Substance abuse

In older age, excessive use of alcohol, sedatives, sleeping pills or painkillers is often an unrecognised mechanism for coping with mental suffering. Seniors who feel lonely, useless or overwhelmed by health problems may turn to substances that ‘numb’ their emotions.

Medication abuse, especially prescription drugs, can take the form of dangerous addiction or attempts at self-harm through overdose. In care settings, it is important to introduce dosage monitoring systems, discuss the goals of pharmacological treatment with seniors, and respond to any worrying changes in behaviour after medication.

7. Change in attitude towards spirituality, death and the meaning of life

In some cases, seniors show a sudden, deepened interest in death, religion or the afterlife before attempting suicide. This change can be interpreted as an attempt to make sense of suffering or to seek solace in a spiritual perspective, but it can also be part of preparing for death.

If an older person suddenly starts talking intensely about death, quoting religious or philosophical passages referring to mortality, and at the same time we observe withdrawal, tidying up and sadness, it is worth consulting a specialist. This is especially true

when these statements are definitive, e.g. ‘I won't be here much longer,’ ‘I pray that this will end.’

All of the above signs do not necessarily mean that the senior will actually attempt suicide. However, they may indicate a serious mental crisis that requires intervention. When working with older people, it is crucial not to ignore worrying signs just because ‘it's their age’, ‘everyone gets old’ or ‘grandpa has always been pensive’. In fact, many suicide attempts could be prevented if those around them reacted earlier.

Seniors, especially those with a history of depression, loss of loved ones, chronic illnesses or loneliness, need constant, attentive companionship. This is not just about access to therapy or medication, but also about relational presence, conversation, the opportunity to express emotions and a sense of meaning.

7.2 How to assess risk correctly and when to escalate assistance.

Assessing suicide risk is a very complex process that requires careful attention, appropriate diagnostic tools and, usually, cooperation with professionals. Conducting such an assessment requires a holistic approach that takes into account physical and mental health as well as life circumstances. It is also important to remember that older adults may hide their emotional problems, and suicidal symptoms may be subtle or masked by other difficulties, such as chronic illness, cognitive impairment or age-related changes. A correct risk assessment requires consideration of the older adult's broader life context, careful observation and vigilance.

The person undertaking the suicide risk assessment must demonstrate empathy, patience and the ability to recognise subtle signals.

The first step should be a thorough assessment of the older person's mental health – it is important to determine whether there are

symptoms of depression, anxiety disorders, severe chronic stress, suicidal thoughts or other mental disorders or illnesses.

Next, identify the existence of suicide risk factors and determine their severity. Factors such as health problems, chronic pain, loss of independence, living in a care home, social ties, past trauma and financial problems should be taken into account. A history of suicide in the family and in the patient's life is also extremely important information, as people who have previously attempted suicide or have had loved ones who have committed suicide are at greater risk. People who engage in risky behaviour (e.g. excessive alcohol consumption, drug use, irresponsible behaviour) and those who have easy access to dangerous means (i.e. firearms, medication or other tools) may also be more prone to suicide.

The next step should be to assess the behaviour and changes in the senior's daily functioning, such as avoiding activities, neglecting personal hygiene, giving up daily responsibilities, and any sleep and appetite disorders. A sudden desire to make a will and give away personal belongings, especially those that are particularly important to the senior, is also an alarming sign.

One of the most important risk factors to look at closely is the social support available to the senior. It is important to assess whether the senior has loved ones who support them emotionally and practically, and whether they are surrounded by care. For older people with cognitive impairments and health problems, it is important to determine whether they have access to medical care and are regularly monitored by specialists.

There are various tools to help diagnose suicidal behaviour, which make it easier to assess the risk. The first and most basic of these is an interview with the person in mental crisis. The proposed sets of questions address the topic of suicide directly and may be difficult for the interviewee, but it has been confirmed that they do not encourage or increase the risk of suicide; on the contrary, they reduce it. Experts advise asking openly about problems and

suicidal plans, as this helps the person at risk to express themselves, verbalise and analyse their thoughts, and also gives them the feeling that there is someone who cares, who wants to listen and help. An example set of questions that may help in such a conversation is as follows:

- Do you have suicidal thoughts? How often? Since when? How intense are they? Does every stressful situation trigger them?
- Do you feel that life is a burden? Do you think life is worth living?
- What makes you feel better and what makes you feel worse?
- Do you control your suicidal thoughts? Can you control or stop them?
- Do you have a plan to end your life? What is it? Have you ever practised it?
- What stops you from committing suicide?
- Have you imagined your funeral and other people's reactions to your death?
- Have you written a will?

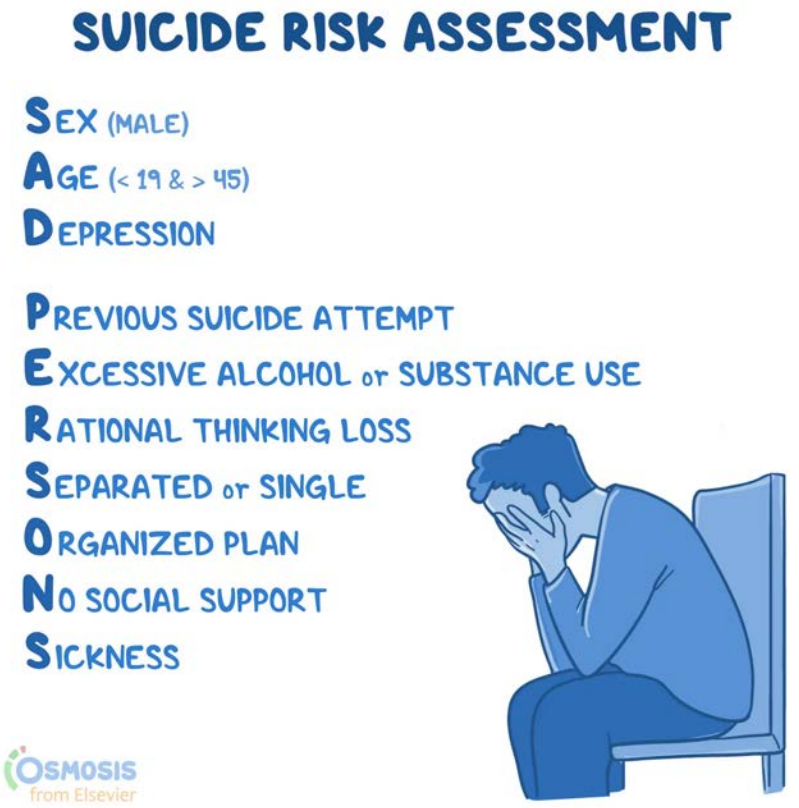
An honest, calm and matter-of-fact conversation allows you to assess the current mental state of the person you are talking to, as well as to analyse whether the reasons why they are considering suicide outweigh the reasons why it is worth living.

Specially designed tests, such as the following, are very helpful in assessing the risk of suicide:

- Suicide risk assessment scale: (e.g. SAD PERSONS scale) is based on an analysis of various risk factors and guidelines for intervention or

- The Suicide Risk Assessment Scale (SARS) refers to current phenomena that have occurred no later than within the last 2 weeks.

SAD PERSONS Scale



Current Suicide Risk Scale

CURRENT SUICIDE RISK SCALE

CRITERION		ASSESSMENT	SCORING
A	SUICIDAL BEHAVIOUR		
A1	Suicidal thoughts and plans	FULFILLED	10
A2	Suicidal behaviour (including treatment attempts)	FULFILLED	14
B	NO HOPE		
B1	No plans for the future, negative outlook on life	FULFILLED	8
B2	Inability to solve problems, difficulty performing simple, everyday tasks	FULFILLED	4
B3	Disbelief in treatment, ineffective treatment attempts, giving up on treatment (including for other diseases)	FULFILLED	4
C	EXCLUSION		
C1	Loss of the foundations of social functioning or threat thereof: Loss of employment, social status, loss of a partner, child, divorce, betrayal, financial difficulties and other threats to social status (disgrace, embarrassment)	FULFILLED	8
C2	Conflict with a significant person (work, home, other relationships), with likely further deterioration of the situation	FULFILLED	6

D	CLINIC (PSYCHOPATHOLOGICAL IMAGE)		
D1	Previous suicidal thoughts and/or behaviour	FULFILLED	8
D2	Acute stress	FULFILLED	8
D3	Depressive disorder – at least moderate severity	FULFILLED	6
D4	Permanent or almost permanent suffering leading to disability	FULFILLED	4
D5	Problem drinking or addiction to alcohol or other psychoactive substances	FULFILLED	4
D6	Adjustment disorders, civilisation disorders, burnout, chronic fatigue syndrome, feeling of loss of meaning, feeling of excessive responsibility	FULFILLED	2
D7	Male gender	FULFILLED	2
D8	First hospitalisation, first diagnosis (including refusal of diagnosis)	FULFILLED	2
D9	Dysfunctional behaviour in the ward, including: isolation, lack of cooperation, conflicts	FULFILLED	2
D10	Requesting discharge from the ward (including failure to provide a realistic reason for discharge, unwillingness to notify relatives)	FULFILLED	2

Risk assessment:

- 0-30 points - low risk
- 31-50 points - moderate risk
- 51-70 points - high risk
- above 71 points - very high risk

A comprehensive analysis of the information gathered – both about the physical and mental condition of the senior – allows support staff, carers and specialists to better understand the condition of the

elderly person and identify potential areas of risk. However, it is important to note that even the most reliable assessment is no substitute for a clinical diagnosis. Screening tools and observations serve as a guide, not as an infallible answer.

When working with an elderly person who we suspect may be at risk of suicide, we must be aware that the symptoms may be non-specific, scattered or masked by other conditions, such as somatic diseases or cognitive disorders. In addition, people in a mental crisis often hide their thoughts and emotions, which further complicates the assessment. It should therefore be assumed that the risk assessment process is not a one-off activity, but a long-term, thorough observation requiring empathy, patience and a readiness to respond to subtle signals.

If the assessment indicates a low risk, you should not let your guard down. A low score does not mean complete safety. On the contrary, it is still necessary to maintain regular contact with the senior, carefully observe changes in their behaviour and be open to conversation. On the other hand, if the diagnostic tool suggests an increased or high risk, it is the duty of the support person to immediately take appropriate action: contact a doctor, psychotherapist, social worker or the nearest crisis intervention centre.

It should be remembered that an accurate diagnosis requires knowledge, experience and specialist skills. Therefore, in doubtful or alarming situations, it is advisable to refer the elderly person to an appropriate specialist – a psychiatrist, clinical psychologist or therapeutic team. This will not only make it possible to determine the level of risk more accurately, but also to plan comprehensive support, which may include pharmacological treatment, psychological intervention, community-based measures or, in justified cases, secure accommodation in a residential facility.

For all of us, regardless of our role, the most important thing should be to notice difficulties as early as possible and respond appropriately. It is speed of action and attentiveness that can determine whether a tragedy can be effectively prevented and the senior citizen's sense of security and meaning in life restored.

7.3 Communicating with someone in crisis: what to do and what to avoid.

Contact with a person experiencing a severe mental crisis, regardless of its causes, is an extremely delicate situation in which the manner of communication can have a real impact on that person's well-being – both positively and negatively. Especially when there is a risk of suicide, every reaction, every word, and even our silence matters. It is then extremely important not only to be present, but also to be attentive, sensitive and ready for what the other person may – or may not yet – say.

What can you do to help?

The most important thing you can do is really listen. This does not mean listening with the intention of responding, but rather quietly and attentively accompanying the other person. It means giving them space to express what they really feel without fear of judgement, interruption or advice on what they should do. Sometimes it's enough to just be there for the person, to be right there beside them, not rushing, not tormenting them with silence. A senior who is experiencing emotional distress will not always say what is going on right away, but if they feel that their presence means something, that someone really wants to hear what they are going through, they may eventually open up and share what is hurting them.

Let's not try to solve the problem right away. Before we start talking about solutions, it is more important to simply be there. Acknowledging the person's feelings – even if they are difficult for us, incomprehensible or make us feel helpless – is often more than any advice. Statements such as: ‘You'll see, everything will work out,’ ‘Don't worry, others have it worse’ can actually push the other person away from us. They show that we are not hearing the pain behind their words. Instead, it is better to say: ‘I hear that this is very difficult for you’, ‘That sounds serious, you must have been struggling with this for a long time’. Simple sentences that do not

seek easy consolation but show understanding have enormous power.

It is also important not to be afraid of silence. In a crisis, emotions can be overwhelming. Someone may cry, remain silent, search for words – and that is all okay. Sometimes the most valuable gift is patience: allowing the other person to speak at their own pace, even if they take a long time to find the words. In such moments, our calmness has a soothing effect – it shows that we are there and will not run away, no matter what happens.

When a person in crisis talks about their suffering, it is worth asking how we can help them – but it is equally important not to impose solutions. Simple questions such as 'Would you like me to stay with you?' or 'Is there anything I can do to support you?' open up space for joint decision-making. They give the person a sense that they still have control over their life, that they can choose whether and what kind of help they need. And if they mention that they are considering contacting a doctor or psychotherapist, we can offer to go with them or help them find the right person. It is important not to leave them alone, but also not to force them to act against their will.

When the conversation becomes very difficult and the person makes it clear that they are considering taking their own life, they must not be left alone. At such times, it is essential to ensure their safety – sometimes this means calling for help, even if the person objects. This is a difficult decision, but it is necessary if their life is at risk. It is also important that we do not try to take responsibility for someone else's life in such moments – it is always worth involving specialists who can take the appropriate action.

And even if the conversation ends, our role does not end there. Getting back in touch after a few days, sending a message or making a phone call – all of this builds a bridge and shows that someone has not been left alone, that their story has not been 'ticked off' after a single meeting. Ongoing care is often the greatest support we can offer.

What should be avoided?

When talking to someone experiencing an emotional crisis, it is particularly important not only what we say and do, but also what we consciously avoid.

Many seemingly neutral words or gestures can – completely unintentionally – deepen suffering, reinforce feelings of helplessness or cause additional guilt. Especially in situations where there is a risk of suicide, we must be extremely careful – not only empathetic, but also attentive and gentle.

One of the most common mistakes is downplaying the situation. Statements such as ‘Don't exaggerate’, ‘It can't be that bad’, ‘Don't worry, it will pass’, although they may seem like an attempt to cheer someone up, are in fact perceived by the person in crisis as belittling their pain and problem. If someone shares difficult emotions with us, especially if they talk about suicidal thoughts, even in an ambiguous way, every such mention should be taken seriously. It is not about dramatising, but about showing a willingness to listen and provide real support. It is better to say, ‘I can see that you are really struggling. I want to help you, tell me what I can do,’ than to cut off the conversation or brush it off.

Another dangerous mistake is judging and criticising – even if it is not said outright, but expressed through tone of voice, facial expressions or eye contact. A person in a mental crisis often already feels inferior, weak and ‘inadequate’. Words such as ‘Pull yourself together’, ‘You're too old to be so emotional,’ or ‘There are people who have it worse’ can not only hurt, but also effectively discourage further contact and leave the person feeling even more isolated. Even if we do not understand the reasons behind such a deep crisis, we must accept that for this particular person, their pain is the greatest and most real right now. It is not our place to judge its scale – our role is to accompany them and create a safe space.

We must also never suggest blame. Phrases such as ‘You did this to yourself’, ‘If you had thought about it earlier, there would be no

problem', 'Your behaviour is ruining the family' can dramatically worsen the emotional state of the person we are talking to. A mental crisis is not the result of 'bad character', lack of willpower or a desire for attention – it is most often the result of long-term stress, loneliness, loss of meaning or traumatic experiences. Blaming not only does not help, but reinforces feelings of shame, rejection and hopelessness. When an older person hears such messages, they may begin to believe that their suffering does not deserve compassion and withdraw completely from social contact.

An equally important mistake when dealing with someone experiencing a severe emotional crisis is to give mechanical advice, especially when we lack psychological knowledge, experience or simply do not fully understand the other person's life situation. Although advice such as 'Sign up for a class, it will take your mind off your problems', 'Go out and see people, it will pass', 'Don't think about it' may be well-intentioned, it is often perceived as condescending, superficial and completely inappropriate to the actual emotional state of the senior citizen. A mental health crisis is not a momentary bout of depression or a 'bad day' – it is a very deep, often paralysing suffering, in which the most important thing is not to find a ready-made solution, but to be there for someone and endure difficult emotions together. Simple words prove to be irreplaceable in such situations: 'I'm here with you. Do you want me to just sit here in silence? Or would you like to talk?'

It is also important to be very careful with jokes, which in other circumstances might even help, but in a situation of deep crisis, they can be perceived as a lack of seriousness, understanding or even mockery. Trying to forcefully defuse the tension, distracting with anecdotes or a light tone can make the person feel even more alone and misunderstood – as if their pain does not deserve attention and respect. It is much more effective to pause in silence, gently accompany the person, and if there is a need to lighten the atmosphere, do so subtly, e.g. through a calm tone of voice or a gentle gaze.

It is also important to remember that in situations where a person directly or indirectly signals a risk of suicide, they must not be left alone or assumed to be ‘just talking’. Any such statement must be taken very seriously, even if it seems to be said in passing. Seniors, especially those who live alone or suffer from chronic illnesses, may signal their suffering very discreetly – in the form of a joking comment, a sigh, or a casual remark (‘Maybe it would be better if I wasn't bothering anyone anymore...’). Such messages must not be ignored.

If anyone has any doubts about the safety of the person they are talking to, they should not act alone. The support of professionals – doctors, psychologists, therapists – can be absolutely crucial. And if the situation seems urgent and the person appears to be contemplating suicide, you should immediately contact the emergency services or other emergency services.

Crisis support is not about immediately ‘fixing’ the situation. Sometimes the most important thing we can give another person is our presence, patience and understanding. Real support begins when we stop pretending that we have ready answers and simply are – fully, authentically and attentively. Especially with seniors, who may carry their pain in silence, this kind of closeness and understanding can be crucial.

Chapter 8 – 'Interventions and procedures'

Assistance to a person in a suicidal crisis, depending on the severity of the crisis and the risk of suicide, takes two main forms: crisis intervention and psychological therapy. Although both forms of assistance aim to improve mental health, they are used in different circumstances and support people experiencing emotional difficulties in different ways. In urgent situations where the threat is serious, crisis intervention will be the first line of help, while in the long term, psychological support will be necessary to work through the causes of the crisis and prevent them in the future.

8.1 Crisis intervention

When recognising signs of a severe mental crisis and the risk of suicide in an elderly person, immediate intervention is key to preventing a tragic situation. This intervention is understood as a set of actions aimed at helping a person in a difficult life situation where their ability to cope is threatened. It is an immediate action to protect the person from committing suicide and to help them overcome the most intense emotional crisis. The main task is to reduce the level of stress, tension and anxiety that accompany the person in crisis at that moment and to restore their sense of calm. The person must feel that their physical, emotional and mental safety is guaranteed and that they have support so that they can get through the difficult period without losing control of the situation.

Crisis intervention is usually short-term, ad hoc assistance (from a few hours to a few days) aimed at immediately resolving the problem or mitigating its effects so that the person can function in their daily life without being in a crisis. The approach is pragmatic and focused on solving a specific problem in the shortest possible time. The crisis interventionist tries to quickly assess the situation and the risk, implement calming measures and help find sources of support (family, medical services, helplines, etc.) to secure the person in crisis.

One of the first and most important recommendations in intervention is not to leave a person in a suicidal crisis alone, as this can lead to serious consequences. The absence of other people around a person in a deep psychological crisis exacerbates feelings of hopelessness, loneliness and misunderstanding, and can lead to the belief that there is no way out of the difficult situation. A person in a suicidal crisis may have a clear tendency to make impulsive decisions. If there is no one around to stop them, the risk of them taking the final step increases. In such difficult moments, it is important to act quickly and provide continuous support to the person in need. In such situations, every minute counts – the

sooner you intervene, the greater the chance that you will be able to help and prevent a tragedy.ETAPY interwencji kryzysowej:

- Conversation

One of the main techniques on which intervention is based is conversation and showing emotional support. These are often the simplest but most effective ways to support seniors. Seniors should be given space to express their feelings and concerns, and asked about their daily lives, memories and plans for the future. Older people, especially those experiencing health or emotional difficulties, may need more time to express their thoughts and feelings. Be patient and give the senior time to think and speak. It is important that the conversation flows naturally, without pressure for quick answers. It is good to ask open-ended questions (e.g. 'How are you feeling today?' or 'What worries you most right now?'), as they allow for a broader response. Seniors often derive a sense of joy and peace from the past, so it is worth bringing up positive memories during the conversation. You can ask them about their youth, favourite places, and past passions. This type of conversation can dispel difficult thoughts and, at least partially, restore peace, helping the person feel less lonely and more appreciated. It is important to be present and listen. Maintaining empathy, showing understanding and reminding them that every life has value are key elements of intervention.

An important goal of the conversation should be to help them find reasons to live. Explain that the crisis is a temporary state and that the outlook can change. Some people find reasons to live in small things, such as helping others, pursuing new passions or building positive relationships. It is worth thinking about what would give them a sense of fulfilment, even if it is not obvious at the moment. You can also encourage the person in crisis to reflect on what used to be important to them. Perhaps the onset of the crisis has caused them to forget their values, passions or goals. Sometimes it can be helpful to remind them of what used to bring them joy. It is worth making them realise that there are others who have felt the same way and, thanks to support and work on themselves, have managed to regain their joy of life. The crisis will not last forever, and help

is available. Every life is of great value, even if we are not able to fully appreciate it at the moment.

- Techniques for dealing with strong emotions

Alongside calm conversation, encourage the use of one or more quick strategies for dealing with emotions. There are proven and effective techniques that help to calm down, regain control of the situation and restore mental balance. These include, for example:

- Deep breathing

A simple but extremely effective tool for managing emotions is deep breathing. When emotions start to overwhelm you, focusing on your breath can help calm your mind and body.

The 4-7-8 breathing technique: Inhale for 4 seconds, hold your breath for 7 seconds, then exhale for 8 seconds. It is a good idea to repeat the exercise for a few minutes.

Benefits: Reduces stress levels, calms the nervous system and helps you regain a sense of control over the situation.

- Rephrasing thoughts

Our emotions are often the result of how we interpret a particular situation. If we are angry or sad, it is worth trying to reframe our thoughts to look at the situation from a different perspective.

Example: Instead of thinking, ‘This situation is absolutely unbearable,’ try changing it to, ‘This is difficult, but I can handle it in small steps.’

Benefits: It helps to change negative emotional reactions into more constructive ones, which reduces the intensity of emotions.

- ‘A break from the situation’

Sometimes the best way to deal with emotions is simply to ‘take a step back.’ Instead of reacting impulsively, it is worth taking a break to give yourself a moment to cool down.

How to do it: If a situation becomes too emotional, find a way to calm down, even if only for a short time. This could be distracting yourself, looking out of the window, taking a moment of complete silence, or listening to your favourite music.

Benefits: It gives you space to reflect, reduces the risk of impulsive reactions, and allows for a more thoughtful response.

- Relaxation techniques

Simple relaxation techniques such as meditation, visualisation and progressive muscle relaxation can help reduce tension and stress.

Progressive muscle relaxation: This involves tensing and relaxing different muscle groups in the body. Starting with the feet, tense each muscle group for a few seconds and then relax it.

Benefits: Reduces tension in the body, which has a positive effect on emotions, reduces stress and improves mood.

- Change of environment

Sometimes a change of environment can help change your perspective and improve your well-being. If emotions become too overwhelming, you can suggest a change of scenery for a while. A walk in the fresh air together can be a good idea, helping to release emotions and improve the senior's well-being.

Benefits: A change of scenery can help take your mind off a stressful situation, change your thoughts and reduce the impact of negative emotions. In addition, exercise releases endorphins (happiness hormones), improves stress resistance and improves sleep quality.

Each of the quick strategies for dealing with emotions described above is available in times of crisis and can significantly improve your ability to cope with difficult emotions. It is important to choose the techniques that best suit your personality and situation in order to quickly and effectively get through intense emotions.

- Help in drawing up a plan for the future

Another element of crisis intervention is providing practical support. A person in crisis, especially an older person, may experience considerable difficulty in making rational decisions, planning for the future and taking action.

In this area, intervention will include helping them contact family or friends to obtain support, helping them contact professionals (psychologist, psychiatrist), and helping them find the nearest support line, e.g. a helpline or crisis intervention centre. This prepares the person in need for further, often long-term, assistance that they will need to work through the causes of the crisis and better manage their emotions in the future.

It will also be invaluable to work together to develop an action plan that outlines a step-by-step path out of the crisis. Writing down such a plan, according to which the senior citizen will be able to organise and plan future actions, can act as a 'map' for getting out of the crisis, and the very possibility of having it reduces the feeling of chaos and lack of control and reduces the intensity of negative emotions.

The plan may include emergency steps, such as phone numbers for loved ones, therapists, helplines, or hospitals. Knowing who to turn to for help can provide a sense of security, even in the most desperate moments.

The action plan may also include techniques that the person can use on their own to calm their emotions and overcome the crisis. These may include breathing exercises, meditation, walks, or creating space for emotional recovery. Anticipating these actions in

the plan can help the person feel that they have the tools to manage their emotions.

The action plan may also include long-term strategies to prevent future crises, such as regular visits to a therapist, talking to loved ones, and introducing activities aimed at improving well-being and mental health (such as developing a passion, physical activity, engaging in social life, and positive thinking training). Anticipating such actions can help build better resilience for the future.

As part of such a plan, it is also important to prepare a so-called 'life contract'. This is an agreement in which the person at risk undertakes not to attempt to take their own life and to immediately inform the appropriate person about their suicidal thoughts.

It is also a good idea to identify a specific person or persons who will accompany the person in implementing the plan. These people provide emotional and practical support, helping to implement the planned activities and acting as a 'check' on the recovery process or coping with difficulties. Knowing that someone is present, ready to help and, if necessary, remind you of the steps in the plan, gives you a greater sense of security and stability.

- Intervention in cases of severe crisis and persistent suicidal thoughts

If a senior expresses suicidal thoughts or shows signs of self-harm, there is a particular need for serious concern about their emotional state. Immediate action should be taken to ensure their safety. This may include removing dangerous items from their surroundings, such as sharp tools, medications, or other objects that could be used in a suicide attempt. It is then crucial to consult a professional as soon as possible, e.g. a psychiatrist, who can assess the situation and recommend further treatment or hospitalisation if the situation is life-threatening. If the situation is very serious, call an ambulance immediately or go to the nearest hospital. Sometimes, in cases of depression, severe anxiety or other mental disorders, immediate pharmacological treatment (antidepressants, anxiolytics) is necessary to help stabilise the senior's mood.

It is important to remember that an emotional crisis does not last forever. Many people in crisis experience tremendous emotional pain, but with time and the right support, they are able to overcome this moment. If such a person is not left alone in a difficult moment and feels appreciated and needed, they can regain their peace of mind.

8.2 Psychological assistance - long-term support

The crisis intervention is considered complete when it can be confidently concluded that the person has been dissuaded from committing suicide. This is a significant achievement, but it is important not to stop there. After the crisis intervention and ensuring safety, further psychological support is essential. A person who has gone through a suicidal crisis often requires long-term psychotherapeutic support to help them better cope with their emotions and difficult situations in the future. Working with a therapist can take months or even years, depending on individual needs and history. Therapy is more focused on analysing the causes of emotional and thought problems, recognising patterns of thinking and emotions that lead to difficulties. It is a process of deeper self-work, where the goal is to bring about lasting change in thinking, behaviour, perception of oneself and the world, resolve internal conflicts and improve quality of life. Psychological therapy uses various techniques, such as working with beliefs, emotion analysis, cognitive-behavioural psychotherapy, relaxation techniques, and deeper analysis of personality and past experiences.

Psychological assistance usually includes:

- Psychotherapy – This is a long-term therapy that helps a person work through deeper emotional issues, trauma, feelings of hopelessness, and other difficulties that led to the suicidal crisis. Cognitive behavioural therapy is one of the most effective methods for treating depression, anxiety, and suicidal thoughts.

- Psychotherapeutic support – A therapist will help you discover the causes of your crisis, develop new skills for coping with stress and emotions, and build a more positive image of yourself and the world. The goal is to help you regain control over your life and strengthen your self-esteem and hope.

- Progress monitoring – As part of long-term therapy, it is important to monitor progress regularly so that any difficulties that arise can be addressed immediately. This also helps to prevent crises from recurring.

- Family psychotherapy – In some cases, if a person has difficulties in their relationships with loved ones, it is worth considering family therapy to help improve communication and support from the family.

8.3 How to support a person during psychotherapy?

There are many ways to support someone who is receiving specialist psychological help. Therapy is a process that can be emotionally difficult, uncertain and challenging. The active involvement of a trusted person in the treatment process is very important, and the right support can significantly increase the effectiveness of therapy and speed up the treatment process. Even if you are not a therapist, you can play an important role in supporting a loved one by helping them feel understood and accepted. If a person in a difficult life situation has support, their sense of security grows because they know that they have someone on their side, regardless of what is happening in therapy. Going through this difficult process together can help them open up and process difficult experiences.

Support from another person is also very important in terms of motivation to continue therapy. During therapy, various difficulties and doubts may arise, especially if the process becomes emotionally demanding. The support of a loved one who makes you feel that the process is valuable and worth continuing can significantly increase your motivation to continue working on

yourself. External support in the form of conversations about progress and recognition of the difficulties the person is going through can help them survive moments of doubt.

In addition, a person in therapy may often struggle with low self-esteem or feelings of guilt. The supportive presence of a loved one can help build a positive self-image and remind them that they are loved and accepted. Showing that it is not only mental health that is important, but the whole person, with their history, characteristics, desires and feelings, gives a sense of worth that can support the therapeutic process.

Many people need time to implement the lessons learned in therapy into their daily lives. A loved one can help with this integration by supporting the practical application of new skills and strategies. This may include things such as better stress management, conflict resolution, expressing emotions or improving communication. Working together to improve quality of life can help maintain motivation and speed up the process of change.

The therapeutic process can also cause feelings of loneliness, as many people may find it difficult to share their experiences. Knowing that you have someone who does not judge you, but supports and understands you, can significantly reduce stress and feelings of loneliness and isolation. The feeling that you are not alone on this difficult journey is one of the key elements supporting recovery.

Providing extensive support during therapy is particularly important for older people. In addition to all the difficulties faced by younger people, they often encounter additional barriers in the form of emotional, health or social difficulties, as well as limited independence or mobility.

The older generation may still believe that seeking psychological help is something to be ashamed of or a sign of weakness. These individuals may feel anxious about being judged or misunderstood, especially if therapy is something new to them. They may also find

it difficult to open up in therapy, especially if they are not used to expressing their emotions or thoughts. Older people may also find it difficult to implement new skills in their lives. Another major problem is often health issues and limited mobility among seniors, which leads to frequent absences from sessions and greatly reduces the effectiveness of therapy.

The support of a loved one is therefore invaluable in psychotherapy, as it can improve feelings of security, increase motivation to change, help integrate insights from therapy, and reduce feelings of loneliness. By supporting a person, you help them understand that change is a process that takes time and that every small step forward is important. External support also helps to see progress that may be difficult to notice when a person is focused on their internal difficulties. The person in therapy sees that not only the therapist, but also their immediate environment, is ready to support them in their development. This can give them the strength to act and show them that change is possible and supported by others. Support is also an important element that can help in the more effective processing of difficult emotions and experiences, which is very important in the therapeutic process.

It is good if an older person has someone close to them who can help them overcome all their fears, anxieties and barriers, strengthen their motivation and ensure regular attendance at therapy sessions. A close person can help with the daily application of therapeutic guidelines, facilitating the implementation of a new approach in practice.

So what can you do to show your support for a senior who is receiving psychological help?

1. Be present and listen carefully

Sometimes one of the best ways to deal with emotions is to share them with another person. Opening up to someone you trust can help you sort through your emotions, gain a new perspective, and feel less alone in difficult times. Talking to someone releases pent-up emotions and makes you feel supported and understood. Often,

talking to someone close to you can help you find a solution to a problem or simply bring relief.

To show support, the most important thing is to make time for the senior. Show that you care about what they have to say. Don't interrupt them or judge them. Sometimes it is enough just to be there and listen. Express understanding for their feelings, even if you do not always understand what they are going through. Sometimes people seek support more in the form of acceptance than in ready-made solutions.

2. Support them in overcoming their resistance to therapy

Older people may be reluctant to start therapy because of fears that may stem from embarrassment, fear of judgement, lack of trust in psychotherapists or beliefs that it is ‘too late’ to change. It is important to understand these fears and not judge them, but rather help them work through them. Emphasise that taking care of mental health is just as important as taking care of physical health.

3. Help organise therapy

Take care of the logistics. Older people often have difficulty organising transport to therapy sessions, especially if they have health or mobility problems. This may include helping to book sessions, reminding them of appointments or arranging transport.

4. Respect the therapy process

Respect the person's privacy and maintain confidentiality. If the person wants to share something, allow them to do so, but do not press them. If a loved one talks about their problems, try not to offer ready-made solutions. Often, people in therapy need time to come up with answers on their own.

5. Encourage them to continue therapy

Sometimes people in therapy may feel discouraged or have doubts. Encourage them to continue therapy by reminding them how important the treatment process is. Remind them of the progress they have already made and the expected positive results. Explain that therapy is a long-term process and that visible improvement may not be immediate. During therapy, a person may go through more difficult stages. Be patient and supportive, even if progress seems slow.

6. Do not put pressure on them

Avoid putting pressure on them to change. Everyone develops at their own pace. Do not force them to change quickly or expect them to act according to your expectations. Some days may be more difficult, others more optimistic. It is important not to judge someone after a few days, but to treat the whole process as a long-term one.

7. Ask how you can help

Open a dialogue about support. Ask your loved one how you can help them. Sometimes it may just be being there, other times it may be helping with daily tasks. It is important not to impose your own ideas of support, but rather to follow what they need.

8. Avoid judgement and criticism

Be impartial and non-judgmental. If the person in therapy begins to share their thoughts or feelings, avoid judging their choices. Psychotherapy is about allowing the person to freely express their emotions without fear of rejection.

9. Respect boundaries

Everyone has their own boundaries when it comes to sharing their experiences and emotions. Respect these boundaries. Remember not to push if they don't want to talk about something and to respect their space and time.

10. Encourage activity between sessions

Therapists often give recommendations for working on oneself between sessions, e.g. tasks related to emotions, thoughts, daily functioning. Your support can consist of reminding them about these tasks, gently encouraging them to practise or helping them to do so.

Older people, especially those who feel lonely, may often avoid contact with others. Support them in getting involved in social activities, such as family gatherings, support groups or hobbies. Helping to organise simple activities that can be adapted to the physical abilities of the senior, such as walks, hobbies or watching films together, can also help to overcome feelings of meaninglessness and loneliness.

11. Monitor the senior's health

Seniors often suffer from chronic somatic diseases that can affect their mental state and the therapeutic process. It is a good idea to monitor their health regularly, ensure that they take their medication and provide support in everyday activities such as going to the doctor or organising assistance in case of mobility difficulties. It is also important to encourage seniors to lead a healthy lifestyle. Older people may not be aware of how their physical condition affects their mental health. Talking about combining physical and mental care can help them manage stress and emotions better. Helping them maintain regular sleep, meal and physical activity schedules can improve their mental well-being.

Supporting an older person in psychological therapy is a process that requires special sensitivity, patience and respect. The key is to create a safe, accepting environment that allows for the open expression of emotions, the processing of difficult experiences and the effective integration of therapy into everyday life. Such support can significantly improve the quality of life of an older person, helping them to cope with the challenges of ageing.

Chapter 9 – 'Building a support network for seniors'

9.1 What is a support network and what does it offer us?

At every stage of life, building a support network is extremely important because it provides a sense of security and belonging. Life can be unpredictable, and difficulties can arise at any time. A support network – whether it's family, friends, colleagues or a group of people with similar experiences – can help you cope with crises, stress or emotional problems. Such a network also provides a space for mutual help and sharing experiences, which promotes development and a sense of self-worth. Without support, it is easier to feel alone in difficult moments, and this can make it harder to overcome obstacles. Building bonds in such networks gives us the feeling that we do not have to deal with everything on our own, making life more bearable and problems easier to solve. A well-built support network provides a sense of stability and trust.

Building a support network is a lifelong process. Over time, we form new relationships, develop existing ones and learn how to nurture them. It is natural that some people come into our lives for a shorter period of time, others for longer, and our needs may change depending on the stages we are going through. As we get older, we gain experience that allows us to better understand who is really there for us and who we should keep at a distance. Modern life is also a constant balancing act between different roles – we are partners, parents, grandparents, friends, employees – and each of these roles requires support from different people, as well as giving support to others.

Our current support network is the result of how we have built relationships in the past. How we have nurtured our bonds, invested in people, shown care and been open to others shapes our present reality. The relationships we have cultivated over the years become the foundation on which we rely in difficult times.

Sometimes, depending on how we perceived others, we may find that our network is strong and supportive, while at other times we may lack people to support us because we did not invest in those relationships in time or invested in the wrong people. In addition, as we age, our support network may shrink. Older people often experience the loss of loved ones, either through death, moving away or simply people drifting away from their lives. This can be very difficult and lead to feelings of loneliness. At the same time, a reduction in the support network also means the need to rebuild it, which can be a major challenge for many older people. On the other hand, it is never too late to start building new, healthy relationships – sometimes starting with small steps. It is worth remembering that a support network is not one-sided – it is an exchange in which we not only receive help, but also offer it. Building healthy relationships is based on reciprocity, on giving and receiving. When we support others, we strengthen our bond with them and build trust and loyalty. Helping others, even in small ways, can boost our own sense of self-worth and belonging. Sometimes it is when we become a support for someone else that we discover how much we have to offer, which gives us satisfaction and a sense of fulfilment. At the same time, by helping others, we learn empathy and become more open to the needs of others. Support does not always have to take the form of grand gestures – it can also be small, everyday actions: talking to someone who needs support, helping a neighbour, or simply being there in a difficult moment. All of this is extremely important. Therefore, how we support others affects not only them, but also ourselves, strengthening our support network.

It is important to know that a support network is not just family and loved ones – it also includes the broad support offered by the state, non-profit organisations, support groups and various social

initiatives. These external sources of help can be crucial in many life situations, especially in times of crisis when family is not always able to offer sufficient support.

Support from the state can take various forms, such as social assistance, health programmes, services for the elderly, psychological support or access to educational and professional services. Non-profit organisations and support groups, on the other hand, often offer more personalised assistance, such as therapy groups, help for people in difficult life situations (e.g. homelessness, addiction) or support for people with disabilities.

Many people may not realise how extensive this network of support is at the social and institutional level, but it is precisely at times like these, when our personal resources are depleted, that these external forms of assistance become invaluable.

Therefore, our support network is often multi-layered: family and friends, community, and institutions. It is important to know how to use it, to be aware of the options available, and not to be afraid to seek help when needed.

9.2 Support network in the context of older people

An efficient and extensive support network is particularly important for older people. As we age, we face new challenges – health, emotional and social. It is the support network that helps us overcome them, giving us a sense of security, belonging and activity. The benefits of such a network are truly manifold:

Emotional support – Relationships with family, friends, but also with other seniors in support groups help combat loneliness, which can be a common problem in old age. Emotional support reduces stress, improves mood and gives a feeling of not being alone in difficult times. Regular conversations and support from family,

friends, neighbours or organisations help maintain emotional well-being.

Physical and practical support – The community can help seniors with daily tasks such as shopping, transport and mobility. Support can also include help with organising doctor's appointments, reminders to take medication, and assistance with physical exercises that improve seniors' fitness. Sometimes, a support network also helps organise long-term care if a senior needs constant assistance. Good relationships with neighbours, organisations and institutions offering assistance can make life easier and more comfortable. This allows seniors to feel less burdened and focus on other positive aspects of life.

Opportunities for social activity – A support network helps seniors get involved in social life, participate in social gatherings, support groups, cultural or educational events. This keeps them active and allows for continuous intellectual and emotional development.

Better access to information and services – A support network also provides access to assistance offered by organisations, foundations and institutions. Many of them offer free or subsidised health, educational, rehabilitation and cultural services. Seniors can participate in activities that improve their physical, mental and social well-being. Older people may not be fully aware of the services available to them, such as medical assistance, social programmes or financial support. A support network helps them navigate the available resources and make full use of them.

Self-esteem and activity – Being part of a larger community helps seniors remain socially active and feel that they still have something to offer others. This can be through volunteering or participating in activity groups, which counteracts feelings of isolation.

Better quality of life – Social support also has an impact on physical health.

It is well known that older people who maintain close social relationships have lower stress levels, better immunity and cope better with chronic diseases. A support network gives them a sense of being cared for and cared about, which improves their well-being.

Prevention and emergency response – Support in the form of monitoring or access to emergency services in emergency situations can save lives. A support network also allows health problems to be identified more quickly, enabling an earlier response. This increases the older person's sense of security and noticeably reduces stress levels.

A support network is therefore an invaluable resource that gives older people a sense of security, enables them to better organise their daily lives, allows them to manage their health more effectively and supports them in emotional difficulties. This has a clear impact on their overall quality of life. Sometimes, support can take less traditional forms, such as digital support groups or health management apps, but regardless of the form, it is important that seniors know that they are not alone.

9.3 Building a support network

Building a support network is a process that requires commitment, planning and cooperation between different people, organisations and institutions. A support network aims to provide emotional, social, financial, practical and health support, as well as integration into the wider social context. This type of network must be comprehensive, multifaceted and tailored to the different needs of older people. When building a support network, the next steps should be:

Identifying needs

At the beginning, it is important to thoroughly understand the specific needs of the person who will be using the network. It is necessary to determine the extent to which they need help –

emotional, practical, financial, informational, medical or educational.

- What are her challenges and difficulties?
- What resources are already available in the community, and what is lacking?
- Does this person have access to healthcare and other resources?

Identifying needs is crucial and will enable the creation of an appropriate support network that is effective and tailored to the situation. Seniors, especially those with health problems or living in isolation, may find it difficult to communicate their needs, so it is important that those around them (family, carers, professionals) show particular attention and empathy.

The main ways to identify the needs of seniors are:

Conversation and open questions

- Najbardziej podstawowym sposobem jest po prostu rozmowa with an older person. Remember to speak with respect, patience and empathy, avoid judging and asking questions in a way that may be perceived as unpleasant or accusatory. The following may be helpful:
- Ask open-ended questions: Instead of asking, 'Are you feeling well?', you can ask, 'How are you feeling today? Is there anything that is difficult for you?' Such questions give seniors the opportunity to express their feelings and problems.
- Active listening: It is worth listening to what the senior is saying, paying attention to how they feel, how they talk about their life, health and well-being. They often hide their needs, but all you need to do is remain attentive and show empathy.
- Paying attention to emotions: Seniors may not talk directly about their problems, but their behaviour can say a lot about their

emotions. Mood swings, anxiety, sadness, anger, apathy – these signals should raise alarm bells.

Observation of behaviour and everyday difficulties

- Seniors often cannot or do not want to express their needs, so it is very important to be able to notice changes in their behaviour and daily functioning. You should pay close attention to:

- Changes in physical activity: If a senior stops leaving the house, limits their physical activity or has difficulty moving around, this may indicate health problems and a need for support in daily activities.

- Problems with personal hygiene: Neglecting daily hygiene, dirty clothes, unpleasant odours may suggest that a senior citizen is having difficulty keeping themselves clean due to health or emotional problems or a lack of support.

- Changes in nutrition: Little interest in food, irregular meals, and drastic weight changes may be signs of health problems, depression, or an inability to prepare meals.

- Social isolation: If a senior starts avoiding contact with family and friends and leaves the house less often, it may be a sign that they are experiencing loneliness, depression or other emotional problems.

Health assessment

- Health problems are often the main source of difficulties for seniors, and identifying them requires cooperation with doctors, carers and other professionals.

- Memory and concentration problems: Memory impairment, forgetting everyday activities and concentration problems may indicate dementia, Alzheimer's disease or other neurological problems.

- Physical pain: Seniors may have difficulty expressing that they are suffering from chronic pain, e.g. due to joint or back problems or other ailments. Ask about any pain or inflammation that may affect their daily functioning.

- Changes in mental health: Problems such as depression, anxiety, stress or feelings of hopelessness can be difficult to recognise, but they manifest themselves in apathy, low mood, isolation or loss of interest, among other things.

- Circulatory and respiratory problems: Difficulty moving, shortness of breath, changes in breathing, dizziness, and weakness may indicate cardiovascular disease, lung disease, diabetes, or other conditions that require immediate medical attention.

Checking the environment and living conditions

- The conditions in which a senior lives have a significant impact on their comfort and health. Often, the environment (e.g. flat, house) requires support to improve the quality of life of an elderly person.

- Home and its adaptation: Pay attention to whether the senior's home is adapted to their needs, e.g. no architectural barriers (stairs, narrow doors), adequate lighting, easy access to the bathroom, assistance in case of falls, etc.

- Safety at home: It is important to check whether the senior citizen has access to devices that make life easier, such as handles in the bathroom, alarm systems, and whether they are able to cope in emergency situations.

- Financial circumstances: Identifying financial difficulties can help you understand what support is needed, e.g. help with obtaining social benefits, subsidies for medical care or other services.

Listening to other people in the senior's environment

- Often, other people, such as family members, neighbours and friends, are aware of a senior's problems, even if they do not want to disclose them. It is worth talking to them to gather information about the senior's condition.

- Family and friends: Loved ones may have the most information about the senior's emotions, changes in behaviour and perception of the world. They often notice when a senior becomes more withdrawn, sad, apathetic or irritable.

- Neighbours: They are often the first to notice that a senior spends time alone, has difficulty moving around or does not collect their mail. Neighbours can also help organise assistance with daily tasks.

Consultation with professionals

- In the event of more serious health, emotional or social problems, it is worth seeking the help of specialists who can conduct a more thorough assessment of the senior's condition.

- Medical carers: Carers, nurses or therapists can provide valuable information about the senior's health and daily needs.

- Social workers: They will help assess the senior's financial situation, their social assistance needs and organise external support.

- Psychologists and psychotherapists: If depression, anxiety or other emotional problems are suspected, consulting a psychologist can help diagnose the difficulties and plan appropriate support.

Every senior citizen has different needs, so it is important to tailor the forms of support to individual requirements. Some people may need mainly emotional support, while others may need more practical help. It is important to regularly assess how the needs of

the senior citizen are changing in order to adapt the forms of assistance.

Once you know the needs of the person for whom you are organising support, you should analyse what forms of support are already available. This may include family, friends, non-governmental organisations, public institutions, online support groups or other support networks. It is worth assessing how well these resources meet the identified needs.

The next step should be to identify areas that require additional assistance. This may be an area where there is a lack of appropriate resources or support, e.g. assistance in difficult life situations, lack of access to therapy or difficulties in accessing specialist services. At this stage, consider where to look for new sources of support that will fill the gaps in the existing network.

Building a local support network

A local support network is the foundation on which assistance for people in difficult situations can be built. It can include both interpersonal relationships and social structures in a given region. A well-organised local community that involves older people in various activities is the cornerstone of support. The community can operate on many levels, from local senior clubs to initiatives that involve older people in neighbourhood life. Depending on the needs, it is worth finding out which of the following options may be available to a given person.

a) Support from family and loved ones

- Family and friends: These are the people closest to you who provide emotional support, help with daily tasks, and are available when needed. They are your primary sources of support, offering a sense of security and belonging

b) Social integration

- Local communities: Neighbourhood communities, parish groups, senior citizens' clubs, bereavement support groups and non-governmental organisations are places where people can meet, share experiences and seek support.

- Intergenerational meetings: Activities that involve different generations in the local community help build interpersonal bonds and reduce feelings of isolation.

- Cultural and social events: Organising joint events such as trips, training courses, concerts, festivals, workshops, fairs or tea parties helps to create space for integration and mutual assistance.

c) Support groups

- Self-help groups: These are groups that help each other by sharing experiences and ideas on how to cope with difficult situations (e.g. illness, depression, addiction, trauma).

- Online support: For people who have difficulty getting around or live in remote areas, it is worth promoting online support groups. Forums, Facebook groups and video chat apps are ways to reach people in need.

d) Volunteer involvement

- Volunteer programmes: Engaging volunteers in helping elderly, sick or disadvantaged people. Volunteers can assist with daily tasks such as shopping, cleaning, walking or helping to organise daily life.

Creating a network of professional support

The support network should also include assistance from professionals such as doctors, psychologists, therapists, lawyers, financial advisors and social workers.

a) Access to healthcare and mental health services

- Health programmes: It is worth creating health programmes that will provide access to doctors, specialists and therapy. This may include home care, telemedicine services, doctor visits in nursing homes or access to psychological therapy.

- Teleconsultations: For older people who have difficulty getting around, telemedicine services that allow them to consult doctors or therapists online may be a good solution.

b) Social services

- Social work: Social workers are key figures who help organise financial, material and emotional support for people in difficult situations. Their role also involves referring people to the appropriate services, non-governmental organisations or foundations.

- Care for the elderly: Offering support in caring for the elderly (e.g. in nursing homes, hospices) and organising programmes to help them with daily tasks (shopping, cleaning, cooking).

c) Legal and financial assistance

- Legal advice: Providing access to free or low-cost legal assistance, especially for older people who may have difficulty dealing with legal issues related to property, wills, inheritance or social security entitlements.

- Financial assistance: Offering financial advice on pension management, tax relief, benefit entitlements and financial support programmes.

Increasing the availability of technology

- Modern technologies can play an important role in building support networks, especially for older people with limited mobility.

- Social media platforms: Finding apps for seniors that help them organise their daily lives, stay in touch with others, remember doctor's appointments, manage their medication and daily tasks.

- Digital education: Providing seniors with assistance in learning how to use modern technologies, which can increase their independence and facilitate contact with their support network.

Cooperation with non-governmental organisations

- Non-governmental organisations, foundations and associations are often leaders in supporting people in difficult life situations. Building strong partnerships with these organisations can benefit all parties.

- Support for charitable organisations: Organisations that help the elderly, the poor, the sick or those in need can offer direct material assistance, such as food, clothing, medicine or help with daily tasks.

Building a support network for seniors is one of the main activities that can significantly improve the quality of life of older people, reduce the risk of depression and suicide, and help them cope with everyday difficulties associated with ageing. Thanks to this network, older people can live more fulfilling lives, feel cared for and actively participate in social life.

A strong network of people on whom seniors can rely provides additional support for their maximum independence. This independence not only improves the quality of life of older people, but also affects their sense of dignity and independence. In this context, a support network should enable older people to remain physically and intellectually active and provide them with a sense of security that allows them to continue functioning in society without excessive dependence on others.

Chapter 10 – ‘Self-help and self-care’

10.1 Challenges faced by carers of elderly people

Caring for an elderly person is often a very difficult task. Older people often need support not only with everyday activities such as eating, dressing and moving around, but also with emotional and social issues. In addition, they may have various health problems that require special attention and care. All this can be very demanding and exhausting for the carer, both physically and emotionally. People who work with seniors often forget about their own needs, which can lead to stress, frustration or burnout. It is very important that carers always try to find a balance between their duties and rest. This also allows them to provide better quality care to the person they are looking after.

The general condition and health of an elderly person has a key impact on the difficulties their carer may face. There may be more or fewer challenges, and their nature may vary significantly. For example, a carer for a naturally ageing person without significant physical or mental problems will face completely different problems than a carer for a senior with memory impairment or depression, or a carer for a bedridden person.

If a senior is in good physical condition but has cognitive problems (e.g. dementia), the challenges are most often memory and orientation problems in the elderly, as a result of which carers have to deal with frequent ‘forgetfulness’ and confusion about time and space in their charges. This requires patience, flexibility and appropriate communication strategies. Mood swings can also be a problem for seniors, who may experience mood swings, anxiety or aggression. Caregivers must be able to respond to these changes in a calm and composed manner. Supporting a person with memory

problems involves constantly reminding them about daily activities (e.g. eating, taking medication, hygiene), which can be very tedious and exhausting.

If a senior citizen has mobility problems (e.g. arthritis, muscle weakness), the carer must also provide assistance with daily activities. Carers often have to help with moving around, getting up, walking up and down stairs, or other daily activities (e.g. bathing, dressing). This usually requires considerable physical strength and precision and places a heavy physical burden on the carer. Assisting with transfers, supporting or moving a senior citizen can cause fatigue, back or joint pain and, in the long term, lead to health problems for the carer.

Additional challenges are also associated with caring for seniors with chronic diseases (e.g. diabetes, hypertension, heart disease). In such cases, it is also necessary to monitor the health of the elderly person by, for example, checking their blood sugar, blood pressure or other parameters, which can be time-consuming and stressful. Caregivers must remember to administer medication regularly, which sometimes requires a precise schedule to avoid mistakes. This is a big responsibility and can be a source of severe stress. With many chronic conditions, seniors may experience pain, fatigue or other symptoms that affect their daily lives. Caregivers must be able to respond to changes in health and ensure the senior's comfort. Seniors who require constant medical care need help with regular doctor's appointments, tests and treatment, which involves organising transport, keeping track of appointment dates and ensuring they have the right diet and supplements. Both the illness and the treatment can cause weakness, mood swings, loss of appetite and pain. Caregivers must help alleviate these symptoms, which can be very mentally exhausting. Illnesses are also associated with enormous emotional stress, both for the senior and the caregiver. Caregivers must be prepared to support their loved ones in difficult times and help them maintain hope.

Seniors with depression or other mental disorders require additional emotional and psychological support. Depression in seniors can lead to apathy, reduced desire to be active,

communication difficulties and lack of motivation. Caregivers must be patient and try to offer appropriate emotional support. Older people with depression often isolate themselves from others, which means that caregivers must be very sensitive in order to motivate the senior to interact with others.

Seniors who are completely dependent on a caregiver (e.g. as a result of a stroke or paralysis) require total assistance with daily activities. The caregiver must help with all aspects of daily life – feeding, personal hygiene, dressing, and mobility. This requires enormous patience and strength. In such cases, caregivers must regularly check the person's health, change their position, and take care to prevent bedsores and other aspects of nursing care. Seniors who become completely dependent on others may struggle with feelings of helplessness, which means that carers must take special care of their mental well-being.

Caring for an elderly person is often a big challenge. It requires a great deal of patience, empathy and the ability to deal with many difficulties that may arise in everyday life, from health problems to changing emotional and social needs. Supporting an elderly person in maintaining their independence while ensuring their comfort and safety is a big responsibility. The constant stress associated with it, especially if the senior requires intensive care, physical ailments such as back or joint pain caused by lifting the person being cared for, constant focus on the senior's needs, overload of responsibilities, lack of time to rest, overwhelming sadness and helplessness when the senior's condition deteriorates – all of this can lead to so-called ‘caregiver stress syndrome’, which includes chronic fatigue, overload, emotional burnout, mental and physical health problems, and a feeling of isolation. This, in turn, can trigger undesirable behaviour in the carer and a strong sense of guilt that they are unable to provide the senior with ideal care.

Among the most frequently mentioned consequences for the physical and mental health of carers of older people, resulting from a lack of care for their own health and adequate rest, are:

- chronic stress and depression

- cardiovascular diseases resulting from excessive, constant tension
- anxiety disorders
- sleep disorders
- somatic symptoms (e.g. tension headaches, heart pain, back pain)
- gastric problems (indigestion, stomach ulcers).

In order to avoid these undesirable effects, it is very important that carers make every effort to look after their own well-being in the broadest sense. The physical and mental health of carers for seniors is a key aspect that has a huge impact not only on the well-being of the carers themselves, but also on the quality of care they provide to those in their care.

10.2 How to take care of yourself?

Caring for seniors requires not only physical fitness, but also mental alertness and good mental and emotional health. Without these qualities, it is impossible to perform this difficult and demanding work well over a long period of time without compromising one's own health. In order to be able to help others, you must first take care of yourself.

- Set boundaries

In order to maintain balance and care for your own well-being, it is a good idea to set your boundaries in advance, both physical and emotional. This is important because clearly defined rules help prevent situations where the carer could take on too much. It is important for carers to know what they cannot cope with, both physically and emotionally. Recognising your weaknesses and difficult moments allows you to better prepare for tougher days. It is a good idea to inform the family or other people responsible for

the senior citizen about the carer's boundaries. Open discussions about what needs to be done and what does not help to understand each other's needs and avoid conflicts.

- Take care of your rest and emotions

Taking care of your own mental health and emotions is extremely important in the work of a senior caregiver. One of the most important rules is to ensure regular breaks and rest. These are crucial for taking a break from daily responsibilities, recharging your batteries and catching your breath. Even a short break during which the carer does something they enjoy (e.g. reading, walking, meditating) can help reduce stress levels. It is a good idea to learn different stress management techniques so that you can use them depending on the situation. These may include breathing exercises, playing sports or listening to music.

Creating and writing down a detailed daily schedule has a big impact on reducing stress. It is a good idea to plan regular meal times, walks and rest periods. A fixed routine both calms the senior and makes it easier to manage time. A daily schedule written down on a piece of paper helps to avoid feelings of chaos and calms the mind, as you no longer have to remember everything, but simply carry out the tasks you have planned in advance. You can also use technology, such as apps to remind you of doctor's appointments or to take your medication.

To avoid frustration and discouragement, it is very important for carers to realise what they can influence and what is completely beyond their control. It is necessary to accept the fact that, despite their best efforts, there may be situations in which carers will not be able to do anything. It is important to focus on the present moment and on what we can realistically influence. The fact is that carers have no influence on the inevitability of the ageing process or the progression of their charges' illnesses. However, they do have an influence on motivating older people to work on their own health and abilities. Instead of focusing on the increasing difficulties, it is better to think about solutions that can still be

worked out. However, care must be taken not to place excessive demands on the senior and to set realistic expectations.

For the mental well-being of the carer, it is a good idea to find emotional support in the form of a loved one, a support group for carers or psychological therapy. Caring for a senior citizen involves a variety of emotions, ranging from joy and frustration to sadness and helplessness. Caregivers may feel lonely, tired or concerned about the health of the person they are caring for. Emotional support helps them process these feelings, talk about them and not suppress them. Constant exposure to stress and emotional exhaustion can lead to burnout, which is particularly dangerous when carers have little time to recover. Emotional support reduces tension and gives carers the opportunity to rest and unwind.

- Seek support and share responsibilities

It should be noted that carers who look after an elderly person on their own are particularly vulnerable to burnout. They take on a huge responsibility and emotional burden associated with care, without sufficient external support. If a caregiver does not have the resources to share responsibilities or does not seek help from others, they can quickly feel overwhelmed. It is very important to understand that in order to prevent burnout, caregivers should strive to create a detailed care plan and distribute it among a larger number of people. It is best to involve close relatives, but even if the senior does not have family who can help with care, there are various services that can provide support. The option of respite care (where qualified carers replace the carer for a period of time) or the help of volunteers can give the carer a break. Carers must ensure that they take regular breaks, even if this means asking someone else to help with caring for the senior. Although this can be difficult, rest is essential for recharging both physical and emotional energy.

- Don't blame yourself

Caring for an elderly person involves many emotional challenges, changing situations and uncertainties, which is why there may be situations that the carer is unable to cope with to their satisfaction. It is natural to feel guilty at such times, but blaming yourself for various difficulties, mistakes or not doing something perfectly can greatly increase stress and lead to burnout. Caregivers should understand that mistakes are part of the process. When caring for seniors, there are moments of success as well as challenges. No one can predict every situation or deal with every difficulty flawlessly. Mistakes, omissions or misunderstandings can happen, but they should not lead to excessive guilt. It is worth treating them as an opportunity to learn and grow, rather than a reason to blame yourself.

To avoid feeling guilty, carers should set realistic goals and expectations for themselves. Although they want to provide the best possible care for the senior, it is not possible to do everything perfectly. Sometimes the most important thing is to do the most important tasks, give your best, but not expect to be able to solve all problems at once. Caregivers cannot control everything – seniors may change their health needs, emotional states, and require more complex care depending on their health condition. Many of these things are beyond the caregiver's control. For example, it is not always possible to prevent a senior's health from deteriorating, despite best efforts. Therefore, caregivers should not feel guilty for situations that are beyond their control.

Caregivers should also remember that taking care of themselves is not selfish. Caregivers often feel that they must sacrifice all their needs and desires to focus solely on the senior. This approach is exhausting and can lead to feelings of guilt if the caregiver takes time for themselves or asks for help. However, taking care of your own mental and physical health is not selfish – it is absolutely essential to be able to care for another person in an appropriate and long-term manner. Guilt is a natural feeling, but it is important to learn how to deal with it and not let it dominate.

- Practise positive thinking

Positive thinking is a powerful tool that can help carers cope with the challenges of their role. It does not mean ignoring difficulties, but rather the ability to see the good even in difficult situations. Caring for an elderly person is a demanding task, full of difficult emotions, unexpected situations and stress, but a positive attitude can help carers remain calm, motivated and optimistic, even in difficult moments. Positive thinking helps to manage the stress that is an integral part of caring for a senior. Instead of focusing on difficulties, a caregiver who practises positive thinking can more easily find solutions to problems and focus on the positive aspects of the situation. Even in the face of difficulties, such a caregiver will be more flexible and willing to look for ways to deal with problems instead of wallowing in helplessness. Positive thinking can also help maintain motivation and focus on goals. Instead of thinking about how difficult and thankless the task is, the caregiver can focus on the positive changes they are bringing to their ward's life. Noticing small successes, such as an improvement in the senior's well-being, can be a huge motivator. Focusing on the good things, such as a smile from a senior, time spent together or an improvement in the health of the person being cared for, can bring a sense of satisfaction and fulfilment. Caregivers who are able to see the positive aspects of their work are more likely to maintain their energy and commitment in the long term. Positive thinking can also improve the caregiver-senior relationship. Seniors, like everyone else, react to the atmosphere in which they find themselves. If a caregiver shows optimism, patience and a positive attitude, the senior is more likely to feel better, safer and happier. A smile, positive words or gestures can help build trust and bonds. Caregivers who are able to maintain a positive attitude are better able to respond to stressful situations, do not panic and manage difficult moments more effectively. Introducing a positive attitude into everyday care for seniors not only allows you to cope better with challenges, but also to enjoy the little moments that make the role of a caregiver so rewarding and meaningful. It is important for caregivers to remember that their mental well-being is crucial to the quality of care they provide to seniors.

- How to practise positive thinking?1

1. Focus on small successes – Instead of concentrating on problems, pay attention to the small successes you achieve. This could be an improvement in the senior's health, a pleasant moment spent together or the achievement of a common goal.

2. Change your perspective – Try to look at challenges from a different angle. Instead of viewing difficult moments as failures, see them as opportunities to learn and grow.

3. Practise gratitude – Write down three things you are grateful for every day, both in the context of caregiving and your own life. This can help you focus on the positive aspects.

4. Avoid negative thoughts – When negative thoughts arise, try to replace them with more positive ones. Instead of thinking 'I can't do it,' say to yourself 'I'm doing my best and giving it my all.'

5. Practise mindfulness – Be present in the here and now, rather than worrying about the future or dwelling on the past. Mindfulness allows you to focus on the moments that really matter.

6. Share your joy – Smile, even if it's difficult at first. Laughter and joy have a powerful effect on our well-being, and positive emotions can be contagious.

- Take care of your physical health

Caregivers often forget about their own regular doctor's appointments, exercise, or healthy diet, which can lead to a deterioration in their own health. Meanwhile, for caregivers of seniors, their physical health should be even more important. Taking care of your body not only improves your well-being and gives you energy, but also allows you to better cope with everyday challenges.

- Take care of your sleep and rest

Sleep is crucial for both physical and mental regeneration. Caregivers often have difficulty sleeping, especially if they have to be alert throughout the night or have irregular schedules. However, lack of sleep leads to poor health. Therefore, it is important to try to get regular sleep and create conditions conducive to rest, such as winding down before bedtime and avoiding electronic devices.

How carers organise their time for rest is very important. Try to set aside regular 'windows' for relaxation and regeneration, even if this means seeking outside help or signing up for a carer support programme. Moments of rest are absolutely essential to recharge your batteries.

- Regular physical activity

Caring for an elderly person often involves many physical challenges – helping them move around, carrying things, personal hygiene, etc. Regular exercise strengthens muscles and joints, reducing the risk of injury, and good physical condition is essential to cope with these responsibilities without excessive fatigue.

Exercise is also a great way to improve mental well-being. Physical activity helps reduce stress, improves mood and overall health. Regular physical activity, even in the form of walking or light exercise, supports mental health by helping to combat anxiety and depression.

- A balanced diet

A proper diet is very important for maintaining energy and well-being. It is good to try to eat regularly and choose healthy and nutritious foods such as vegetables, fruits, whole grains, lean proteins and healthy fats. It is also important to stay hydrated by drinking enough water throughout the day.

By taking care of their physical health, carers ensure a better quality of life, greater resistance to stress and the ability to cope with the challenges of daily care. Regular physical activity, a

healthy diet, sleep and rest allow carers to maintain high energy levels, which are so important for their work.

- Gain knowledge

It is worth taking advantage of various forms of education, such as courses or training. Learning about the specific needs of seniors depending on their health condition can help you cope with challenges and increase your confidence as a caregiver. It is worth investing in care courses, e.g. on caring for people with dementia, caring for people with chronic illnesses, crisis management or stress management techniques.

- If necessary, seek professional help.

In the work of a caregiver, it is very important to always pay attention to your own mental health and never ignore worrying symptoms. Problems with emotional well-being usually result in a deterioration in the quality of work and various health consequences.

Symptoms of burnout and emotional exhaustion can be varied and subtle at first, but they become more pronounced over time, affecting the ability to provide effective care and function on a daily basis. It is important to recognise these symptoms at an early stage to avoid further difficulties and improve the quality of life for both the carer and the senior citizen.

Symptoms of caregiver burnout in elderly care:

- Chronic fatigue

Caregivers may feel constantly tired, even after resting. Burnout causes the body to become exhausted, and physical and emotional energy disappears. There is often a feeling of ‘burnout’ that does not go away despite rest.

- Loss of motivation and commitment

Caregivers may lose motivation to continue caring for a senior, even if they were previously very committed. It is possible that the caregiver stops showing empathy and concern for the person they are caring for, and the duties become more routine and mechanical.

- A sense of helplessness and hopelessness

Caregivers may feel that they no longer have any influence on the situation, that their efforts are ineffective, or that they are unable to improve the quality of life of the senior. Feelings of helplessness can lead to depression and guilt.

- Increased irritability, frustration, anger

Caregivers may become more easily irritated and irritable, especially towards the person they are caring for, but negative emotions may also be directed towards others. Frustration often arises due to the constant responsibility, which can lead to conflicts and tensions.

- Difficulties in concentration and decision-making

As a result of burnout, carers may find it difficult to concentrate on tasks, make decisions and manage daily responsibilities. Their ability to function effectively is impaired.

- Neglecting one's own needs

Caregivers who experience burnout may neglect their own needs, both physical (e.g., poor diet, lack of sleep) and emotional (e.g., lack of contact with loved ones or pursuing their own passions). Taking care of themselves becomes difficult and unimportant to them.

- Sleep problems

Caregivers suffering from burnout may have difficulty sleeping – both falling asleep and staying asleep. They often wake up at night due to stress, worries about the senior, or are unable to relax enough to rest.

- Body aches and physical discomfort

Caregiver burnout can also manifest itself in the form of health problems such as back, head, muscle or joint pain. Constant stress and physical exertion can cause muscle tension, which turns into chronic pain.

- Feeling lonely and isolated

Carers of seniors, especially those who lack support, may feel lonely. The sense of social isolation intensifies when carers devote themselves exclusively to caregiving, neglecting their own social needs and relationships.

- Guilt

As a result of burnout, carers may begin to blame themselves for their difficulties, wondering if they are doing enough to improve the senior's health. They often feel guilty that they are not meeting their own expectations.

- Neglect of care responsibilities

In extreme cases, burnout can lead to neglect of basic care responsibilities, such as helping with daily activities, hygiene, administering medication or helping with mobility. Carers may start to avoid these responsibilities or treat them mechanically.

If you feel that the burden of care is becoming too much, seek help to maintain your balance and health. Outside support may include family members, professionals or caregiver support services. If a carer feels emotionally exhausted or concerned about their mental health, it is worth seeking help from a specialist such as a psychologist, therapist or counsellor. Professional help can identify signs of burnout and develop strategies for coping with difficult emotions. Therapy sessions allow you to better understand your emotions, cope with anxiety and stress, and find strategies for healthy emotion management. Regular therapy or consultations help maintain good mental health.

Summary

Every senior is different, and challenges vary depending on their health, so carers must be flexible and ready to adapt their approach to the needs of their loved one. Caregiver burnout is a serious problem that can affect physical and emotional health. Symptoms of burnout, such as chronic fatigue, loss of motivation, irritability, sleep problems, and feelings of isolation, can greatly affect the caregiver's quality of life. It is important to recognise these symptoms in time and take appropriate steps. This can improve life balance and prevent further burnout. Taking care of the caregiver's well-being not only helps them, but also contributes to better care for the senior. When a caregiver feels good, they are able to give more and respond better to the needs of their ward.

It is impossible to conclude this publication without pausing to ask a fundamental question: why has the mental suffering of older people been ignored for so many years? The script you have just read is not merely a set of recommendations, facts or exercises. It is a 'human appeal' – for recognition, understanding and response. It is also an attempt to restore dignity and visibility to those who have lived too long in the shadow of a social taboo.

For seniors who may be reading about depression in the context of their own experiences for the first time in their lives, this publication is a kind of mirror – non-judgmental and empathetic. For senior employees – carers, educators, psychologists, volunteers – it is a compass and guide, helping them to recognise subtle signs and equip themselves with specific tools for action.

Despite extensive research, growing public awareness and rapidly ageing societies, senior depression remains a neglected, misunderstood and often overlooked phenomenon. Why is this the case? We have sought answers on every page of this document. In the narratives of older people who said, 'I am no longer needed by anyone.' In the stories of carers who helplessly watched their charges withdraw. In the statistics which, however cold, revealed the shocking scale of the problem.

Meanwhile, every day of a senior's life, even if lived in solitude, has value. Every unspoken ‘I can't cope’, every unspoken ‘I don't see the point’ deserves to be heard. That is why we undertook the project whose result you now hold in your hands – to give a voice to those who have been silent for so long.

Depression in older people does not adhere to institutional deadlines. It does not wait for better times. It is there. Every day. Real. And often fatal.

Depression in older people is not a new phenomenon. However, for decades it has been suppressed in public discourse as a shameful topic, supposedly ‘natural’ and part of the ageing process. Meanwhile, this publication clearly shows that depression in older people is not a biological norm, but a profound mental health crisis that affects millions of people in Europe – and can be effectively treated if recognised.

For many seniors, depression does not look like it is described in textbooks. It does not manifest itself in crying or saying ‘I am depressed’. Rather, it manifests itself as chronic fatigue, loss of appetite, irritability, somatic complaints and withdrawal from activities. It is this phenomenon of so-called masked depression that is described in the script in an extremely clear and empathetic way, allowing older people to recognise themselves in these descriptions without feeling ‘mentally ill’ in the stereotypical sense.

The chapters dedicated to seniors and their carers also discuss in detail how easy it is to confuse the symptoms of depression with natural ageing. Reduced motivation? Lack of desire to leave the house? Difficulty concentrating? These are often considered ‘normal signs of ageing’, but they may be a cry for help. The authors of the publication point out that it is precisely such beliefs – culturally, socially and family-based – that are the most dangerous, as they delay diagnosis and help.

The statistics contained in the publication are particularly disturbing: one in three seniors in Poland experiences symptoms of depression. As many as 1,342 people over the age of 60 took their own lives in 2024 alone. These are not just numbers. They represent the tragedy of individuals, families and communities. It is a silent epidemic that society still refuses to see.

For those working with seniors, the publication is also a warning: daily work routines, limited resources, fatigue and burnout can lead to indifference to the symptoms of depression. The authors call for vigilance and for attention to be shifted from ‘physical duties’ (administering medication, providing meals) to ‘emotional needs’ – so often ignored, yet so fundamental.

At the same time, it is worth noting that senior depression has its roots not only in biology or a person's life history. The script shows how important factors such as loneliness, economic exclusion, marginalisation and the breakdown of interpersonal relationships are. This is not just a ‘mental health problem’ – it is a signal that the social structure does not protect the most vulnerable.

Seniors, as shown by the accounts cited in the publication, often say: ‘I don't want to be a burden’, ‘my life is behind me’, ‘my children have their own lives’. These statements are not just melancholic. They reflect a decision. Often unconscious, but very consistent: to withdraw, disappear, not get in the way. And it is precisely this quiet process that marks the beginning of the end.

That is why it is so important that this publication is not read ‘in one go and then put aside.’ It should be a turning point, especially for those who come into contact with older people. It is a guide that says: stop, ask, listen. And, if necessary, react.

One of the most important discoveries that emerges from reading the publication is the realisation that older people do not talk about depression in clinical terms. They will not say: ‘I am having a depressive episode’, ‘I need psychotherapy’, ‘I am in a mental

crisis'. Their language is different – rooted in everyday life, emotions, and the experience of a generation raised in a culture of silence and shame.

It is precisely this aspect – linguistic, semantic, communicative – that has been treated with exceptional sensitivity in the script. The authors of the publication not only understand this specificity, but also propose specific tools to familiarise oneself with it. They show how to recognise statements which, although seemingly neutral, carry a huge burden of suffering: 'There's no point in getting out of bed', 'Everyone's gone', 'At my age, there's nothing left for me'. These are not ordinary sentences. They are warning signs.

For a senior citizen who is unable to name their condition, words become a trap. If they have been taught all their lives that 'men don't cry', that 'you don't talk about your problems', that 'life is hard and you have to endure it' – how can they now say that they can't cope? That is why so many seniors remain silent. And that is why so many of them suffer in loneliness.

The publication teaches how to change one's communication habits. How to ask open-ended questions, how to accompany someone in silence, how not to judge, interrupt or lecture. How to listen with empathy. How to recognise that behind the words 'I'm okay' there is emptiness, and behind 'everything is fine' there is resignation.

At the same time, the authors also show that care home staff often lack the competence to recognise depression precisely because they do not know this language. The signs are there – in words, gestures, daily rituals – but no one decodes them. We stop at 'the senior doesn't want to eat', 'the senior isn't smiling', 'the senior isn't leaving the room'. But these are cries for help – spoken quietly.

Senegalese depression is not just a personal problem. The publication clearly shows that it is a systemic phenomenon – complex and rooted in inefficient social, medical and cultural structures. The authors leave no room for doubt: the current system

of care for the elderly, both in Poland and in many European countries, is not prepared to support the mental health of seniors.

In nursing homes, day care centres and senior clubs – places that are supposed to support older people – there is often a lack of trained staff, procedures, time and space for real contact. Care focuses on physical needs: medication, meals and safety. The emotional sphere – the need for meaning, belonging and attention – remains beyond the reach of everyday practice.

This 'oversight' results in situations where seniors live for years with undiagnosed depression, deprived of support, pushed into the role of 'passive recipients of services.' For many of them, the relationship with their carer is their only human contact during the day – and if it does not bring understanding, it can only deepen their sense of loneliness.

At the same time, and just as worrying, even within the healthcare system, depression in older people is often downplayed. General practitioners focus on somatic symptoms: pain, digestive problems, insomnia. Few of them ask about emotions, mood or the quality of social relationships. And yet it is the body that is often the vehicle for mental suffering in older people.

The publication also draws attention to the lack of available specialists. In many districts, there is not a single geriatrician working within the National Health Fund. Psychologists, if they exist, often do not accept older people or require long waiting times. In practice, this means that an elderly person reporting symptoms of depression is left in the system... alone.

This systemic invisibility has dramatic consequences. Research shows that seniors are the group with the highest number of suicide attempts ending in death – these are 'successful' attempts to take their own lives. Not because they are more desperate, but because no one noticed their suffering beforehand. And no one reacted.

However, the publication does not remain in the realm of criticism. It proposes specific actions: training, protocols, community

support. It shows that change is possible – if institutions stop treating old age as a passive stage of life and start seeing it as a time when people still need meaning, relationships and emotional security.

One of the most resonant themes of the publication is the need to dismantle the socially entrenched myth that sadness in old age is something natural, even obvious. Too often, older people hear from doctors, family members and neighbours that their depression, fatigue and lack of energy are ‘a normal part of life’. That old age is simply ‘the way it is’ – quiet, sad and lonely.

This is not only a harmful simplification. It is one of the biggest obstacles to the effective recognition and treatment of depression. Because if every symptom – lack of appetite, irritability, drowsiness, reluctance to go out – is treated as an inevitable effect of ageing, then any clinical symptoms are overlooked. Seniors do not receive help because no one assumes they need it. And they themselves, raised with the belief that ‘it is not proper to complain,’ do not even try to ask for it.

The script accurately shows how deeply rooted these beliefs are, even in seniors themselves. Voices such as ‘At my age, a person has no right to be happy’, ‘It's no time for joy’, ‘Everything that matters is behind me’ are heard. If left unanswered, such thoughts can turn into a feeling of being a burden and, in the long run, even into a decision to leave.

The authors of the publication take great care to construct the opposite narrative. They show that joy, meaning and life satisfaction have no age limit. That seniors have the right to feel good, be active, fall in love, have passions, and need social contact. That every emotion, even the difficult ones, deserves recognition and understanding – not as an ‘old person's whim,’ but as a real experience of a human being who still feels, thinks, and desires.

Importantly, the publication also deconstructs myths that are prevalent among families and those around seniors. Statements such as: ‘Nothing will change at this age’, ‘An older person won't

go to a psychologist anyway', 'Why would they need therapy – they're too old for change' are not only wrong, but also deeply harmful. Not only do they perpetuate silence, but they also rob seniors of hope for improvement.

Meanwhile, as the authors emphasise, scientific research clearly shows that appropriately tailored psychological support, social and physical activity, and strengthening a sense of purpose can radically improve the quality of life of older people. It is not true that 'it is too late'. It is never too late to regain joy and self-esteem.

To you, Senior. To you, Senior.

We want to tell you something very important. Something that perhaps no one has ever said to you directly – or at least not with the seriousness and attention it deserves:

You have the right to feel. You have the right to speak. You have the right to be heard.

Just because you are older does not mean that your emotions are less important. Just because life has not always turned out the way you wanted it to does not mean that you have to just carry on. Just because you sometimes feel empty, anxious or sad does not mean that there is something wrong with you. On the contrary, it means that you are still human. Sensitive, thinking, feeling.

For too long, you have been told that 'this is how it has to be'. That loneliness comes with old age, that fatigue is normal, that there is no point in feeling sorry for yourself. Perhaps you have repeated these phrases yourself, trying to be 'strong', "brave", 'unburdensome'. Perhaps you have learned over the years not to talk about what hurts, so as not to worry your children, so as not to be a burden. And perhaps no one ever asked you, 'How do you feel?'

That's why we want to fix that today. To say out loud: Your life still matters. Your feelings are important. Your needs haven't expired just because you're sixty, seventy or eighty years old.

Depression doesn't always scream. Sometimes it just quietly closes the door. It takes away your strength, withdraws you from life, and erases your former joy. You may not feel like doing anything. You may feel that everything has lost its meaning. You may feel that no one needs you anymore. But believe me – that's not your voice. It's the voice of an illness speaking for you.

You have the right to say, “I can’t do it.” You have the right to ask for help. And you have the right to expect it – not as a favour, but as a human right, a right of a citizen, a right of a person. You have the right to feel tired. You have the right to want change. You have the right to get back to yourself – bit by bit, at your own pace, without coercion.

If you are reading these words and you recognise yourself in them, don't be afraid. You are not alone. There are people who want to and can listen to you. There are places where you can speak without shame. There are ways to feel better. And no, it's not too late. It's never too late to take care of yourself.

If you feel lonely, reach out. If you feel depressed, tell someone about it. If you're afraid that no one cares, read this text again. Because right now, right here, someone is telling you with all their strength:

You have the right to feel. You have the right to speak. You have the right to be heard.

And you have the right to start over – in your own way. At your own pace. With us. With others. With yourself.

Sometimes the greatest suffering cannot be put into words.

It does not scream. It does not cry out.

It remains silent.

It hides behind a smile that no longer reaches the eyes.

Behind the words ‘everything is fine,’ spoken too quietly.

Behind a gaze out the window that lasts too long.

That is where what no one notices lives.

What is waiting for someone to ask:

‘How are you really?’

‘Would you like to talk about something?’

‘Do you need me today?’

This publication was created for this very reason –

to learn to see before it's too late – **To notice the unnoticed.**

To have the courage not to look away.

To understand that old age is not disappearing –

but still being present. Sensitive. Real. Human.

Because every senior citizen is a world.

With memories that no one knows.

With questions that no one has asked.

With silence that no one has filled.

But it is still possible.

It is still possible to hear what has been left unsaid.

It is still possible to touch a hand that has been waiting for a long time.

It is still possible to say:

‘I am here. I see you. I hear you.’

And maybe that's enough for someone – for the first time in a long time – to feel that they are not alone.

That there is still a piece of life to save.

Even if it's just one day.

Even if it's just one conversation.

Even just one ‘thank you for being there’.

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