

# *The Sad Silent Emigration of the Elderly*

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Having practised as a family doctor in Mulrany, a west Mayo sea-side village of 300 people with a very scattered sparsely populated hinterland of thousands with higher than average numbers of elderly people, I feel a model of care of the elderly and disabled has emerged in this area which is very much in accord with the wishes and good health of the elderly and disabled in our community. This has struck a chord with many other rural communities who are engaged in community care to varying degrees. What exists here is a progression or continuum of care giving the support to the person as it is needed, so that he/she is always living to the maximum level of independence possible at every stage of well being.

*I would like to submit the following as an ideal model of care of the elderly for now and for the future.*

## STATISTICS

The number of elderly people is increasing. The proportion of the world's old people is expected to double by 2030. As a percentage of total population, the population of those over 65 years is very high in the area - up to 30% in parts, as against 16% for Co. Mayo generally, and 11% nationally. Very many elderly live alone in the isolated hinterland in poor housing, often far from neighbours. A critical statistic is that 14,000 elderly live alone in the Western Health Board (WHB) area as compared with 11,000 five years ago. Further, the population density is 3.5 older people per square kilometre compared with the national figure of 6 per square kilometre. (Western Health Board Report 1997).

## THE MULRANY PROJECT

### ST. BRENDAN'S VILLAGE

#### THE FIRST STEP

#### MULRANY DAY CENTRE

As a GP I found that very often my elderly patients needed a person to talk to, not necessarily a doctor, but

simply someone who was available. Their problem, though disguised in the symptomatology of physical illness, was loneliness due to isolation and poor housing. They once had families but now in their sunset years they are all alone. A Voluntary Committee was set up from a public meeting. We all have dreams but it takes sharing those dreams with your friends to create a reality. Our dream was total care of the elderly and disabled in their own community and in 1984 the Mulrany Day Centre was founded.

Bringing senior citizens and handicapped people to the Day Centre, collected at their homes by our bus, helped bridge the isolation and loneliness. But this was not a complete answer - because in the evening they once again had to return to the loneliness and isolation. Empty damp houses only served to heighten their sense of isolation, compounded by long

winters, fear of dying alone, fear of robbery etc.

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### ST. BRENDAN'S VILLAGE

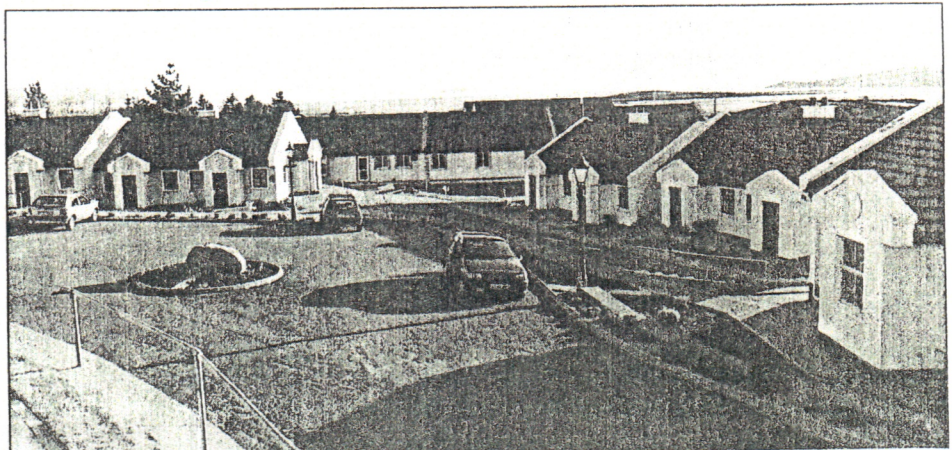
#### THE SECOND STEP

#### SHELTERED HOUSING (LOW SUPPORT SHELTERED HOUSING)

Bad housing, such as the commonly found 'demountable dwellings' in our locality, contributed to bad physical and mental health. The link between bad health and bad housing is beyond question. Unfortunately there were many examples of this link in the locality.

And the only solution available? - forced movement of those older people in rural Ireland from their homes to faraway places when they are most vulnerable and alone. This sad silent emigration of the elderly is happening all the time. In my experience they quickly lose heart

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St. Brendans Village, Mulrany, Co. Mayo.



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and die, like the old Indian. This is a daily contribution to the demise of rural Ireland, where there is continuing loss of people. They finally return home again but only to be buried.

Our dream was simply to retain people in their own area if at all possible, no matter what their level of disability or dependence. Why should they have to go just because they are becoming older and more dependent? Our old folks' homes and institutions are full of people who should not be there and who lose the will to live. We know this anecdotally, but also from the litera-

We immediately set about fund raising, and we purchased a site behind our Day Centre. We got our major funding from the Department of the Environment 'Voluntary Housing Capital Assistance Scheme' (which can provide up to 90% of capital cost in some cases). This very welcome non-repayable loan was administered by Mayo County Council who were most helpful to us in those early days when it mattered. Our intensive fund-raising included the entire community making little miniature brooms called 'St. Brendan's Broom' (sold at Halloween) and proffered all over the West of Ireland. We also started

housing or faraway institutions. They were all born in Mayo, except for one emigrant who returned from London.

We succeeded in reversing emigration and in the process we revitalised that part of the village which was dead. We ended up with a lot of happy people who thrived in their new found environment and by bringing their own character have enriched our area with their presence. We are not over-protecting or segregating our elderly or handicapped but integrating them into our local community.

The average age of residents is eighty years, and we recently lost our oldest resident of 97 years. These are fairly independent elderly, and one tenant is an active member of our Board of Directors. We also have two disabled people who came to our houses alone but have since married each other.

Besides our Reverend Sisters, our willing volunteers, FAS workers and Home Helps provide a watchful eye and provide a caretaking service, community bus, meals on wheels or meals at the centre and laundry. Without the help of our volunteers or FAS who have been magnificent at all times, it would not have been possible to continue to provide the service.

#### ST. BRENDAN'S VILLAGE

### THE THIRD STEP

#### ST. BRENDAN'S UNIT - HIGH SUPPORT SHELTERED HOUSING

St. Brendan's Unit is the third stage in the continuum of care and is for those who forget 'to turn on the heat and turn off the cooker'. This is 'in-house' sheltered accommodation providing a greater degree of support than stand alone units can offer while still retaining the maximum level of independence for our elderly and disabled.

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Dr. Jerry Cowley pictured outside some of the housing units which form part of St. Brendan's Village.

ture. (Care of Elderly Report - Green Paper on Psychiatric Services - Health Strategy Ref. 1,2,3).

Mulrany is the ideal location for sheltered housing, being geographically like the hub of a wheel serving the surrounding isolated terrain. Because property must be held by someone, Mulrany Day Centre Housing Ltd., a company limited by guarantee, was set up from our voluntary committee. We became affiliated to the Irish Council for Social Housing (ICSH) which proved to be a most valuable step for us, as their model articles and expertise provided the support needed for a fledgling organisation such as ourselves.

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the St. Brendan's Lotto which is held weekly. We also run a London Emigrant Reunion to raise funds.

Finally we constructed our 16 houses for the elderly and disabled. We also built a three bedroomed caretakers house. This is now staffed by two Rev. Sisters of St. Louis who have come to Mulrany on a voluntary basis.

An electric alarm is worn by the residents around their necks. This sounds in the caretakers house and after a short time interval, goes directly to the monitoring station in Dublin, which in turn can contact help as appropriate.

Our residents come from the village, from surrounding remote areas, from Old Folks' Homes and even from England. These are people who would not otherwise be able to return home. They all came from poor housing or crowded



The Unit contains 15 double rooms with all necessary back-up services, including communal facilities. These facilities include a large day room, dining area, kitchen, oratory, coffee/waiting area, consulting room for visiting paramedics (chiroprpodists, district nurse, eye testing, consultants, doctors etc.) disabled toilets and bathrooms. In this way a base is available for the delivery of a wide range of services by health personel and community workers.

The final stage on the continuum is a small separte four bedded unit for full nursing care which has yet to be constructed.

## CONCLUSION

If every community did this there would be a shift in the care of the elderly and disabled to the most appropriate setting - back to the community where it belongs and where people are happiest. This is as it should be. As well as adding years to life we add life to years as Bishop Neary commented on a visit.

*"The growth of voluntary housing associations in rural areas augers well for the development of more infrastructure in rural Ireland, and for the survival of our rural culture for which the growth of urbanisation is no substitute."*



St. Brendans Village, Mulrany, Co. Mayo.

Yet I believe that whilst elderly / disabled people, the entire community, public policy (Ref. 2,3) and the literature (Ref. 1,4) all support care in the community rather than institutional care and wish it to continue into the future on a global basis, I greatly fear this may not happen. This is mainly because the necessary resource transfer required to sustain ongoing care has not happened. This is in marked contrast to the millions paid out every year to profit driven, non-community nursing homes. The total lack of day to day support for voluntary sheltered housing initiatives, which after all are community based and non-profit driven, raises serious questions about the committment to maintaining and supporting older people in the community (Ref. 4). Surely the care of the deprived elderly deserve, at the least, equal treatment.

Ongoing community care is better (more appropriate) and is certainly no more expensive than institutional care. In fact this care would prove to be cost effective when compared to institutional care, not to speak of the massive humanitarian spin-off to our elderly and handicapped. Whilst the Department of the Environment has provided the main capital costs of housing accommodation for the elderly there is a need for more formal co-ordination between the Department of the Environment and the Department of Health (Ref. 4). However the onus to fill the existing financial hiatus for ongoing care of the elderly clearly lies with the

Department of Health.

The Mulrany Sheltered Housing Project has been a major success. I have written before many times of the great need to retain all our people in our rural districts. Our young people had to go in the past because of lack of employment. The sad silent emigration of the elderly is also happening on a daily basis, to faraway institutions when they were most vulnerable and alone. The need to retain and build on services in rural areas such as day centres and housing is critical and breaks the vicious circle of continuing depopulation and further erosion of services.

People in this area are proud of what has been accomplished and this development has further strengthened our sense of family and community which is such an important part of our rural heritage. The growth of voluntary housing associations in rural areas augers well for the development of more infrastructure in rural Ireland, and for the survival of our rural culture for which the growth of urbanisation is no substitute.

Unless there is some genuine commitment to adequate long term funding for the provision and maintainance of these services, community care will never be developed to its true potential and all of us will be the poorer for it.

## References

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4. 'The Years Ahead Report: A Review of the Implementation of its Reccomendations'; National Council on Ageing and Older People, September 1997.