

Mental Health (England)

July 2019

Older people must have fair and equal access to the services, support and opportunity to maintain good mental wellbeing. Older people must have confidence that their mental health needs are fully recognised and supported and seen as equally important as their physical health needs.

“I never called it as depression I just felt awful, you know, you feel sad, I think sad is the word that I’ve used”

Over recent years there has been growing recognition that looking after our mental health is just as important as physical health for maintaining good quality of life, whatever our age. Yet older people often face barriers to accessing services to support their mental health, as well as barriers to taking part in activities which give their life meaning.

Mental health conditions in older people are not an inevitable part of ageing. There are positive things people can do at any age to look after their mental health and if an older person does develop a mental health condition, recovery is possible with the right support. However, as it stands, older people have worse access to talking therapies compared to other age groups and can find that specialist support, for example from psychiatrists specialising in older

Key statistics

1 in 4

older people live with common mental health conditions.

7%

Proportion of people referred to NHS counselling who are 65+ (it should be **12%**)

15%

Proportion of older people with mental health conditions receiving help from the NHS.

people's mental health, is not available in their area. With mental health being increasingly, and rightly, seen as a priority for improvement and investment, it is essential that older people's mental health needs are not left behind.

What do we mean by mental health?

Everybody has a state of mental health: it is the way we think, feel, and cope with life's ups and downs. We all experience times of positive mental health, as well as times where our wellbeing is lower and we may need some help. For some people this may mean feeling down or worried from time to time, but others may have a diagnosable mental health condition and can benefit from professional support. Looking after our mental health is just as important as staying physically fit.

Older people's experiences of mental health problems are too often viewed exclusively through the lens of dementia, but mental health problems, such as depression and anxiety, are common among all age groups. This paper will cover a broad range of issues related to mental wellbeing but for specific information on dementia read our [dementia policy position](#)ⁱ.

What is the current level of need?

Older people are as likely to experience mental health difficulties as anyone else, yet their needs are often overlooked. The most common mental health condition in older people is depression, affecting 22% of men and 28% of women aged 65 or over, followed by anxietyⁱⁱ.

Prevalence of mental health conditions is higher among specific groups of older people. 40% of older people who are living in care homes have depression; 30% of older carers experience depression at some pointⁱⁱⁱ; and older people going through a bereavement are up to four times more likely to experience depression than older people who haven't been bereaved^{iv}.

Are there differences in older people's mental health needs?

Older people's experiences of mental health can differ from those of working age adults. This includes in the way mental health conditions develop and the symptoms which they experience.

Older people are more likely to experience physical health conditions which can trigger or exacerbate mental health issues. Multi-morbidity (living with multiple long-term conditions) is common among older people, with 80% of people over 65 having been diagnosed with more than one long-term health condition and the majority of people aged 80 and over living with three or more^v. This presents challenges for older people including chronic pain, impaired functioning, reduced independence and social isolation, all of which place a strain on mental health. The crossover between mental and physical conditions can also lead to misdiagnosis, with professionals diagnosing physical symptoms as mental health problems or vice versa. The close relationship between physical and mental health means that treatment for older people needs to be integrated, rather than condition specific.

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Dementia is another factor which can influence older people's mental health. Not only can dementia trigger mental health problems, with estimates suggesting that 20-40% of people living with dementia are depressed^{vi}, but it can also make treatment of mental health conditions more challenging. Symptoms of dementia can be similar to those of other mental health conditions, such as depression and anxiety, making accurate diagnoses harder. Older people living with dementia may struggle to express how they are feeling which also increases the difficulty of diagnosis^{vii}.

Loneliness is not specific to any age group, but there are pressure points for older people which can increase the likelihood of loneliness, and subsequently mental health conditions, including the death of a loved one or the onset of disability and illness^{viii}. Without action to tackle loneliness, there are projected to be over 2 million people aged 50 and over experiencing loneliness in the next decade^{ix}. Being lonely increases the risk of mental health conditions, including dementia and depression.



It is important that older people are able to access services which are appropriate for their needs. Some older people may prefer to attend adult services, but for others it can be more beneficial to access specialist services for older people, led by experts in social and psychological issues related to ageing^x. Currently many older adults are not offered these bespoke services due to insufficient commissioning of services targeted at older people and a shortage of experts in older people's mental health.

Barriers to older people seeking mental health support

Many older people do not seek support when they are struggling with their mental health. Only one-third of older people say they would visit their GP if they felt depressed^{xi} and less than half of older people experiencing bereavement say they would be interested in counselling^{xii}. There are many reasons for this, including perceiving poor mental health as an inevitable part of ageing, fear of being a burden, and concern about being judged or stigmatised^{xiii}. Stigma around mental health may mean some older people will not accept their diagnosis, even after seeing a health professional.

There is also less awareness among older people about mental health, meaning that they do not always recognise they are experiencing a mental health condition. For example, while they may recognise that they are feeling consistently sad, they may not realise this could be a symptom of depression. We must support older people to recognise the symptoms of mental health conditions and to feel able to reach out for help when needed.

Evidence of discrimination in access to support

Older people do not receive fair and equal access to the mental health services which they need.

While younger people are directed to talking therapies, it is more common for older people to be prescribed medication by their GPs. Older people are a fifth as likely as younger age groups to have access to talking therapies, but six times more likely to be on tranquillisers^{xiv}. The proportion of users to the Improving Access to Psychological Therapies (IAPT) service who are over 65 has remained stagnant at 7% despite this age group making up 18% of the population. A previous Government target, set in 2011, to increase the proportion of older people referred to 12% has never come close to being achieved^{xv}.

Improving Access to Psychological Therapies (IAPT) Programme

IAPT is an NHS programme in England which offers evidence-based talking therapies to people with anxiety disorders and depression. IAPT is available to adults of any age and is delivered by trained and accredited practitioners.

Ingrained beliefs about older people fuels discrimination in mental health services. Evidence shows many health professionals:

- Are reluctant to talk about mental health with older people, especially older males, as they presume it will make older people feel uncomfortable^{xvi}
- Perceive mental health conditions as an inevitable part of ageing so do not refer people to support. This is particularly true regarding bereavement^{xvii}.
- Believe that talking therapies are not effective for older people or that older people will not engage with the process, so opt to prescribe medications instead^{xviii}.

Evidence shows that these presumptions are unfounded and in reality older people are more likely to engage with and benefit from mental health treatment when it is offered to them than their working age counterparts^{xix}.

Older people also face barriers from the design of mental health services, with variation in accessibility across the country. IAPT, for example, was originally established as a service for working age people so has not been shaped by the needs of older people. This means some staff are less confident in supporting older users and the time and locations of services can be

inaccessible. The application process to IAPT involves self-referral and online elements which is a further obstacle to entering the system^{xx}.

Some groups of older people are at even greater risk of missing out on mental health support. Black, Asian and minority ethnic older people can face additional obstacles, including language barriers, lack of access to information or a lack of culturally sensitive services^{xxi}. The likelihood of accessing support also decreases the older the person becomes and people over 90 are severely underrepresented in mental health services^{xxii}.

Furthermore, older people living in care homes are up to three times more likely to have a mental health condition than those living in the community^{xxiii}. This is thought to be because they are less able to participate in activities which give their life meaning and because their living situation isolates them from friends and family^{xxiv}.

At the same time, they are also less likely to receive the treatment they need, due to staff not being trained to identify mental health conditions and because of worse access to healthcare. Symptoms of depression are overlooked by staff in care homes as they presume that low mood is to be expected among people in nursing homes^{xxv}. Older people living in care homes should be supported to live meaningful lives and have access to the same mental health support and services as any other adult.

The growing mental health needs of older carers

Over the last decade there has been a dramatic increase in older carers (aged 65 and over), with the number reaching almost 1.2 million. Growth has been most significant among the oldest age group, with the number of carers aged 85 and over having soared by 128% up to 87,000^{xxvi}. This increase is set to continue, with an estimated 1.8 million older carers by 2030^{xxvii}.

Caring for a friend or relative can be a positive and rewarding experience but it can also place strain on the carer's health and wellbeing. Older carers are more likely to provide longer hours of care than other age groups, with half of carers aged 85 and over providing 50 or more hours per week^{xxviii}. This can lead to carers becoming isolated or lonely or developing mental health conditions. Nearly

half of carers aged 85 or over who are providing 20 or more hours of care a week say that they feel anxious or depressed^{xxix}. Older people caring for someone with dementia report feeling helpless, sad, and guilty, and require support to cope with their emotions^{xxx}.

Many older people do not recognise themselves as carers and think they are just being a good friend or relative. This can make it harder for local authorities to identify carers who need support and means proactive engagement is essential.

Looking to the future

The NHS have made important commitments towards improving mental health within both the Five Year Forward View for Mental Health (2016) and the NHS Long-Term Plan (2019). In particular, they have pledged to deliver more integrated care, which responds to the person as a whole, rather than dealing with physical and mental health conditions separately. This is especially important for older people whose mental and physical health issues frequently cross-over. However, in both of these strategies older people's mental health issues have been subsumed into broader adult mental health, without recognising the unique experiences of older people and the type of support which they need. Without targeted action to support older people as a distinct group they are at risk of being left further behind when it comes to mental health.

Public Policy Proposals

- Older people, including those living in care homes, should be supported to maintain positive mental health and wellbeing, ensuring they can engage with the activities and interests which give their life meaning.
- Barriers to older people reaching out for support need to be addressed. This includes ensuring that older people are able to recognise symptoms of mental health conditions, know who to turn to when they are struggling, and feel comfortable in asking for help. De-stigmatising the mental health of older people must be at the forefront of public discussions around mental health.
- All health and social care staff working with older people should receive training to identify and respond to older people's mental health issues. This should include challenging myths that mental health issues are a normal part of growing older and that talking therapies are not beneficial for older age groups.
- Mental health support for older people must be delivered in a holistic and integrated way, which recognises the relationships between mental and physical conditions in older people.

- The mental health of older people should be recognised by Government and the NHS as a priority and reflected as part of delivering the Five Year Forward View for Mental Health and the NHS Long Term Plan. Support for older people should be driven by their needs and preferences, whether by broader adult services, where appropriate, or through specialist old age services.
- The mental health needs of older carers need to be recognised and addressed. Local authorities must ensure they are identifying older carers and commissioning services to meet their needs. Carers' needs must be addressed within the all mental health strategies, both nationally and locally.

Want to find out more?

Age UK has agreed policy positions on a wide range of issues, covering money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice

Further information

You can read our policy positions here; <https://www.ageuk.org.uk/our-impact/policy-research/policypositions/>

Individuals can contact us for information or advice here; <https://www.ageuk.org.uk/informationadvice/> or call us on 0800 169 8787

ⁱ Age UK's dementia policy position can be seen here- https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/ppp_living_well_with_dementia_england_.pdf

ⁱⁱ Health and Social Care Information Centre (2007). *Health Survey for England, 2005: Health of Older People*. [online] Available at: <http://www.hscic.gov.uk/pubs/hse05olderpeople>

ⁱⁱⁱ Joint Commissioning Panel for Mental Health (2013), 'Guidance for commissioners of older people's mental health'. Available at: <https://www.jcpmh.info/wp-content/uploads/jcpmh-olderpeople-guide.pdf>

^{iv} Independent Age (2018), *Good grief: older people's experiences of bereavement*, London: Independent Age. Available at: <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-04/Good%20Grief%20report.pdf>

^v The King's Fund (2013), *Delivering better services for people with long-term conditions: building the house of care*, London: The King's Fund. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

- vi Alzheimer's Society, 'Depression and dementia'. Available at: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/depression>
- vii British Geriatric Society and Royal College of Psychiatrists (2019), *Collaborative approaches to treatment: depression among older people living in care homes*, London: British Geriatric Society. Available at: <https://www.bgs.org.uk/sites/default/files/content/attachment/2018-09-12/Depression%20among%20older%20people%20living%20in%20care%20homes%20report%202018.pdf>
- viii Age UK (2018), *All the lonely people*, London: Age UK. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report_final_2409.pdf
- ix Ibid
- x Hamid, Abdul et al (2015), "Comparison of how old age psychiatry and general adult psychiatry services meet the needs of elderly people with functional mental illness: cross-sectional survey", *British Journal of Psychiatry*, 207 (5), pp. 440-443.
- xi Joint Commissioning Panel for Mental Health, *Guidance for Commissioners*.
- xii Independent Age, *Good Grief*.
- xiii Age UK (2019), 'Improving Access to Psychological Therapies' (unpublished).
- xiv Age UK and University of Exeter (2015), *The Age UK almanac of disease profile in later life*. Available at: https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_almanac_FINAL_9Oct15.pdf?dtrk=true
- xv Colins, N., and Corna, L. (2018), 'General practitioner referral of older patients to Improving Access to Psychological Therapies (IAPT): an exploratory qualitative study', *BJPsych Bulletin*, 42(3). pp. 115-118.
- xvi Britain Thinks research
- xvii Independent Age, *Good Grief*.
- xviii Pettit, S. et al (2017), 'Variation in referral and access to new psychological therapy services by age: an empirical quantitative study', *British Journal of General Practice*, 67(660), pp. 453-459.
- xix Royal College of Psychiatrists (2018), 'Suffering in silence: age inequality in older people's mental health care', London: Royal College of Psychiatrists. Available at: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2.
- xx Age UK, 'Improving Access to Psychological Therapies' (unpublished).
- xxi Age UK (2014), 'Fit as a fiddle: engaging faith and BME communities in activities for wellbeing', London: Age UK. Available at: <https://www.ageuk.org.uk/Documents/EN-GB/FaithGood%20Practice%20GuideWEB.pdf?dtrk=true>
- xxii Colins, N., 'General practitioner referral of older patients.'
- xxiii British Geriatric Society, *Collaborative approaches to treatment*.
- xxiv Institute for Public Policy Research (2008), *Older people and mental wellbeing*, London: Institute for Public Policy Research. Available at: https://www.ippr.org/files/images/media/files/publication/2011/05/older_people_and_wellbeing_1651.pdf
- xxv British Geriatric Society, *Collaborative approaches to treatment*.
- xxvi Age UK and Carers UK (2015), 'Caring into later life: the growing pressure on older carers', London: Age UK. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/caring-into-later-life>
- xxvii Ibid
- xxviii Ibid
- xxix Ibid
- xxx Ibid