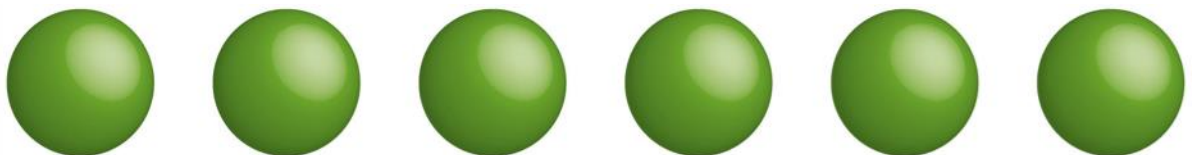




Mental Health in Later Life - Striving for Equality





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1. Introduction

Older people, like the rest of the population, experience mental health problems. Yet levels of awareness of these experiences, including the prevalence of different mental health problems in later life, and understanding about them remain low.

Most current discussion on older people's mental health – if it happens at all – tends to focus on dementia or isolation and loneliness, with the latter often considered the sole contributing factor for depression in later life. Yet a basic exploration of the evidence on mental health and older people shows that mental health problems in later life are not a natural consequence of ageing, and that a significant number of older people experience serious and enduring mental health problems.

At a policy level, the focus in mental health tends to be on children and young people and adults of 'working' age, i.e. up to 65. This arbitrary cut off point, however, makes little sense for a number of reasons, including the legal removal of the default retirement age, well-established shifts in the UK's population, and the existence of mental health problems throughout the duration of many people's lives, and not just at one-off points. There is, of course, also the financial context within which any mental health services exists to consider.

In this paper, we therefore wish to make the case that equal attention needs to be paid to older people's mental health, and the services and support they experience, need and want.

Through sharing learning from work undertaken by NDTi and others into older people's experiences of living with mental health problems and accessing support, we wish to begin to highlight the sorts of changes required so that a significant shift in attitudes and approach at all levels can happen in health and social care. Professionals working in health and social care services, including older people's mental health services, will be familiar with many of the issues outlined in this paper. However, they have also told us that they too experience low levels of awareness and understanding, and can often feel isolated from wider public health and 'mainstream' developments such as personalisation and implementation of the Care Act 2014.

Ultimately, we wish to generate debate, discussion and action in this important and neglected area in order to improve older people's mental health and their experiences of support available to do this.

2. What are we seeking to address and why?

In this section we have set out what we believe to be the five key areas in which action needs to be taken, using evidence and examples from work undertaken in this area. The five key areas are:

- Overcoming age discrimination in mental health services
- Increasing voice, visibility and influence of older people with mental health problems
- Focusing on the common mental health problems experienced by older people
- Clarifying responsibility for commissioning of older people's mental health services
- Developing a coalition on older people's mental health.

2.1 Overcoming age discrimination in mental health services

Age discrimination remains the most fundamental barrier to improving services and support for older people with mental health problems. This was one of the main conclusions drawn by the UK Inquiry into Mental Health and Well-Being in Later Life¹

***'I feel I am treated differently because of my age. It feels like I'm invisible now and I think sometimes I don't get offered services because I'm old.'*(Older person interviewed during UK Inquiry into Mental Health)**

Persistent age discrimination in mental health services has also been highlighted in several reports over the last 10 years².

In a review of age discrimination and age equality in health and social care, undertaken by Sir Ian Carruthers and Jan Ormondroyd³ mental health was identified as one of three key areas in which discrimination exists. Their report recommended that providers and commissioners should consider how to achieve 'non discriminatory, age appropriate services' It also highlighted the need for local authorities, the NHS, older people, their groups and organisations to work together to undertake a joint audit of age discrimination and age equality across all services and processes.

¹ Age Concern and Mental Health Foundation (2006) Promoting mental health and well-being in later life.

²The Healthcare Commission report, Equality in later life: a national study of older peoples' mental health services (March 2009), the Mental Health Foundation report All Things Being Equal: Age Equality in Mental Health Care for Older people (April 2009), Everybody's Business (Department of Health/Care Services Improvement Partnership, 2005) and NDTI (May 2011) A Long Time Coming- Strategies for achieving age equality in mental health services Part 1 & Achieving age equality in local mental health services Part 2

³ Ormondroyd and Carruthers (2009) Age Equality in health and social care.

Following the Carruthers report, NDTi were commissioned by the Department of Health in the South West to develop resources⁴ to help local people and agencies undertake an audit of services and agree action plans for removing age discrimination and achieve age equality in services and systems, including mental health and mental health services.

Two localities in the Midlands used the resource pack to develop a better understanding of age discrimination and age equality in services and undertake an audit of local services, processes and systems. The Achieving Age Equality in Mental Health Network ran between November 2010 and March 2011. In addition to development support to the two localities, a call for information went out to gather practical examples of age equality in mental health services, alongside analysis of national/local data.

The report⁵ based on the work in the two localities, identified four key factors for success in delivering age equal mental health services:

- A shared vision of age equality in mental health
- A focus on achieving better outcomes for and experiences of older people
- Responsive and personalised services which meet older people's needs and aspirations
- Positive attitudes and mind-set at all levels.

A set of priorities for action specifically relating to older people's mental health were identified in the report, including:

- Identifying and sharing 'what works' in combatting age discrimination and achieving age equality in mental health services
- Strong leadership to develop and adopt a shared vision about what good looks like in mental health services
- Development of an outcomes and data framework for older people's mental health
- Building the capacity, confidence and skills of older people with lived experience, including those who have developed mental health problems in later life, as well as those who have grown older with them.

The recently published report by the Five Year Forward View Mental Health Taskforce⁶ identified access to appropriate services and tackling stigma and discrimination experienced by older people as two key areas in which action is required.

⁴ <http://age-equality.southwest.nhs.uk>

⁵ NDTI (May 2011) A Long Time Coming– Strategies for achieving age equality in mental health services Part 1 & Achieving age equality in local mental health services Part 2

⁶ Independent Mental Health Taskforce (September 2015) The Five Year Forward View Mental Health Taskforce: public engagement findings.

2.2 Increasing voice, visibility and influence of older people with mental health problems

The lack of voice and visibility of older people with mental health problems has been a consistent theme running throughout all our work in this area, over a number of years. Building on this, NDTi secured funding from Comic Relief for a three-year project working with older people with lived experience of mental health. The aims of the project were to:

- Increase awareness and understanding about mental health problems in later life and
- Build the confidence, skills and capacity of older people with lived experience to lead and influence change in their own lives and more widely.

Key messages from this work included:

- Older people want the opportunity to speak about their experience and to influence change in local communities and more widely in services, but find themselves excluded and marginalised from opportunities to do so;
- Stigma in mental health and age discrimination across services and systems prevent many older people from speaking up and seeking the right help and support;
- The experiences of people growing older with mental health problems are different to those who develop problems in later life
- Apart from older people with lived experience and older people's mental health services, mental health in later life is not on anyone else's radar.

2.3 Focusing on the common mental health problems experienced by older people

No Health Without Mental Health,⁷ the previous government's strategy for mental health, took a life course approach and identified some of the challenges and barriers older people face in accessing services, compared to people of other ages. However, it also acknowledged that, apart from the 'isolation' that older people may experience, the reasons for this were not known.

While the statistics on the prevalence of dementia are often cited⁸, there is generally little recognition of the other types of mental health problems older people experience, their prevalence and access to and outcomes of treatment/support. More than twice the number of older people live with depression than dementia.

⁷ Department of Health (2011) No health without mental health. A cross-government mental health outcomes strategy for people of all ages

⁸ 2% of people aged 65 to 69, 6% of people aged 75 to 79, 18% of people aged 85-89 and 41% of those aged 95 and over have dementia (Prince, M., Knapp, M., Guerchet, M., McCrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A., & Salimkumar, D. (2014), *Dementia UK: Update, Second edition*, London: Alzheimer's)

16% of people aged 60 and over have depression⁹, compared to 7% of people over 65 in the UK with dementia¹⁰. NDTi therefore carried out a short review of the available evidence on non-dementia mental health problems experienced by older people. In the section below we highlight some of the evidence on depression (the most common mental health problem) and substance misuse (a growing issue) among older people.

2.3.1 Depression

Research shows that a significant proportion of older people experience depression. 16% of people aged 60 and over and 21% of people aged 80 and over have depression¹¹. The rates of depression may be even higher in sheltered accommodation - a study found 24% of people living in sheltered accommodation had depression¹². In addition more than 2% of people aged 65 or over report having had suicidal thoughts in the past year¹³.

Evidence also suggests that older people are not necessarily getting the help or the treatment that they need for dealing with depression. For example, only 0.5% of people aged 65 and over and 0.2% of people aged 85 or over get referred for talking therapies (for example counseling) for treatment of depression or anxiety. This compares to 2.2% people aged 20 to 64¹⁴. Around half of people aged 55 or over do not seek help following a suicide attempt¹⁵.

⁹ Steptoe, A., Demakakos, P., and Oliveira, C. (2012) The Psychological Well-being, Health and Functioning of Older People in England, in Banks, J., Nazroo, J. and Steptoe, A. (eds) *The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*

¹⁰ Prince, M., Knapp, M., Guerchet, M., McCrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A., & Salimkumar, D. (2014), *Dementia UK: Update, Second edition*, London: Alzheimer's Society

¹¹ Steptoe, A., Demakakos, P., and Oliveira, C. (2012) The Psychological Well-being, Health and Functioning of Older People in England, in Banks, J., Nazroo, J. and Steptoe, A. (eds) *The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*

¹² Field, E.M., Walker, M.H. & Orrell, M.W. (2002), Social networks and health of older people living in sheltered housing, *Aging & Mental Health*, vol 6 (4), 372-386

¹³ McManus et al (eds) (2009), *Adult psychiatric morbidity in England, 2007: Results of a Household Survey*, Leeds: The Information Centre for Health and Social Care

¹⁴ Ibid.

¹⁵ McManus et al *op. cit.*

The causes of depression among older people are complicated. While there is a great deal of attention on social isolation and loneliness experienced by older people, the relationship with depression is not straightforward. It has been highlighted that while older people who are lonely are often depressed, depressed older people are not always lonely¹⁶. Older people do not only experience depression because they are isolated. There is a strong relationship between physical health among older people and depression. Older people who report bad health are much more likely to be depressed than older people in good health – for example 71% of men aged 65 and over who report their health as very bad are depressed compared to 6% of those who report their health as very good¹⁷. Older people who have a limiting long-standing illness are much more likely to be depressed than older people who don't – for example 45% of women 65 and over with a limiting long-standing illness are depressed compared to 13% with no limiting long-standing illness¹⁸. Older people with a mobility impairment are much more likely to be depressed than older people with no mobility impairment – for example 23% of those aged 52 and above who have a mobility impairment are depressed compared to 7% of those who have no mobility impairment¹⁹.

The high profile of campaigns targeting the social isolation or loneliness of older people can imply a more simplistic association between social isolation or loneliness and depression than is the case. Addressing social isolation among older people is not enough to address depression – older people need access to the full range of treatments for depression and treatment for physical health problems.

2.3.2 Drug and alcohol misuse

Evidence shows that alcohol misuse among older people is real and growing problem. 2% of people aged 65 to 74 are dependent on alcohol²⁰ and in 2010 there were almost half a million alcohol-related hospital admissions for people aged 65 and over²¹. People aged 55 to 74 have the highest rate of alcohol related deaths of all age groups²².

There is evidence to show that this is getting worse. Between 2002 and 2012 there was an increase in hospital admissions related to alcohol across all ages, but the biggest increase was among older people: admissions rose by 136% for men aged 65 and over and 132% for women aged 65 and over. During the last decade there has been an 87% increase in alcohol related death rates in men aged 55-74, and a 53% increase for women²³.

¹⁶ Luanaigh and Lawlor (2008) Loneliness and the health of older people, *International Journal of Geriatric Psychiatry* 23, 1213-1221

¹⁷ Craig, R. and Mindell, J. (eds) (2007), *Health Survey for England 2005: Volume 4 Mental Health and Well-being: The health of older people*, Leeds: The Information Centre

¹⁸ Craig, R. and Mindell, J. *op. cit.*

¹⁹ Steptoe, A., Demakakos, P., and Oliveira, C. *op. cit.*

²⁰ McManus et al (eds) (2009), *Adult psychiatric morbidity in England, 2007: Results of a Household Survey*, Leeds: The Information Centre for Health and Social Care

²¹ Drugscope (2014), *It's about time: Tackling substance misuse in older people*, London: Drugscope

²² Office for National Statistics (2014), *Alcohol-related deaths in the UK, registered 2012*, Cardiff: Office for National Statistics

²³ Drugscope, *op. cit.*

The number of alcohol-related deaths among people aged 75 and over has increased to their highest level since records began²⁴.

There is very little information about how many older people misuse drugs. This is primarily because older people are not included in surveys which measure drug misuse^{25,26}. The main survey which measures drug misuse, The Crime Survey for England and Wales does not ask people aged 60 and over questions about drug use because there is an assumption that it is low and it would not be worth the cost of administering the survey²⁷. This means that little is known about older people's experiences of drug misuse and what their treatment needs might be.

The evidence that does exist suggests that drug misuse among older people is an issue and one that may be growing. 0.3% of 65 to 74 year olds and 0.5% of those aged 75 and over have been drug dependent in the past six months²⁸. The use of some illicit drugs, particularly cannabis, among people aged 50 to 74 is reported to have increased rapidly over the last two decades²⁹. Hospital episode statistics show that for people aged 65 and over hospitalised with a primary mental health diagnosis, 9% were due to mental and behavioural disorders due to psychoactive substance use³⁰. Although figures are not provided it has been reported that there has been an increase in the number of older people in drug treatment in recent years³¹.

Depression and drug and alcohol misuse are just two examples of mental health issues experienced by older people that get overlooked. Older people also experience other mental health problems. For example 1% people aged 65 and over experience post-traumatic stress disorder and 0.1% of people aged 65-74 have psychosis (including schizophrenia and bi-polar)³².

²⁴ Siddique, H. (2014) Alcohol-related deaths among the elderly reach highest ever level, The Guardian, 19.02.14

²⁵ Hay, G. Gannon, M., Casey, J., and Millar, T. (2011) Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2009/10: Sweep 6 report, Glasgow: The Centre for Drug Misuse Research

²⁶ Home Office (2013), Drug Misuse: Findings from the 2012/13 Crime Survey for England and Wales, London: Home Office

²⁷ *Ibid.*

²⁸ McManus et al, *op. cit.*

²⁹ Fahmy, V., Hatch, S.L., Hotopf, M. and Stewart, R. (2012), Prevalence of illicit drug use in people age 50 years and over from two surveys, *Age and Aging*, 41 (4), 553-556

³⁰ Health and Social Care Information Centre (2013), Hospital Episode Statistics, Admitted Patient Care 2012-13, Diagnosis spreadsheet, primary diagnosis - summary

³¹ *Drugscope, op. cit.*

³² *Ibid.*

2.4 Clarifying responsibility for commissioning older people's mental health

Even without the impacts of age discrimination in mental health services and the low profile of older people with mental health problems, the complex structures and systems surrounding mental health services can create a barrier to good mental health for many older people.

Mental health services are commissioned through a combination of resources and roles across local councils, Clinical Commissioning Groups and NHS England. Arrangements for assessment, planning, commissioning and delivery of mental health support can also sit in different places depending on local arrangements. For example, sometimes social workers sit within a council; sometimes they sit within a local mental health provider trust.

Across the mental health system there are therefore a number of additional boundaries that must be crossed by people navigating the system. These arrangements have contributed to what is generally agreed to be a mental health system that isn't working as well as it could. But for older people, the arbitrary distinction at age 65 between "older people's" and adult services in health and social care creates an additional boundary that invariably makes the situation worse. In NDTi's work, we regularly come across arrangements in which someone's age determines what pathway they follow, rather than their mental health problem. For example, someone who has received mental health support from an NHS provider trust may have their support withdrawn and be assessed from scratch by a local council simply because they have turned 65.

In practice, assessment and commissioning for older people with mental health problems falls between the different roles and responsibilities outlined above: organisations tend to respond either to someone's age or their mental health problem, but rarely both their age *and* their mental health needs.

2.5 Developing a coalition on older people's mental health

Currently there is no single body coalescing around older people's mental health. We believe this could help to a) raise the profile of mental health in later life, b) coordinate much need action required in this area and c) to bring about positive changes in policy and practice.

3. What needs to change and at what level?

As a result of the issues outlined in earlier sections, we have identified three priorities for change that we believe can lead to older people having better experiences and in responsive and personalised services.

3.1 Tackling the ‘double stigma’ of mental health and ageism

Campaigns aimed at tackling stigma in mental health should target people of all ages and experiences, including families, carers, professionals and organisations, groups and networks. Anti-stigma campaigns should seek to raise public awareness about mental health and stigma (including self-stigma) and how it impacts on people of all ages, at different stages of their lives.

3.2 Developing a shared vision and agenda for change for mental health in later life

Understanding what good looks like in promoting and supporting better mental health in later life an essential first step in eliminating any unlawful discrimination (direct and indirect), and setting a clear direction for planning, commissioning and delivering personalised and responsive mental health services, ensuring that services are provided on the basis of need not age.

3.3 Equal access to a range of services, treatments and interventions

Mental health services that meet older people’s needs and aspirations and which promote wellbeing, recovery and inclusion, are, in part, key to achieving age equality in services. A clear understanding about the barriers preventing older people from seeking help and support, as well as their experiences when they do access services, are critical.

Regular monitoring and analysis of relevant data is vital to putting plans in place to help ensure there is equity, in access to a range of services/supports, developing a better understanding older people’s experience of using services and developing outcomes that older people say are important to them.

4. What Next?

It is clear that mental health in later life is a significant issue. Much work has been published that provides an indication of what needs to happen to improve the experiences of and outcomes for older people with mental health problems. This paper has summarised some of the issues and is hopefully a prompt for further debate and discussion. In order for things to change, there is a range of actions that need coordination at a number of levels. To do this, we need to build an alliance of older people and key national/local people to work together to coproduce an agenda for change. On the back of this paper, we are planning a round table discussion in December, which we hope is a tentative first step to building this alliance.

We welcome your views and comments on this discussion paper, including any thoughts on what can be done to influence and bring about change in this important and neglected area. For further information and to get involved, please email meena.patel@ndti.org.uk or tweet @ndticentral.