

Improving services and support for older people with mental health problems



The second report from the UK Inquiry into
Mental Health and Well-Being in Later Life

Executive summary

This is the second and final report of the UK Inquiry into Mental Health and Well-Being in Later Life. The Inquiry was launched in late 2003 as a result of concern that mental health in later life is a much neglected area. It published its first report, *Promoting Mental Health and Well-Being in Later Life*, in 2006.

This report sets out to answer an important and timely question: How can we improve services and support for older people with mental health problems?

The Inquiry's vision is of a society where the needs of older people with mental health problems and the needs of their carers are understood, taken seriously, given their fair share of attention and resources, and met in a way that enables them to lead meaningful and productive lives. The Inquiry believes that this can be achieved, and that this achievement will benefit society as a whole.

Why is this important?

Older people's mental health is an increasingly important area of public policy that does not get the attention it deserves. Three million older people in the UK experience symptoms of mental health problems that significantly impact on quality of life, and this number is set to grow by a third over the next 15 years. This represents an enormous cost to society and the economy, in direct costs to public services and indirect costs in lost contributions from older people who boost the UK economy by over £250 billion each year as workers, volunteers, unpaid carers and grandparents. At a time when the Government wants to make the most of older people's contributions to society, the neglect of older people's mental health needs represents a waste of human potential that we cannot afford.

This report draws on evidence from older people, carers, organisations and professionals, and makes recommendations for ways to improve services and support for older people with mental health problems.

Facts, figures and policy

The range of mental health problems experienced in later life is very wide. It includes depression, anxiety, delirium (acute confusion), dementia, schizophrenia and other severe mental health problems, and alcohol and drug misuse. This report presents a comprehensive review of key facts and figures relating to each of these, as well as facts and figures on services and sources of support.

There is tremendous unmet need in every area:

- One in four older people living in the community have symptoms of depression that are severe enough to warrant intervention.
- Only a third of older people with depression ever discuss it with their GP. Only half of them are diagnosed and treated, primarily with anti-depressants.

- Depression is the leading risk factor for suicide. Older men and women have some of the highest suicide rates of all ages in the UK.
- Dementia costs the health and social care economy more than cancer, heart disease and stroke combined.
- Fewer than half of older people with dementia ever receive a diagnosis.
- A third of people who provide unpaid care for an older person with dementia have depression.
- Delirium or acute confusion affects up to 50 per cent of older people who have operations.
- There are approximately 70,000 older people with schizophrenia in the UK.
- People aged between 55 and 74 have the highest rates of alcohol-related deaths in the UK.
- It is agreed that rates of both prescription and illicit drug misuse in later life are under-estimated but few if any definitive statistics exist.

The UK four nations face common challenges in developing policies on older people's mental health but have proposed some different solutions. There is commitment to age equality in policy. Strong leadership is needed throughout the system to deliver the intended outcomes in practice.

The Inquiry has identified five main areas for action.

Ending discrimination is the first priority. Older people with mental health problems face discrimination in policy, practice and research. Direct age discrimination, such as age barriers to accessing services, can have a devastating effect:

“Going to a group and mixing with others who had similar problems as me was good. And having someone to talk to – I liked my support worker. But I can't get that now because of my age... I feel alone and isolated. I feel as if there's no reason to get up. I feel terrible... I feel suicidal. I was going to harm myself recently.”

Older people also face indirect age discrimination and ageist attitudes:

“Mum drinks a lot. I think it's abuse. It's interesting when I tell people as they say things like, ‘If that helps her then let her’. I wonder if it would be the same reaction to someone younger?”

Stigma has a terrible impact. It interacts with ageism to make older people with mental health problems invisible.

“The thing is if you’ve got a broken arm you’ve got people wanting to help – ‘Let me cook you a meal’. But if you’ve got a broken heart and a broken head they just don’t want to know.”

What needs to be done?

- Remove age barriers to accessing services
- Ensure that specialist services for older people are properly resourced
- Tackle the stigma attached to mental health issues
- Pay more attention to invisible groups like older people with alcohol and drug misuse problems, and people growing older with severe mental health problems

Prioritising prevention is essential. Many mental health problems in later life can be prevented. The risk factors for depression, anxiety, suicide, delirium and some types of dementia are well known. Social isolation is a common risk factor across a range of problems. The problems are diverse but all of them require preventative action at multiple levels, from the individual to the broader policy level.

“It helps me to be able to talk to someone... even having someone that I could get hold of on the phone would be good... I feel I should get help to keep things going rather than waiting for things to go wrong before I get support. I feel isolated.”

What needs to be done?

- Challenge the widespread defeatism which leads people to believe that mental health problems are an inevitable part of growing older and therefore nothing can be done
- Reduce isolation and strengthen social support for older people
- Focus on preventing depression and delirium

Enabling older people to help themselves and each other is important. Only a small percentage of older people with mental health problems receive help through formal services. The vast majority cope using their own resources, so support for self-help and peer support is necessary.

“Use it or lose it! I work myself to the bone, and it works for me. Seven years on [from being diagnosed] I’m still living with dementia, not dying from it.”

Older people point to the importance of participation and relationships. Peer support from others who have had similar experiences is particularly valued. Providing support for friends, family and other unpaid carers is crucial given the major role they play in caring for older people with mental health problems. Unpaid carers themselves are often older and also at risk of developing mental health problems.

What needs to be done?

- Put more emphasis on community development initiatives that enable older people to help themselves and each other
- Promote peer support
- Provide support for unpaid carers

Improving current services is necessary. Although only a minority of older people with mental health problems access them, housing, health and social care services can play an important role. Primary care is where many older people turn to for help and providers play a crucial role in the initial identification of mental health problems and the co-ordination of care. Social care helps older people to maintain independence and well-being but services are under pressure. Housing support enables older people with mental health problems to live in their own homes but its role is often overlooked. Acute hospitals and care homes are important settings because so many older people there experience mental health problems. There is considerable scope for improving all of these services. The challenge is to provide services that older people want.

“I went to my doctor and he suggested Prozac. I told him no medication, especially Prozac. He’s a nice enough guy usually, but when I said I just wanted to talk to someone, he totally patronised me.”

What needs to be done?

- Develop interventions at the individual and systemic levels
- Develop models of collaborative working with mental health specialists
- Pay more attention to the role of housing support

Facilitating change requires action in several areas. We should feel optimistic about change as there are many opportunities, with policy emphasis on age equality and self-directed support. Improved education, training and support for those who work with older people will facilitate change. Stronger professional, managerial and political leadership is essential, as is the effective targeting of much-needed investment.

What needs to be done?

- Provide education, training and support
- Increase investment
- Strengthen leadership

Conclusions

The levels of unmet mental health needs amongst older people are extremely high. The facts about mental health problems in later life should generate a sense of urgency and of anger about the lack of attention paid to them. Yet there is still a resounding silence.

Age discrimination remains the fundamental problem. It comes in various forms, all of which must be tackled.

One in four people aged 65 and over have symptoms of depression, much of which could be prevented. This demands the development of a public health approach to depression in later life.

The majority of older people with mental health problems do not receive services. We need to shift our attention to them, to ensure that they are supported by loved ones and enabled to care for themselves – by design, not by accident or neglect.

We need to take action on the mental health problems for which there is strong evidence of what works (such as depression, anxiety, delirium, dementia) and we need to pay more attention to problems that have been invisible to date but which will become more pressing in the future, such as older people with alcohol and drug misuse problems and people growing older with severe and enduring mental health problems.

There is no time to waste. As our population ages, we must ensure that the numbers of older people who suffer mental health problems are minimised. Mentally healthy ageing will make a key difference between a society that is able to ensure that later life is enjoyable and fulfilling and one that is not.

Recommendations

The Inquiry makes 35 recommendations which are listed in Chapter 9 and on pages 9-12, along with the recommendations from the Inquiry's first report.

Age Concern have agreed to audit responses to these recommendations and report on progress in 2009.

List of recommendations – First report

Who	No.	What
Local authorities	1	Establish “Healthy Ageing” programmes, involving all relevant local authority departments, in partnership with other agencies.
	2	Identify funding for and support community-based projects that involve older people and benefit their mental health and well-being.
Government	3	Introduce a duty on public bodies to promote age equality by 2009. See <i>Recommendation 4 from the Inquiry’s second report</i> .
	4	Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme. See <i>Recommendation 6 from the Inquiry’s second report</i> .
	5	Ensure that the 2007 Comprehensive Spending Review takes into account the findings of this Inquiry, and commit to setting a target date for ending pensioner poverty. Government should publish, by 2009, a timetable for achieving this and report on progress against milestones.
	6	Work to achieve consensus, both within Government and with external stakeholders, on long-term pension arrangements.
	7	Ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.
Health departments	8	Ensure that mental health promotion programmes include and provide for older people. See <i>Recommendation 10 from the Inquiry’s second report</i> .
Education departments	9	Ensure that school programmes promote attitudes and behaviour that will lead to good mental health and well-being and healthy ageing.
Public bodies	10	Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and well-being.
	11	Abolish mandatory retirement ages and enable flexible retirement for older employees.
Public bodies and businesses	12	Provide pre-retirement information and support for all employees.
	13	Educate and train all staff who have direct contact with the public to value and respect older people. See <i>Recommendation 32 from the Inquiry’s second report</i> .
Age Concern and the Mental Health Foundation	14	Work with other organisations, including the media, to improve public attitudes towards older people and promote a better understanding of mental health issues. See <i>Recommendation 24 from the Inquiry’s second report</i> .
Voluntary organisations and local authorities	15	Encourage and support older people to take advantage of opportunities for meaningful activity, social interaction and physical activity; and provide information, advice and support to enable people to claim the benefits to which they are entitled.

List of recommendations – Second report

Recommendations 1, 3, 5, 18 and 31 require immediate attention.

Who	No.	What
Government	1	Establish, by 2008, a high-level task force, led by a Government minister, to co-ordinate and drive the development and improvement of services and support to meet the mental health needs of older people and promote good mental health in later life.
	2	Ensure that one minister has responsibility for mental health issues for adults of all ages.
	3	Ensure that the principle of age equality is incorporated into all mental health policies, performance indicators, strategies and initiatives across Government by 2008, and ensure that older people's specific needs are identified and addressed.
	4	Introduce a duty on public bodies to promote age equality by 2009. See <i>Recommendation 3 from the Inquiry's first report</i> .
	5	Increase investment in services and support for older people with mental health problems and their carers, to ensure equality with younger adults.
Commission for Equality and Human Rights	6	Conduct an inquiry in 2008 into equality and human rights in mental health services, with a focus on age equality. See <i>Recommendation 4 from the Inquiry's first report</i> .
	7	Develop a comprehensive older people's mental health strategy and establish a body to co-ordinate implementation.
Health departments	8	Require Chief Medical Officers to include older people's mental health and draw attention to late life depression as a public health issue in their annual reports.
	9	Ensure that national and local suicide prevention strategies and initiatives identify older people as a priority group.
	10	Ensure that anti-stigma and public mental health education campaigns include older people and address late life mental health problems. See <i>Recommendation 8 from the Inquiry's first report</i> .
	11	Support research into overlooked areas of older people's mental health, including the views and experiences of older people and their carers, older people with alcohol and drug problems and people growing older with severe and enduring mental health problems.
	12	Develop the Quality and Outcomes Framework (QOF) of the GP contract to create incentives for GP practices to identify and treat depression and anxiety in accordance with clinical guidelines in order to tackle the problem of under-diagnosis and under-treatment of late life depression.
NHS		

List of recommendations – Second report (continued)

Who	No.	What
NHS and local government	13	Ensure that strategies to promote well-being and their relevant performance indicators include and provide for older people with mental health problems.
	14	Support the development of community-based initiatives to reduce isolation and enhance social support for older people who have, or who are at risk of developing, mental health problems.
	15	Ensure that initiatives that aim to maximise choice and control are offered to and developed for older people with mental health problems, and their carers, with appropriate support where needed.
	16	Involve older people with mental health problems and their carers in the planning, delivery and monitoring of services, with appropriate support where needed.
	17	Develop and review national, regional and local housing strategies to ensure that older people's mental health needs are assessed and responded to within general and specialist provision.
	18	Develop a comprehensive commissioning framework for mental health services for all adults which ensures that mental health services that specialise in working with older people are adequately resourced.
Health, social care and housing commissioners	19	Develop standards that require staff in different settings to work with mental health specialists to recognise, monitor and respond to the known risk factors for depression, anxiety, suicide, delirium and alcohol and drug problems in older people, and monitor compliance.
	20	Develop standards that require services to provide regular surveillance that will prevent physical health problems from developing or deteriorating (potentially affecting or being misdiagnosed as mental health problems) and monitor compliance.
	21	Ensure the provision of flexible home care that offers emotional as well as practical support to older people with mental health problems and their carers at an early stage.
	22	Support the development of information, advocacy, self-help and peer support groups for older people with mental health problems and their carers.
Voluntary organisations	23	Ensure that suitable mental health services are available and accessible to older people with mental health problems.
	24	Work with professional bodies, with the media and with older people to publicise positive stories of hope and recovery from mental health problems in later life. See <i>Recommendation 14 from the Inquiry's first report</i> .
	25	Prepare younger adults with mental health problems for transitions in later life.

List of recommendations – Second report (continued)

Who	No.	What
Acute trusts	26	Train staff to recognise and respond to older people's mental health needs, and encourage staff to contribute their skills and knowledge to improving the quality of care provided.
	27	Establish systems and procedures to address older people's mental health needs at all stages of a stay in hospital, from admission through to discharge.
Care homes	28	Establish systems and procedures to ensure that members of staff have the appropriate skills and resources to recognise, monitor and respond to depression in older residents.
Inspection and regulatory bodies	29	Ensure that the principle of age equality is incorporated and upheld in all of their policies, assessments and improvement activities and prioritise the assessment of mental health services for older people.
	30	Develop standards to encourage care providers to develop systems and procedures that facilitate the identification and management of mental health problems that are common in care settings.
Professional regulatory authorities	31	Require the curricula for all basic training programmes to include modules on the assessment and care of older people with mental health needs.
Higher education institutions and training bodies	32	Include the assessment and management of older people's mental health needs in all basic training courses, to ensure the attainment of the necessary skills, knowledge and attitudes to address older people's multiple health problems with care and respect. See <i>Recommendation 13 from the Inquiry's first report</i> .
Professional bodies	33	Develop initiatives to improve the quality of their members' practice in identifying and responding to older people's mental health needs.
	34	Work with members and with other professional bodies to define the specialist skills and knowledge involved in working with older people with mental health problems, and educate colleagues who work with younger adults to ensure that older people are not indirectly discriminated against in the services they receive.
	35	Establish programmes to develop and strengthen leadership in working with older people, including older people with mental health problems.

UK Inquiry into Mental Health and Well-Being in Later Life

www.mhilli.org

The UK Inquiry into Mental Health and Well-Being in Later Life was launched in 2003 with the aims of:

- Raising awareness of mental health and well-being in later life,
- Involving and empowering older people,
- Creating better understanding,
- Influencing policy and planning,
- Improving services, and
- Stimulating ongoing work by others.

The Inquiry has been led by an independent board and supported by a wider advisory group and by Government participants from across the UK.

The Inquiry has worked in two stages. The first stage focused on what helps to promote good mental health and well-being in later life. A first report of findings and recommendations was published in June 2006.

The second stage focused on improving services and support for older people with mental health problems and their carers. The findings and recommendations are presented in this report.

The second stage of the Inquiry's work was supported by Age Concern. This report represents the work of the Inquiry Board and does not necessarily represent the views of Age Concern.



www.ageconcern.org.uk

Age Concern is the UK's largest organisation working for and with older people to enable them to make more of life. Age Concern is a federation of over 400 independent charities which believe that ageing is a normal part of life, and that later life should be fulfilling, enjoyable and productive.

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