



## Ageing and Older People

### Mental health and older people

Monday 20 March 2017, 4:00pm – 5:00pm

#### Chair's introduction

#### **Barbara Keeley MP, Shadow Cabinet Member for Mental Health and Social Care**

The meeting's chair introduced the topic and it was highlighted that mental health problems can present themselves in various situations.

Older people with mental health problems were said to be 6 times more likely to be on medication but less likely to have access to talking therapies, with many receiving no help at all from the NHS.

The subject was discussed within wider contexts of ageing. With people working longer and with changes to the state pension age, many more older people in their 60s are now living with anxieties from work and financial insecurity. Changes to women's state pension age was also mentioned in this context as potentially adding extra stress.

Caring was also discussed, with the impact of a carer's workload and the stress from caring identified as risk factors for wider mental health problems.

#### **Supporting older people with mental health problems**

#### **Léa Renoux, Senior Health Influencing Manager, Age UK**

Two particular concerns were emphasised: the availability and adequacy of mental health support, and the stigma surrounding mental health.

A number of risk factors were mentioned:

- Loneliness
- Life changes, eg bereavement
- Financial insecurity
- Becoming a carer

It was estimated that depression affects 22% of men and 28% of women over 65. However, depression should not be seen as a natural part of ageing and this was something that was reflected later in the meeting.

Age UK's [recent report](#) on mental health and older people was discussed and the [Wellbeing in Later Life index](#), which found that mental health and wellbeing was one of the highest contributors to wellbeing in later life.

On policy, it was argued that there is not enough emphasis on older people and that many in the sector have recognised that older people's mental health needs have been neglected. This could also be seen within a wider context of undertreatment of older people.

Data from trusts and CCGs has shown that older people are underrepresented in talking therapies: the Improving Access to Psychological Therapies (IAPT) programme had a target of 12% referrals to be older people. A survey of CCGs found that only three had set targets for increasing the proportion.

By 2016, this was only 6.5%. Age UK estimated that it will take until 2031 to reach this target.

The vast majority of older people receiving therapies are under 75. For those over 75, they are 6 times more likely to be given tranquilisers or similar drugs.

Finally, it was mentioned that it may be an unintended consequence of the Equality Act that services and initiatives aimed specifically at older people are dis-incentivised.

## **Dementia and mental health**

### **Gavin Terry, Policy Manager, Alzheimer's Society**

It was explained how the consequences and impact of a dementia diagnosis can increase the risk of mental health problems in people with dementia and carers.

Apathy, Depression and Anxiety are some of the more common problems. Mental health problems can also be harder to detect because of symptoms that are present in dementia:

- People can lose their drive and persistent apathy can be common in people with dementia
- Dementia can also affect day to day tasks and activities, such as meeting people, and that this can lead to further problems.
- People can become indifferent to their problems and have feelings of withdrawal. This can then lead to further problems like isolation and loneliness.

It was highlighted that depression can affect between 20-40% of people with dementia, as well as affecting the people who care for them.

Depression can have a wide range of problems that can worsen other areas.

A number of other mental health problems were discussed, including anxiety, of which 5-20% of those with dementia can be affected.

It was argued that this all highlights the importance of personalised and planned support following a dementia diagnosis, and that this should include carers.

The benefits in long term savings outweigh initial investment in support services. However, this depends on those support services actually being available and accessible.

A pilot project was then discussed that linked people by interests, meaning volunteers could help people dementia to access places and activities, keeping them engaged and interested in those areas. This also provides a break for carers and so has additional benefits for them.

## **Depression in older people**

**Dr Amanda Thompsell, chair, Faculty of Old Age Psychiatry, Royal College of Psychiatrists**

The meeting's final speaker discussed depression in older people, firstly looking at diagnosis.

Older people can go through many stages of diagnosis when the problem is actually their mental health.

Older people can be affected by a stigma around mental health and a loss of confidence. This can complicate symptoms being hidden, hindering diagnosis.

It was contended that a whole package is important, including therapy. Four key points were put forward:

1. There is hidden loneliness among older people
2. Health professionals can be bad at picking up mental health problems
3. The right care can restore people back to normality
4. We need to avoid bad experiences for patients and they need to be able to actually access treatments

Depression was then discussed in more detail, with the view that we shouldn't understate its severity—it increases the risk of death—and that we shouldn't just see it as a normal part of ageing.

Instead, it is eminently treatable and older people respond well to treatment.

Finally, the importance of prevention was emphasised, with suggestions for more can be done on prevention:

- Signposting
- Group interventions
- Intergenerational work

More recognition would be beneficial in this area, as it can often be easy to identify people at risk of depression by just asking them the right questions and knowing what to look for.

## **Questions and comments**

The meeting then opened up to questions from participants.

Mental health in minority communities was raised by Baroness Barker, using the example of LGBT people, with concern that it was often not mentioned in implementation plans. There was a view that some groups are losing confidence in the NHS and that community prevention and services should be given more support.

Some of the best interventions, it was argued, aren't necessarily medical or involving a psychiatrist and can just be about helping to improve their wellbeing.

The discussion then moved to the importance of wider connectedness, with the example of age friendly culture and what can be done to help groups less like to participate. The 'men in sheds' programme was one example of a way that a group less likely to articulate their problems could be supported. Concerns were also raised around access to culture as a result of closures and funding pressures.

Lord Foulkes outlined several examples from around the world as potential case studies for person centred care. These included Denmark, where a home for people with dementia has recreated 1950s rooms to help people living there. A care home in Romania has also placed a nursery in the same building, encouraging intergenerational connections.

The role of third sector organisations was then discussed, with the view put forward that there can be more recognition for the beneficial work that they do. They can fill gaps where the NHS can't provide, for example.

Finally, the work that local authorities do in a wide range of areas was highlighted, from prevention work through to provision for local parks.

## **Next steps and suggested actions**

### **Jo Cox Loneliness Commission**

The Commission's [Older People's Spotlight Month](#) launched this month.

The Commission aims not to simply highlight the issue of loneliness, but more importantly act as a call to action. Under the slogan 'start a conversation', its goal is to mobilise us all to help our neighbours, family and friends – whether it be talking to a neighbour, visiting an old friend, or just making time for the people you meet.

### **Actions in Parliament**

We have identified a number of areas where we think this could be raised through Parliamentary questions:

Given the large number of older people who are detained under the Mental Health Act, is there any training for police officers on dealing with older people and mental health?

Given the amount that they benefit the system, does the Department of Health recognise the importance of commissioning for mental health support for carers?

There are also potential questions on the importance of recognising dementia diagnosis firstly as a trigger point for potential mental health problems but also as a continued risk factor.

Is the Department of Health encouraging GPs to look outside of their specialism and to reinforce the importance of whole person approach?

Finally, it may be useful to highlight the role of the voluntary sector for working in a complementary way to support older people.

### **In your constituency**

If you are an MP there are also some local actions you can take in your constituency.

You could, for example, use your profile to raise awareness of mental health among older people and to help combat any stigma around it.

You could also see what services are available locally and scrutinise how accessible they are for older people