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Introduction

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Ceri Cryer, Policy Advisor, Age Cymru
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Older people have told us they value the things that support good mental health. Our annual surveys of older people's experiences during and since the Covid-19 pandemic consistently tell us how much older people value feeling connected to their communities and families, having opportunities to stay healthy, be active and remain in control of their own lives, which all contribute to good mental health.¹

The Welsh Government's Strategy for an Ageing Society aims to enhance people's wellbeing with a priority to improve access to mental health services,² and the Strategy recognises the impact of loneliness on physical and mental wellbeing. We highlighted the importance of access to mental health services for older people in our response to the Welsh Government's consultation survey towards the development of a new national mental health strategy, which aims to improve mental health and wellbeing in Wales.^{3,4} In February 2024, the Welsh Government launched a consultation on their Draft mental health and wellbeing strategy.⁵

In our latest 'What matters to you?' survey, just under a fifth of older people across Wales told us that their mental health had been a challenge over the last year.⁶

Those who said that their physical health or mobility was a challenge were 70% more likely to say that their mental health had also been

a challenge.⁷ Many older people have also found bereavement and loneliness a challenge in the last year. We heard how some people can go for days without seeing anybody and how loneliness and isolation can impact upon their mental health.⁸

Older people told us:

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'Having mobility problems this stops me going to groups or classes, I see loads I would like to join but no way to get there, I feel very isolated and sometimes desperate for human contact. It is hard when you don't see anybody for days.'
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'It has been extremely difficult year for me, after I lost my husband, my brother passed away as well. I have become very lonely and isolated. This has also affected my mental health. I am very reliant and live with my son as I lost all the support I had and it has become very difficult for me to cope.'
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We also heard from unpaid carers who told us that their mental health had been a challenge, while many older people told us of other life events and changes that are impacting their mental health, including the cost-of-living crisis. Whilst the peak of the Covid-19 pandemic period has passed, older people are still dealing with the effects of this time.⁹

In this issue of EnvisAGE, we examine the issues around the mental health of older people and shine a spotlight on a range of services and approaches that can help to improve mental wellbeing.

In our opening article, Dr Lis Boulton from Age UK explores the barriers that older people may experience in accessing mental health services. While older people's mental health has achieved more recognition in recent years, there is still unequal access to, and provision of, mental health services for older people. The article identifies a number of underlying factors that need addressing to help improve mental health support for older people.

Sam Young of Age Cymru describes the impact of the Covid-19 pandemic on older people's mental health and wellbeing. Fear of infection weighed heavily on the older population, heightening anxiety about venturing outside, using public transport and amenities, or simply maintaining social contact with loved ones. The article highlights that we should learn about the lived experiences of older people and integrate them into national discussions around mental wellbeing.

Laura Tipper of Veterans NHS Wales provides an overview of the specialised priority service to improve the mental health and wellbeing of veterans with service-related mental health problems who live in Wales. Support is provided to older veterans to be able to access the services through a range of communication channels and formats. The article highlights that inclusive practices are employed across all seven health boards to ensure that services are accessible to older veterans.

Claire Morgan and Jane Healey of Carers Wales highlight how the health of unpaid carers can be negatively impacted by their caring role, due to the demands of caring, limited opportunities to take breaks, stress related to their responsibilities and the anxiety of making ends meet financially. The article features resources that are available to support carer health, resilience, and wellbeing.

Our next article by Sara Walters features the Roots to Recovery project delivered in partnership between Mind Pembrokeshire and Carmarthen and Pembrokeshire Coast National Park Authority, which is centred on enjoying the restorative powers and wellbeing benefits of spending time outdoors. The project goes out several times a week with different groups across Pembrokeshire, and project activities are designed to be accessible, fun and relaxing, with the opportunity to learn new skills and meet new friends.

Gail Colbridge, Age Cymru Powys and Rachael Owen, Care & Repair in Powys provide an insight into the Mamwlad project which promotes wellbeing in rural communities. The project which is funded by the Welsh Government offers tailored support for people over 50 in the Powys farming community.

In our final article, Bethan Edwards from Marie Curie Cymru focuses on the support available to people across Wales who have been bereaved. The article provides an overview of the UK Commission on Bereavement and the Welsh Government's National Framework for Bereavement Services, and describes how Marie Curie has been able to expand their bereavement support services in Wales.

Our thanks to all the authors who have contributed their expertise to highlight the issues around mental health and older people and have shared good practice in providing a valuable insight into the support available to improve the older people's wellbeing.

EnvisAGE is a discussion journal edited by Age Cymru. It aims to explore issues affecting older people, stimulate discussion and share good practice.

Age Cymru's vision is a society which offers people in Wales the best experience of later life. Older people are valued, included and able to shape the decisions affecting their lives.

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Unequal access to and provision of mental health services

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Dr Lis Boulton, Health and Care Policy Manager, Age UK
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As we age, getting the right support for our mental health is crucial. It is widely accepted, however, that the mental health needs of older people are often overlooked and mistreated.

There are often the twin challenges of older people themselves not seeing mental health as important or treatable, and health professionals sharing this view. As a result, older people are less likely to seek out help and if they do, health professionals are less likely to refer them for effective treatment. Writing in 2019, the Royal College of Psychiatrists reported a substantial increase in the proportion of the population taking antidepressant medication as seen across two decades for people aged 65 and over.¹ Today, just over 5% of referrals to NHS Talking Therapies in England are made up of people over 65,² despite them making up 19% of the population.

In other areas of mental health, including serious conditions such as eating disorders, self-harm and suicidal thoughts, services are not always well-suited to older people's needs. In areas such as eating disorders, services are more typically geared towards younger age groups and professionals lack knowledge to

effectively address older people's needs. For example, older people can present with non-specific symptoms and other conditions and frailty can 'cloud' the diagnostic picture.³ An effect of this is that eating disorders in older people in the community are largely unrecorded and typically untreated. However, rates of admissions to hospital for eating disorders amongst older people have been on the rise in recent years, demonstrating the unmet need in the community.⁴

Research has shown that people from ethnic minority groups, who experience racism, social and economic inequalities throughout their lives, experience a deterioration in their health from early adulthood.⁵ There is a cumulative effect of racist experiences on mental health, leading to poorer mental health in those who are older.^{6,7} The trend of declining access to mental health support for all minority ethnic groups, particularly for those from Black communities, reflects an enduring pattern for people from ethnic minority backgrounds in the UK being less likely to receive appropriate help for common mental health problems.⁸ Add this to the low access rates amongst the older population more generally and the intersectionality produces even greater inequalities.

Table 1. Prevalence of mental health conditions among people aged 65+ in the UK

Mental health condition	Number aged 65+	% of population aged 65+
Anxiety disorders	580,000	17%
Depressive disorders	665,000	18%
Bipolar disorder	140,000	4%
Schizophrenia	29,000	1%

Source: Global Burden of Disease Study, 2019⁹

Many of the factors that can lead to depression in later life occur more frequently with advancing age. The longer people live, the more likely they are to lose close friends and family members, become more socially isolated and lonely, lose a sense of purpose and status, have money worries, and experience poor health or develop dementia, leading to a loss of independence.

- In the UK, 40% of older people in GP clinics have a mental health problem, rising to 50% of older people in general hospitals, and 60% of those in care homes.¹⁰
- Depression is the most common mental health condition in older people, affecting 22% of men and 28% of women aged 65 or over in England, followed by anxiety.¹¹

The prevalence of mental health conditions is higher among specific groups of older people with

- 40% of older people living in care homes in the UK having depression.
- 30% of older carers in the UK experiencing depression at some point.

Analysis of the English Longitudinal Study on Ageing (ELSA) shows that older people going through a bereavement are up to four times more likely to experience depression than older people who haven't been bereaved.¹²

There is a well-proven correlation between poor physical health and its link to mental health issues. With 80% of over 65s in the UK having been diagnosed with more than one long-term health condition, this is particularly pertinent for older people.¹³ In the broader landscape, as we recover from the pandemic and now with the cost of living crisis, mental health issues in the population as a whole are widely recognised as being particularly poor. We believe this is especially the case for older people.

In January 2024, we reported that 91% of people aged 50 and over in the UK had been affected by the cost of living increases; 25% of them either severely or very severely.¹⁴ In Age UK's report, 'We have to take it one day at a time', we reported that a third of older people were more anxious than 12 months previously, and 58% were not confident that their health would improve in the future.¹⁵ Influencing policy makers on older people's mental health service provision is therefore more important than ever.

National policies and programmes

The need to address mental health issues amongst older people has been recognised for some years yet progress on addressing these has been slow. For example, NHS England's Mental Health Implementation Plan (2019)

references 'older adults' as a target group alongside all adults but does not include specific targeted activity or data collection on mental health amongst older people. When looking specifically at access to Talking Therapies, the target number of referrals is for all adults collectively and not recorded separately for older people.

The Department for Health and Social Care (DHSC) recently consulted on a 10-year plan for mental health, aiming to work across government departments to improve mental health and wellbeing for the whole population. Age UK was closely involved in this work, however, in January 2023, the Secretary of State for Health announced a new 'Major Conditions Strategy',¹⁶ which appears to supersede the development of the 10-year plan, by including mental health alongside other enduring health conditions (cancers; cardiovascular diseases, including stroke and diabetes; chronic respiratory diseases; dementia; mental ill health; and musculoskeletal disorders). In a time of uncertainty around UK Government priorities and action, we need to make sure that older people's mental health receives the consideration it deserves.

In Wales, the Welsh Government recently consulted on the development of a new national mental health strategy, which will build on the work of the previous 'Together for Mental Health' and the 'Talk to Me 2' strategies.¹⁷ In February 2024, the Welsh Government launched a consultation on their Draft mental health and wellbeing strategy.¹⁸

Age UK and mental health

Age UK has consistently raised mental health as a key factor in improving the health and wellbeing of older people and has lobbied on these matters in various ways. Mental health is also a consideration within our wider policy work,

for example, when we examine the impacts on wellbeing of poor housing, transport and the lack of local public and private services. Mental health issues for older people are also reflected in our campaigns and promotional work on issues such as loneliness.

In 2016, we published 'Hidden in Plain Sight: The Unmet Mental Health Needs of Older People'¹⁹ which examined access to NHS Talking Therapies, previously known as Improving Access to Psychological Therapies (IAPT). This demonstrated inequalities in access to this therapy and calculated how long it would take for the NHS to meet historic targets for access based on historic performance. The report identified several recommendations for addressing the future mental health needs of older people. These recommendations were formed and underpinned by several key findings including:

- A recognition that older people's access to mental health services was lagging behind that of people in other age groups.
- Societal perceptions and lack of awareness hindering access to appropriate talking therapies.
- Services are not responding to older people's needs by failing to join up physical health care with mental health care and restricting access to specialist services such as old age psychiatry.

Previous research from Age UK has highlighted that only 15% of older people with mental health conditions are receiving help from the NHS in England.²⁰ Talking Therapies treatment referral rates are a clear example of this. There were just 5.5% of referrals in 2021/22 for the over 65 cohort, which is significantly lower than the 18-25 age cohort at 23.5%, and 26-64 age cohort at 68.3%.²¹ There is research that indicates that GPs are much less likely to

refer older people to NHS Talking Therapies even though older people are more likely than younger patients to both attend and complete the clinics when they are referred.²²

Age UK's view is that there are a number of underlying factors at play that affect older people's mental health. We believe that these need addressing to help improve mental health support for older people. This will continue to be a focus of our policy work.

1. **Underlying ageism:** There is an element of acceptance amongst older people and health professionals that older people's mental health cannot be improved. This prevents both older people from seeking help and health professionals initiating referral for support.
2. **Lack of knowledge about ageing amongst health and care professionals:** Services and professionals remain poorly equipped to meet older people's needs with insufficient understanding of ageing and factors such as frailty. This can lead to inappropriate service provision, e.g. only providing online talking therapies that some older people may not feel comfortable with or able to use.
3. **Misdiagnosis and non-diagnosis:** older people's mental health is often overlooked as a result of health professionals focusing on treatment of long-term physical conditions rather than the mental impact of living with these. Common cognitive issues like dementia and delirium can both hide other mental health causes, and thus be misdiagnosed, or go unaddressed. In addition, some serious health issues like self-harm present differently to younger age groups. For example, self-harm with lethal intent is more common in older people, rather than impulsive actions like surface injuries to a person's body more typical in younger age groups.²³

4. **Exclusion from national programmes:** The dominant narrative in mental health policy is to address prevention and support in children and young people and to support people back into work. This can mean a vision for mental health in later life is not meaningfully captured in national programmes and campaigns on mental health.

5. **The impact of inadequate social care:** policy makers are failing to recognise the negative impact of inadequate social care on the mental health of older people. For example, one indication is the high levels of depression amongst older people living in care homes.

Conclusion

Older people's mental health has achieved more recognition in recent years, but we do not believe it has gone far enough. The levels of need are arguably higher than ever. The health and care sector in England is undergoing major changes with the implementation of Integrated Care Systems and it's important that mental health provision for older people is fully recognised in their strategic work going forward. We will continue our work at national and system levels to advocate for older people to have equitable access to support and treatment.

Age UK's latest report on mental health 'I just feel that no one cares'²⁴ gives us a strong platform from which to raise the issues that many older people are struggling with.

In this context in Wales, the Health and Social Care Regional Integration Fund²⁵ is a key driver of transformational change. The fund will support those people in Wales who would most benefit from integrated models of care. Priority population groups will include older people, including people with dementia, unpaid carers and people with emotional and mental health well-being needs.²⁶

The impact of the Covid-19 pandemic on older people's mental health and wellbeing

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Sam Young, Policy and Campaigns Officer, Age Cymru
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It is no secret that the Covid-19 pandemic impacted heavily on the population's mental health. Anxiety around the virus, the loneliness of lockdown, frustration with how the pandemic was managed – all took their toll on mental wellbeing right from the start of restrictions in March 2020.

Yet for all the discussions around the effects of Covid-19 on mental health, little has been said about the experience of older people.¹ In general, the mental health experiences of older people still receive relatively little attention in society, with medical professionals reporting that different generational attitudes mean that older people are often unwilling or unsure how to discuss mental ill health.²

Ageist assumptions filter into health and social care too. Research has found that poor mental health is frequently associated with being a natural part of ageing, with older people living with mental ill health often being prescribed medication without also exploring other non-pharmacological remedies.³

As a result, the mental health experiences of older people often slip under the radar, their voices absent from ongoing discussions around the impact of the pandemic on our collective wellbeing.

To combat this, a few dedicated organisations have undertaken research into the impact of the pandemic on the mental health of older people in Wales. This includes Age Cymru's national surveys of the lived experiences of over-50s, which have been carried out annually since 2020.⁴ Together, these sources provide a glimpse of the damage that Covid-19 wreaked upon the mental health of our older population – as well as some glimmers of hope.

Covid-19: a risk to life

A prime cause of poor mental health during the pandemic was fear of the virus itself. While Covid-19 posed a risk to people of all ages, especially before mass vaccine rollout, it was a particular danger to older people. During March-May 2020, 80% of those who died of Covid-19 in Wales and England were aged over 70.⁵

Fear of infection weighed heavily on the older population, heightening anxiety about venturing outside, using public transport and amenities, or simply maintaining social contact with loved ones. Evidence from Age Cymru's national surveys carried out during the pandemic suggests that fears were exacerbated by dramatic media coverage of the pandemic, as well as the insidious spread of unreliable information.⁶

‘Don’t feel confident going outside, it would be really scary to touch anything and use transport or public toilets as some people don’t follow the rules.’

The higher rate of deaths among older people during the pandemic brought with it the shadow of bereavement, particularly for those who had lost a partner or close companion. Bereavement is a major cause of poor mental health in older people, with those who have experienced loss being four times more likely to experience depression.⁷ Coping with grief during the pandemic was made harder by social distancing rules, limiting contact between loved ones and attendance of funerals and memorial events.

Impact of lockdown

Attempts to avoid infection also often had a negative effect on older people’s mental health, according to Age Cymru’s national surveys carried out during the pandemic. Loneliness was a major problem, especially among those living alone during lockdown, or self-isolating.⁸ Similarly, the suspension of communal activities during lockdown damaged the self-worth of many individuals, who had devoted much time and energy to participating in such groups.

‘I live on my own and am very independent, but as I was no longer engaged daily with the usual activities, I was often lonely.’

Other mental health problems that spread during periods of lockdown and self-isolation included a sense of frustration linked to the feeling of being trapped inside, especially when amenities were beginning to reopen and people at a lesser risk were outside enjoying themselves.⁹



‘I feel lost, ignored. I’m finding it hard looking out my window and seeing people enjoying themselves and some on holiday, when my care has been cut back to the point, I can’t leave my room. I’m struggling not to be bitter.’

However, some responses to Age Cymru’s surveys reported an improved mental health under lockdown conditions, citing the relative peacefulness of lockdown and the encouraging displays of community spirit that were witnessed, particularly in the early days of the pandemic.¹⁰

‘Our local services and the community in general have shown kindness and great care during very difficult circumstances... but really, this has been an extension of the normal life of our village. We are so fortunate.’

Delays to health and social care

The pressure that the pandemic placed on health and social care services also had a knock-on effect on mental health. 20% of respondents to Age Cymru's 2020 survey reported that they had experienced medical appointment cancellations, and Covid-era appointment backlogs continue to plague the NHS to this day.¹¹

For many older people, cancelled appointments meant deterioration in their physical health, which in turn impacted upon their mental health and that of their loved ones. Many older carers reported exhaustion from looking after an unwell partner in the face of massively reduced access to health or social support. Reports of abuse and neglect also increased during this period, as access to advocacy support was reduced.¹²

'I had a broken tooth and got temporary treatment from my dentist. After 6 months I am still on the waiting list for permanent treatment. The worry of this has impacted my sleep and therefore my mental health.'

Despite these strains, some older people reported a better experience of accessing health and social care by the time of the second lockdown in winter 2020-21, as many local services had been able to adapt to keep up with appointments.¹³ This was heavily dependent on location, however, and others continued to report reduced access.

Digital exclusion

Furthermore, older people were more likely to experience specific factors that made living through a pandemic harder. For example, the Older People's Commissioner for Wales reported

in 2020 that 51% of over-75s in Wales did not use the internet, meaning that they were restricted in how much they could communicate with loved ones and had limited access to public information around the pandemic – much of which was communicated via social media and online news.¹⁴

'Information through the TV always signposts to a website which excludes those not on the internet.'

Exclusion from a key communication channel exacerbated feelings of isolation and loneliness among older people, as well as leading to frustration around how vital information about Covid-19 was shared. The shift to online booking in many GP surgeries also meant that many older people struggled to book appointments, which further contributed to poor physical and mental health.

Care homes

Another factor that disproportionately affected older people was the strain the pandemic placed on mental health services in care homes. The hardships faced by care homes throughout the pandemic have been well documented, but an often-overlooked element is the difficulty that staff had in maintaining the mental health of residents during this time.¹⁵

Care home residents (including those living with dementia) are often affected by poor mental health. This is often linked to a traumatic incident that triggered their move to live in a home (e.g. the loss of a caring partner, a sudden deterioration in health) or to the disorientating experience of living in a new environment.¹⁶

Maintaining good mental health among residents is an uphill struggle even in normal times, but with the suspension of communal activities and visits by relatives and mental health professionals, it became virtually impossible. While the easing of restrictions has improved things, many care homes in Wales are still struggling with the mental health concerns of residents today, as they face a lack of trained psychological staff and the wider cost-of-living crisis.¹⁷

Looking ahead: a more age-inclusive approach to mental health

We are still far from fully comprehending the impact of the pandemic on the mental health of older people in Wales. The work undertaken by Age Cymru and partners has only been able to give a taste of what older people across Wales experienced – the fear, solitude, anger, confusion and, here and there, snatches of positivity.¹⁸

Understanding the mental health of older people is vital to maintaining a healthy society going forward. A recent report by the Older People’s Commissioner for Wales states that optimism among older people has fallen dramatically since 2021, with cost-of-living pressures, strain on the NHS and lingering anxieties from Covid-19 primarily to blame.¹⁹

A good start towards solving this crisis would be to learn the lessons of Covid. The pandemic triggered an unprecedented wave of public interest in mental health and wellbeing. For many – particularly older people – it represented the first time they had even thought about mental health. We should use this opportunity to learn about the lived experiences of older people and to integrate them into national discussions around mental wellbeing. Only by doing so can we forge a genuinely inclusive approach to tackling the problems around older people’s mental health.



The impact of caring on health in Wales

Claire Morgan, Director, and Jane Healey, Employers for Carers Wales Hub Manager, Carers Wales

Many carers are feeling stressed, depressed and lonely. A significant proportion of carers are not seeking support with health conditions due to the demands of their caring role, and many are unable to take a break from caring to do the things that might improve their wellbeing. Carers with poor mental health are continuing to care despite being at breaking point. Many carers are uncertain about the future, and anxious about the demands of their caring role, particularly if they are facing challenges such as carrying out clinical tasks, supporting the person they care for when they are discharged from hospital, or managing caring alongside their own health conditions.

Carers Wales, as part of Carers UK, carried out an online survey between June and August 2023. A total of 1,325 carers and former carers responded to the survey. The 'State of Caring 2023: The impact of caring on health in Wales'¹ summarises the responses from the people who are currently providing care and found that 64% of unpaid carers who responded are aged 55 plus.

- 3% are aged 0-34, 11% are aged 35-44, 23% are aged 45-54, 34% are aged 55-64, 20% are aged 65-74 and 10% are aged 75 and over.
- 84% are female, 15% are male and 1% have a different gender identity than their sex registered at birth

- 33% have a disability
- 4% are lesbian, gay, bisexual or other
- 19% have childcare responsibilities for a non-disabled child under 18
- 34% are employees (19% are full time and 15% part time).
- 33% have been caring for over 15 years, 16% have been caring for 10-14 years, 22% have been caring for 5-9 years, 25% have been caring for 1-4 years, and 3% for less than a year
- 50% care for 90 hours a week or more, 15% care for 50-89 hours, 21% care for 20-49 hours, and 14% care for 19 hours or less
- 72% care for one person, 21% care for two people, 6% care for three people and 2% care for four or more people.

The evidence from carers suggests that their health and wellbeing is being damaged as a result of caring – some of which is preventable with the right interventions, information, advice and support from the NHS, social care and the wider voluntary sector.

We asked carers what they felt were the main challenges they might face over the coming year. The most commonly reported challenge was the impact of caring on physical and mental health: 79% of carers said this would be a challenge. This was an increase from last year, when 66% of carers said that the impact of caring on physical or mental health would be a challenge.

“I’ve been diagnosed as having burnout about six weeks ago and I’ve just been hanging in there ever since. I need to take naps most days and my CBT treatment has my stress levels constantly at severe.”

Key findings

- 79% of carers said the impact of caring on their physical and mental health would be a challenge over the coming year, an increase from 66% last year.
- A significant proportion of carers said their mental health has been affected by caring. Over three-quarters (79%) of carers feel stressed or anxious, half of carers (51%) feel depressed, and half of carers (49%) feel lonely.
- Carers who were struggling to make ends meet were even more likely to feel stressed or anxious (85%).

- 72% of carers said they found it difficult to get a good night’s sleep. This increased to 90% for people caring for over 50 hours a week.
- 52% of carers said their physical health had suffered, and 23% said that caring had caused them injuries.
- 50% of carers said they had put off health treatment because of their caring role.

“I feel my life is running away from me and I am unable to take full advantage of my time because of my caring responsibilities.”

Carers Wales acknowledges the barriers that carers face in looking after their own wellbeing. We have a range of information and resources freely available on our website Wellbeing Hub: <https://www.carersuk.org/wales/help-and-advice/your-health-and-wellbeing/wellbeing-hub/>



We also encourage carers to:

- Talk to the GP – it's important to inform them about caring responsibilities so that they can offer support
- Take a break, however short – when caring for someone it can be easy to keep putting other's needs before your own. The benefits of carving out some time for self-care should never be underestimated.
- Acknowledge emotions – caring can involve a whole range of complex emotions and feelings. These can also fluctuate and change over time.
- Think about mind and body, get enough sleep, think about nutrition and try to keep active.

We also deliver a programme of support sessions. These are online activities to support carer wellbeing. Activities range from practical advice on carers' rights and caring, to emotional and physical wellbeing sessions like mindfulness and dance, to creative opportunities such as crafting and cooking. <https://www.carersuk.org/wales/help-and-advice/your-health-and-wellbeing/me-time-sessions/>

Sharing the responsibilities of caring is also important for supporting carer health and resilience. Carers UK and Carers Wales created the Jointly App to do just this. Jointly combines group messaging and to-do lists with other useful features, including medication lists, calendar, task lists and more. Jointly makes communication and coordination between those who share the care as easy as a text message.

Available in English and Welsh, you can purchase a Jointly circle with a one-off payment of £2.99 either through the Apple or Google Play stores or at jointlyapp.com.

“I think it's a great idea – a great way of sharing information with the people I choose. This app helps me to keep everyone in the loop. Thank you!”

Download at www.jointlyapp.com



The graphic features a central smartphone displaying the 'jointly' app interface with the tagline 'Care together from anywhere' and the 'carers WALES' logo. Three circular icons represent different users: a woman with a pie chart, a man with a tree, and a woman with a calendar. A red text box on the right states: 'Jointly helps those who share unpaid care keep track of appointments and medications, organise caring tasks and plan for emergencies.' Below this is a QR code and the text 'Download at jointlyapp.com'. At the bottom are the 'GET IT ON Google Play' and 'Available on the App Store' logos.

Helping veterans getting back on track with their lives

Laura Tipper, Assistant Psychologist, Veterans NHS Wales

Veterans NHS Wales

Each year approximately 20,000 UK Armed Forces personnel leave, becoming veterans (Royal British Legion, 2014¹). Veterans NHS Wales (VNHSW) is a specialised priority mental health service for individuals who have served in the British Armed Forces at any time in their lives. Ex-service personnel are entitled to Priority Treatment within the NHS for service-related physical and psychological disorders, including Regulars, Reservists, and those who undertook National Service.

Our aims

The primary aim of VNHSW is to improve the mental health and wellbeing of veterans with service-related mental health problems. The secondary aim is to achieve this through the development of sustainable, accessible, and effective services that meet the needs of veterans with mental health and wellbeing difficulties who live in Wales. In order to make services accessible and effective to older veterans we employ inclusive practices across all seven health boards to remove potential barriers to treatment.

Who are the veterans we work with?

Any veteran living in Wales who has served at least one day with the British Military as either a Regular, National Service member or as a Reservist who has a 'service-related psychological injury' is eligible to be assessed by VNHSW. Veterans with a 'service-related' mental health condition are eligible to receive outpatient treatment (psychological and/or medication).

Veterans with a 'non-service related' mental health condition are signposted to appropriate services for ongoing treatment.

In 2021 the Office for National Statistics completed a census which was the first to ask questions regarding military service. The data revealed that in Wales, the living veteran population is approximately 115,000, comprising of around 4.5% of the general population (aged 16 years or older). In Wales, 32,455 veterans were aged 80 years and over and 50% of all veterans were aged over 65. Veterans over 65 make up approximately 7% of our referrals. Despite higher rates of post-traumatic stress disorder (PTSD) in older veterans, this group is statistically less likely to seek specialist mental health treatment. The reasons cited are due to stigma, access to resources, knowledge of available support, and a tendency to seek treatment in primary care services (Conner et al., 2010²; Sharp et al., 2015³). We encourage any veteran or carer of a veteran, experiencing difficulties to contact us.

"I felt valued, listened to. Plus, this helped my PTSD particularly as it was deep-seated for 42 years." Veteran, 71

Many British veterans from more recent conflicts such as Iraq and Afghanistan present to mental health services for help on average two to four years later. This is much sooner than older veterans from earlier conflicts. Veterans who served in previous conflicts such as the Falklands War and 'the Troubles' in

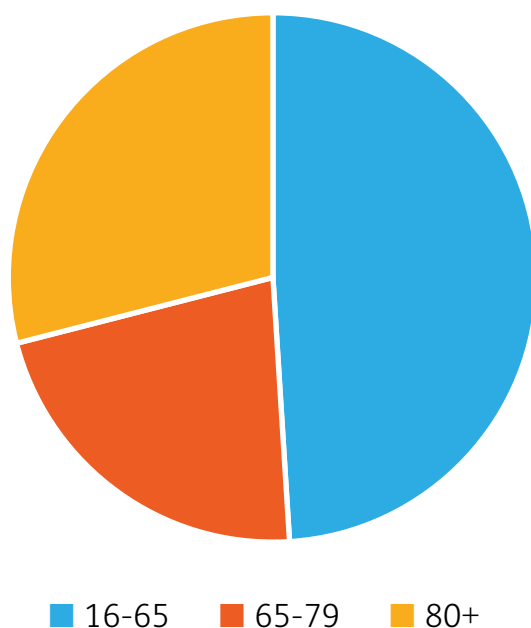
Northern Ireland present approximately 14 years after leaving the military. This improved rate of help-seeking is considered to relate to reduced stigma, better education within the military, better-informed family members, and an increase in mental health support in the military (Van Hoon et al., 2013⁴).

Table 1. Veterans residing in each Health Board in Wales

Health Board	Veterans
Betsi Cadwaladr	29,194
Aneurin Bevan	21,527
Hywel Dda	15,637
Cwm Taf	15,564
Cardiff and Vale	14,484
Powys	5,736
Swansea Bay	13,199

Source: Office for National Statistics, 2022⁵

Figure 1. Age of veterans in Wales



Source: Office for National Statistics, 2022⁶

Veteran experiences

Not all veterans will experience mental health problems. The majority of British military veterans have fruitful careers and do not develop mental illness during service or when transitioning to civilian life (Hunt et al., 2014⁷).

Each cohort of veterans is unique. Deployment cycles, service-related exposures, treatment offered in the field, and experiences upon return can have varying impacts on mental health, physical health, and the ageing process. Risk factors such as adverse childhood experiences, combat, exposure to those wounded or dying, physical injury, environmental hazards, sexual assault, or bullying during training or service are distressing and potentially traumatising, increasing the probability of experiencing mental health difficulties (Kitchiner, Lewis, Roberts, & Bisson, 2019⁸; Taylor, Ureña, & Kail, 2016⁹).

As older veterans increasingly rely on the support of carers as they age, it is crucial that they are included and recognised in our service. At VNHSW, we recognise that veteran mental health can impact partners/carers and children's mental health. A suggested explanation for this pattern is the impact of the interpersonal challenges of avoidance, anger, and numbing often present in post-traumatic stress disorder, which may have adverse effects on relationship quality (Murphy, Palmer & Busuttil, 2016¹⁰; Murphy, Palmer & Hill et al., 2017¹¹).

Conditions prevalent in the veteran population we work with include anxiety, depression, adjustment disorder, alcohol and substance misuse, and post-traumatic stress disorder (PTSD).

“The therapy was tailored specifically to my needs... I feel I can live my life in a normal way which I have not been able to do for over 20 years. I felt really comfortable and was able to open up to issues that had never been addressed before or avoided.”

Veteran, 68

Complexity with age

Although older veterans encounter similar challenges as the ageing non-veteran population, older veterans commonly present with clinical complexity, holding multiple diagnoses, coexisting conditions and symptom presentations that differ from younger veterans, and a prevalence of cognitive impairments (Dinnen, Simiola & Cook, 2015¹²). This complexity can lead to ageing veterans misattributing their trauma-related symptoms and non-specialist service providers offering inadequate treatment plans. VNHSW specialist service is equipped to facilitate early identification and intervention, promoting a recovery model so that veterans can maximise their physical, mental, and social wellbeing, working in line with the Statutory Guidance on Armed Forces Covenant Strategy (2022¹³).

“Events beyond my control triggered this 76-year-old man back to war. The situation occurred in the presence of my therapist... I did not receive a service, I received a compassionate understanding and the most professional treatment.”

Veteran, 76

Supporting older veterans

Access: From the referral process through to discharge we aim to provide older veterans with what they need to access our service. This may consist of completing a referral on paper,

over the phone, providing appointment cards, letters, information in large print, and crucially face-to-face appointments. We provide paper versions of forms and psychometrics and can complete these with the individual. We're also able to arrange an interpreter, including British Sign Language or a Welsh speaker. Despite the COVID-19 pandemic driving many mental health services to engage digitally with online clinics, there's a significant digital divide among 50-70-year-olds. The data illustrate that although some older adults may embrace the choice of remote treatment online or via telephone, for many, this can widen the digital divide and inequality (Centre for Ageing Better, 2021¹⁴). We continue to provide non-digital channels of communication and treatment.

Mobility and access: The needs of the veteran are considered upon referral and through completing our opt-in forms (completed when the veteran chooses to engage with our service). These help to identify whether the individual will require wheelchair access, large print, or a carer to accompany them in the session.

Carers: Carer involvement is valued. We consider anyone who supports a veteran to be a carer. With the individual's consent, carers are invited and encouraged to join assessments and sessions where appropriate. Carers are key in supporting veterans to access treatment. In addition, they may require support themselves. Our service provides carer-specific information leaflets and videos providing psychoeducation and signposting carers to specialist and peer support. View our Carers page:

<https://www.veteranswales.co.uk/resources/videos.html>

Personalising care: We access all veterans' MoD service and healthcare records to inform our clinical assessment and formulation. In line with National Institute for Health and Care Excellence (2021¹⁵) guidelines, we promote a

shared decision-making process. Following assessment, veterans are collaboratively involved in the development of an individualised management plan to address health and psychosocial needs. For example, some of our veterans who are mobile may find the clinical setting challenging and prefer ‘Walk and Talk’ Trauma Focused Therapy in nature. Adopting a holistic approach to treatment is key, and we understand the interaction between the biological, psychological, and social components which can exacerbate symptoms and impact treatment. This process of planning together promotes the veteran’s dignity, autonomy, and choice. Transparency, setting goals, and problem-solving collaboratively is key in supporting veterans to reclaim their lives (Hamblen et al., 2019¹⁶).

“The staff were very polite and treated me with dignity. I felt at ease during my treatment and reassured.”
Veteran, 69

Multi-disciplinary working: In the treatment pathway veterans can work with many professionals; Military personnel, Police, General Practitioners, Occupational Therapists, and Healthcare Support Workers, and we promote involving and communicating with other practitioners where appropriate. This may involve referring an individual to a specialist Older Adult Mental Health team if necessary. All health boards have access to a Consultant Psychiatrist who offers several clinics each month to review a veteran’s mental state and potential psychotropic medication for a range of common mental health disorders, or support for the Armed Forces Compensation Scheme via a diagnosis.

Policy and practice: VNHSW engages in ongoing evaluation and research on the needs

of veterans in the community to inform future policy making and commissioning of services. Our staff are active in all seven local Armed Forces community covenants. The Director or Clinical Leads regularly attend the Senedd’s Cross-Party Group on Armed Forces and Cadets, the Welsh Government Armed Forces Expert Group and the Armed Forces and Veterans Champions meeting, highlighting issues surrounding veterans with mental health issues. Furthermore, VNHSW is committed to actively engaging in research to identify effective treatments and inform policy to improve practice. VNHSW partners with Cardiff University in several research projects to explore and further develop evidence-based treatments to meet veterans’ mental health needs.

Evidence-based treatments: There are a range of effective evidence-based treatments for a range of mental health problems that therapists and clinicians are trained to offer. These include:

- Cognitive Behavioural Therapy (CBT)
- Emotional regulation training (STAIR/ Dialectical Behaviour Therapy)
- Eye Movement Desensitisation and Reprocessing (EMDR) for post-traumatic stress symptoms
- Motivational Interviewing for substance abuse disorders and addiction
- Trauma-focused therapies for treating PTSD (e.g. Prolonged Exposure, Cognitive Therapy, Skills Training Affect Interpersonal Relationships (STAIR)).

Signposting: Last year 76.6% of veterans were signposted to one or more other services. Veterans may be signposted to additional organisations or services prior to or during psychological/psychiatric treatment, but also at discharge if these services or organisations

are thought to best support the veterans' needs at that time.

Service user feedback: Veterans voices are prominent in our decision making. All veterans are invited to complete a service experience questionnaire. These responses are analysed and inform service development and quality improvement initiatives. The responses to this coupled with the clinical outcomes of treatment, advise us on where our practice is meeting veterans' needs and where we need to make improvements. In addition, VNHSW has achieved accreditation from the Royal College of Psychiatrists, meeting their quality standards for Veterans Mental Health Services. We continue to engage in a cycle of evaluation to maintain and develop good practice.

“Outstanding service. Service needs to have a higher profile. Local GPs need to be educated that this service is available so they can ask the right question at the right time to the right person.”

Veteran, 67

Integrated culture of care

The team at VNHSW are 'Veteran Aware'. Several clinicians, therapists, and peer mentors have lived military experience of serving in the Armed Forces. The teams are comprised of therapists and clinicians with core mental health backgrounds in nursing, psychology, occupational therapy, and social work. The VNHSW team who work across all health boards, combines their own and their team's military expertise with training and extensive experience in the field of mental health. Awareness of military culture, the challenges service personnel face when adjusting to civilian life and the range of physical, mental health, and social issues veterans may face

promotes respect, empathy and helps us provide the best possible care.

“It gave me a platform to get things off my chest and talk in a manner that another service person would understand.”

Veteran, 70

Across most of the VNHSW locations, the majority of veterans access the service via self-referral. The research suggests this may be due to General Practitioners and other health care services not being 'Veteran Aware'. Education of civilian primary care staff and mental health clinicians with no military experience is essential and required to effectively deliver mental health care and signpost appropriate support. The Welsh Government (2019¹⁷) highlighted that health and social care workers may not be aware of an individual's former military service and many veterans don't see this as relevant to disclose or consider themselves veterans. By identifying veterans, and veterans identifying themselves at all stages of the treatment pathway the appropriate, specialised, and timely support can be accessed, creating an integrated culture of care for all veterans in Wales.

Further information

For more information, please visit our website:

<https://www.veteranswales.co.uk/>

Call our Hub based in Cardiff and we can support you to contact your local Veterans Service: 029 2183 2261

Roots to Recovery project Mind Pembrokeshire and Carmarthen and Pembrokeshire Coast National Park Authority

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Sara Walters, Roots to Recovery Officer, Mind Pembrokeshire and Carmarthen
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Roots to Recovery is a people-led project delivered in partnership between Mind Pembrokeshire and Carmarthen and Pembrokeshire Coast National Park Authority. It's centred on enjoying the restorative powers and wellbeing benefits of spending time outdoors in Pembrokeshire, and especially its National Park. The project began in September 2021 and will run until September 2024 funded by the National Lottery Community Fund.

The project is free and open to anyone over the age of 18. who would like to improve their wellbeing by spending time in the outdoors. Activities are offered for all mobility levels. Over 50% of participants are aged 50 or over.

The project goes out several times a week with different groups across Pembrokeshire, running a varied programme of activity – walks, practical conservation sessions, wildlife spotting, beach cleaning, tree planting, beach fun days and much more. The project activities are designed to be accessible, fun and relaxing, with the opportunity to learn new skills and meet new friends. The project hopes to identify potential barriers that individuals may face when wishing to take part in nature-based activities and providing inclusive opportunities that address these barriers. This is achieved by offering sessions at multiple locations across the county,

showcasing what is available on people's doorstep, and removing the need to travel a distance to take part.

There are currently Hubs at two locations: the Mind Pembrokeshire Resource Centre in Haverfordwest, Pembroke Town Hall, no longer at The Gateway Hub in Fishguard. These are places to meet up, have a cuppa and chat, start the day with a friendly welcome for newcomers, and give regulars a chance to reconnect before heading out for the day.

Some examples of sessions delivered include:

- Walks – to suit a range of mobility levels
- Tree planting as part of a nature recovery programme in Haverfordwest and other practical conservation work
- Litter picking / beach cleaning
- Festive nature-based craft sessions
- Work at community garden sites across the county
- Volunteering in and around the National Park, often teaming up with other volunteer groups
- Visits to historical places, ancient sites and galleries
- Weekly Gardening Group at Mind Pembrokeshire.

So far, the Roots to Recovery team has delivered over 250 activity sessions benefiting 180 individuals, with the majority of people attending multiple sessions. Every session has been enjoyed and great feedback received for all, with 92% of participants reporting an improvement in their wellbeing after attending.

Highlights include multiple tree planting sessions along the river in Haverfordwest, where the group collectively planted around 1500 trees which will help protect the town against future flooding. Participants enjoyed learning new skills and gained confidence from this, along with working as a team to benefit nature and help safeguard our town in future years. The trees will be visited each year to see how they are doing; they were flourishing during the summer which was a joy for all to see.

Another highlight is the ongoing development of our Garden at Mind Pembrokeshire. The volunteer led gardening group meet each Friday and have completely transformed the plot of land, repairing fences, building oak raised beds

and stone borders along with other structural improvements, and planting and caring for a huge variety of plants, flowers, fruits, vegetables and herbs. It's been a very promising start for the garden, and we look forward to seeing it take further shape as the growing season starts, and to tempt callers out from the centre to sit on our newly donated picnic bench and enjoy spending time in the sun with a cuppa.

As part of the project, a volunteer mentor programme is being developed for those who are able to facilitate participants with support needs. Eight project mentors have been recruited so far, who have received some training relating to the role including Parkwise (a National Park introduction programme) and Mental Health Awareness Training (provided by West Wales Action on Mental Health).

The role of mentor was identified as important in supporting a wider range of participants to get involved in Roots to Recovery, in some cases providing 'one to one support' or meeting participants at the bus station to support them



Image © Sara Walters

to attend, or some may lead their own groups utilising their individual skill sets but more often providing an extra pair of hands and support to the group leader.

The project is well known throughout the county and is offered lots of opportunities to do lovely things or to help others out. One such opportunity is to renovate and care for a garden at our local hospital, which will benefit patients and their visitors along with providing a green space for hospital staff to enjoy well-earned breaks.

The project supports a variety of people:

**“Such a great way to spend the day”
Woman whose husband lives with dementia
– Roots to Recovery gives her a chance to
have a break.**

Participant story

One participant in the Roots to Recovery programme is a gentleman whose wife passed away leaving him socially isolated and really struggling. He'd been retired for a long time and had also lost two children. Previously he had his wife to go through this with and now he was completely on his own.

Initially he was reluctant to come to programme as he was wary of the stigma of talking about mental health and accessing support, especially for older men. He came along to have an initial chat with a support worker. The team had a softly, softly approach with initial 15-minute conversations in the Mind Pembrokeshire resource centre in Haverfordwest. These conversations helped establish what the gentleman was dealing with and what support might be useful, it also helped build the gentlemen's confidence and breakdown some of the stigma.

Through these conversations, the support workers were able to introduce the idea of joining Roots to Recovery. The gentleman really liked the idea of getting out and volunteering, and now comes out three times a week. Without Roots to Recovery he would be at home with very little social contact. He now comes to a variety of different activities all across the county, from tree planting in woodlands to helping at schools and church community gardens.

The programme has also helped build his wider social circle with a few members of Roots to Recovery regularly meeting up for coffee or lunch.

On talking about the impact of being part of Roots to Recovery the gentleman said:

“I wasn't good when I came but I'm feeling a lot better now. I don't know what I'd do if I didn't have 'the roots' to keep me busy. It's a lifeline. It's nice to feel useful, nice to feel I have something to offer.”

In addition to the Roots to Recovery programme, through the support worker conversations they were able to establish that the gentleman had not been able to grieve, and they were able to get him to get access to bereavement counselling.

Further information

More information on the Roots to Recovery project can be found at:

<https://www.facebook.com/profile.php?id=100068679281023>

The Mamwlad project – promoting wellbeing in rural communities

Gail Colbridge, Chief Officer, Age Cymru Powys and Rachael Owen, Agency Manager, Care & Repair in Powys

The Mamwlad project offers tailored support for the farming community in Powys. The project is funded by the Welsh Government and is delivered in collaboration by Care & Repair in Powys and Age Cymru Powys.

Mamwlad is a service to help people over 50 in the farming community – including farmers, farm workers and people that have retired from farming – to stay living at home safely and independently for as long as possible. The service embraces our values to help build a society where older people are respected, valued and able to live the life they choose.

Age Cymru Powys offers home visits for a friendly chat and are also available via telephone or video call. We can undertake a free confidential benefits check service through our Information & Advice (I&A) service and provide assistance with completing welfare benefit forms. We also provide befriending services to tackle isolation and loneliness, support people to live independent lives in their own homes for longer and support people to contribute to, and stay in, their communities. We can also help with succession planning on farms to develop long-term strategies for ageing well and staying independent.

Care & Repair in Powys offer a free home visit to assess the following:

- Falls, trips and slips prevention
- Fire Safety Check
- Energy efficiency

- Home safety and security
- Support to benefit more from health and social care services

Between April and September 2022-23:

- We have assisted 353 older clients and 200 family members
- A total of £380,727 has been raised in welfare benefits
- The value of major adaptations and home improvements carried out for clients and funded by grants or benevolent funding equals £99,496.

Our clients have told us:

“You tend to be in denial that you are getting old and you need someone to give you a shake and tell you what help you need. At the age I am, and a farmer’s wife, I would not have asked for help, I always think that I can manage”.
Client in her 80s who had broken a hip

“I was thinking about the need for adaptations but I kept putting it off – I didn’t want to admit that I needed help. But I recognised it had become time when Care & Repair visited”.
Client in their 50s with a degenerative condition

Further information

Further information about the Mamwlad project is available by telephone:
Age Cymru Powys 01686 623 707
Care & Repair Powys 01686 620760

Marie Curie Cymru: from research and campaigning work to providing bereavement services - how do we support bereaved people across Wales?

Bethan Edwards, Policy and Public Affairs Senior Manager, Marie Curie Cymru

UK Commission on Bereavement

“All of us will experience grief through the course of our lives. It is a truly universal human experience – part and parcel of being mortal. And as with every aspect of life, we all experience it differently”. These are the powerful words spoken by Dame Sarah Mullally DBE, the Bishop of London CB, who chairs the UK Commission on Bereavement.

The UK Commission on Bereavement was set up in June 2021 in the wake of the Covid-19 pandemic by a group of charities and organisations, including Marie Curie. The mass bereavement event prompted the Commission to conduct the biggest exploration to date of bereavement experiences across the UK, to uncover what needs to happen to ensure consistent, equitable and individualised support is available to anyone who needs it following a death.

The Commission’s work included a deep dive into the Welsh experience, not only during the pandemic, but 5 years prior too. They conducted surveys for adults, children and young people, and for professional organisations. Furthermore, a roundtable was held by Marie Curie Cymru which engaged with 45 key stakeholders including health and social care professionals, bereavement support workers, funeral directors, charity providers, and people willing to share their personal experiences.

The report published by the UK Commission on Bereavement highlighted the following key findings:

- 187,000 people were estimated to have been bereaved in Wales in 2020, compared with 166,000 in 2019, pre-pandemic
- Over a quarter (28%) of UK adult respondents to the Commission’s consultation received no support from family and almost half (46%) received no support from friends following bereavement
- 61% of UK adult respondents had difficulties with at least one practical or administrative task following bereavement
- Over 40% of adult respondents who wanted formal bereavement support did not receive any.

With such stark findings, a suite of recommendations for governments across the UK were developed. More detail on these recommendations can be found here: <https://bereavementcommission.org.uk/ukcb-findings/>, which includes specific actions for the Welsh Government.

Despite these stark findings, Wales has seen some hugely positive developments in bereavement support over the last two years. With a dedicated framework for bereavement services published in October 2021, Wales is

considered to be a few years ahead of other UK nations when it comes to the efforts being made to improve bereavement support.

Progress in Wales

Following a recommendation from a piece of Marie Curie-led research, the Welsh Government published a National Framework for Bereavement Services in October 2021. The Marie Curie research found that there was a huge postcode lottery when it came to the type and level of support provided across Wales, and it was suggested that a national framework would help improve consistency and equity in services across the country.

The Welsh Government National Bereavement Steering Group was formed to develop the bereavement framework and to monitor its implementation once published. The Marie Curie Cardiff Research Centre and the Marie Curie policy team were invited to sit on this steering group and have fed into this work to ensure that the framework that's now published is robust and ambitious and enables more people in Wales to access the support they need.

The steering group continues to meet regularly to monitor implementation of the framework and to develop a host of specific bereavement pathways which provide information and guidance to health boards, and everyone involved in bereavement support provision, to promote consistent but individualised delivery of bereavement support across Wales.

A £1 million bereavement support grant has been provided alongside the framework for each year from 2022-2024, and an extra £420,000 has been made available to health boards in 2022-2023 and 2023-2024 to help with coordination and implementation of the new standards. Welsh Government has also provided a £3m Bereavement Support Grant to 21 third



sector organisations over the three-year period of 2021-24. This major investment is helping to extend and deepen bereavement support across Wales and fill those gaps which exist in the current provision.

Marie Curie Bereavement Information & Support Service

Marie Curie is one of the organisations that's been able to benefit from the Welsh Government's bereavement funding. We've used the funding to work with Diverse Cymru, a Welsh equalities organisation, to focus on improving our bereavement support offer across the whole of Wales.

There's been a lot of research, including research carried out by our own Marie Curie Palliative Care Research Centre in Cardiff, to show that a number of people aren't getting the support that they need or don't know where to turn for bereavement support. This is particularly prevalent among certain communities in Wales, such as in North and West Wales and among protected characteristic groups. With

the additional funding, we've been able to expand the existing bereavement support services that Marie Curie provides in Wales, as well as creating new ones.

- We're now in a position to offer counselling support to people bereaved due to a terminal illness Wales-wide, regardless of whether their loved one received Marie Curie care or not. We offer our counselling support virtually, by telephone and in person (subject to location).
- We're setting up bereavement groups across the country to provide people with a safe space to meet with others who have experienced bereavement. This provides the opportunity for people to chat to others who are experiencing grief, which brings about a sense of reassurance that what they are feeling is normal.
- We also have a freephone support line, that can be accessed through the Welsh language, where people can contact us if they have any questions or just need a listening ear.
- We have volunteers who provide 1:1 emotional support over the telephone as well as Helper volunteers who go into people's homes to provide companionship at the end of their life, who also stay on to support their family and friends after they die.
- A wealth of information online and in bilingual booklets for people who are bereaved, on a whole host of topics.

We continue to work closely with Diverse Cymru to ensure that our volunteers and staff have the right training to be able to support people from a range of backgrounds with what's important to them in their grief, whether that be their faith, culture, or community.

Sofia's story demonstrates the value of bereavement support in a person's journey through grief. Sofia reached out to Marie Curie for counselling support after her mother had been supported by our nurses in the lead up to her death. After receiving 1:1 counselling support, she shared that she was "provided with a safe space to expose all my feelings of grief and [was guided] professionally with no judgement. Talking is so important for mental health, I'm so grateful for this service to get me through the toughest time of my life, helping me deal with the rollercoaster of emotions that is grief. It helped me understand that I am not alone and that my feelings are normal. Grief has made me feel a huge complex variety of emotions and the staff are able to communicate what the feelings mean, how to deal with them and provide clarity which is a great help".

Further information

If you are bereaved and feel you could benefit from support, please do get in touch by calling 0800 090 2309 or visit the Wales Bereavement Information and Support Service on mariecurie.org.uk/bereavementwales.

Furthermore, if you have your own story or experience of bereavement that you would like to share with us to help raise awareness of the importance of bereavement support, please do get in touch with Rachel.Moses-Lloyd@mariecurie.org.uk

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The impact of caring on health in Wales

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