advice and support for older age
Independent Age

Commission for Equality in Mental Health: Call for Evidence

Independent Age submission

August 2019

About Independent Age

We offer regular contact, a strong campaigning voice and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we are independent so older people can be too.

We provide free information guides on a range of topics, including depression,[1] loneliness[2] and living with long-term health conditions.[3]

For more information, visit our website www.independentage.org

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Summary

Poor mental health is not an inevitable part of ageing. Mental health issues can occur at any stage of life.

However, in the context of an ageing population, it is important to look at the causes of poor mental health in later life and the inadequacies in mental health support for older people.

Key factors affecting mental health in later life include bereavement, loneliness and social isolation, being a carer, and having other health conditions.

Depression is the most common mental health issue, affecting 22% of men and 28% of women aged 65+.[4] The risk increases with age – 40% of people aged 85+ are affected.[5] Depression is also estimated to affect 40% of older people living in care homes.[6]

Older people are less likely to receive support for mental health issues than younger people. The majority of older people (85%) with depression receive no help from the NHS. When they do get support, they are more likely to be prescribed medication than referred to other forms of support, such as talking therapies.

Older people have the best recovery rates from talking therapies, yet are consistently referred to these services at a much lower rate than the target rate.

Barriers to supporting older people's mental health include stigma, ageism, pressures on primary care services, and a lack of appropriate skills among professionals to effectively deal with mental health issues.

Older people have been somewhat overlooked in the national conversation on mental health.

The NHS should commit to making older people's mental health a priority in the implementation of the NHS long term plan, particularly around access to talking therapies.

1. Introduction

Independent Age welcomes the Commission for Equality in Mental Health and the opportunity to submit evidence on older people's mental health.[7]

Mental health issues can occur at any stage of life, and poor mental health is not an inevitable part of ageing. However, older people face particular mental health challenges, which we feel are not currently being adequately addressed.

The proportion of the UK population aged 65+ was 18.2% in 2017, almost 12 million people.[8] By 2030, more than one in five people (21.8%) will be aged 65+.[9] The 85+ age group is the fastest growing and is set to double to 3.2 million by 2041.[10] In this context of an ageing population, it is important to look at the causes of poor mental health in later life and the inadequacies in mental health support for older people.

2. Determinants of mental health in later life

Mental health issues can occur at any stage of life. Some older people have long-standing mental health issues that developed when they were younger, and for which there was not recognition or effective treatment in the past. Others find that problems emerge later in life.

The negative impacts of mental health issues on a person's physical health are often greater when the mental health problem is long-standing, more severe or if treatment is delayed or suboptimal.[11] Despite a wide range of effective NICE-recommended interventions for depression and anxiety disorders, many people do not receive the right treatment at the right time.

Depression is the most common mental health issue among people aged 65+, affecting 22% of men and 28% of women aged 65+.[11] The risk of depression increases with age – 40% of people aged 85+ are affected.[12] Depression is also estimated to affect 40% of older people living in care homes.[13]

The most recent Adult Psychiatric Morbidity Survey found that one in four (39.4%) people with a common mental health disorder (e.g. depression) were accessing treatment.[14] This compares with treatment rates of up to 90% for physical health problems, such as diabetes.

Primary care is usually the first port of call for people experiencing health issues. Older people consult their GP almost twice as often as other age groups.[15] Despite this, only 1 in 6 older people with depression discuss their symptoms with their GP, and less than half of these receive adequate treatment.[16]

A number of factors and life events can affect people's mental health in later life. These include bereavement, loneliness and social isolation, being a carer, and having other health issues.

Bereavement

Research by Independent Age has found that older people are more likely to have worse mental health as a result of bereavement than younger people. Older people who have experienced the death of a partner are up to four times more likely to experience depression than non-bereaved older people.[17]

Older people's mental health can also worsen *prior* to bereavement, while caring for a dying partner, and this can continue after their loved one passes away.[18]

After a bereavement, some people experience complicated grief – a prolonged period of acute grief that interferes with daily functioning and interrupts the 'normal' grieving process. Complicated grief is twice as common for older people, with women at even greater risk.[19] People with complicated grief are twice as likely to die by suicide compared to those without complicated grief, and it leads to worsening mental and physical health.

Loneliness and social isolation

Loneliness in older people both affects, and is affected by, depression.[20] A fairly constant proportion (6–13%) of people aged 65+ report feeling lonely often or always.[21] As our population ages, there will likely be an increase in the absolute number of lonely people.

Research by Independent Age found that older men are more isolated than older women. Almost 1 in 4 older men (23%) had less than monthly contact with their children, and close to 1 in 3 (31%) had less than monthly contact with other family members. For women, these figures were 15% and 21% respectively.[22]

Independent Age also found that 1 in 4 (26%) of the most isolated older men were depressed, in contrast to 6% of the least isolated. Further, over half of the loneliest men (55%) were depressed compared to 4% of men not reporting loneliness.

While the direction of causation is not known, the research found that depression was the only health factor directly associated with both loneliness and social isolation.

Caring

Of the two million carers aged 65+ in the UK, more than 400,000 are aged 80+.[23] A third of this group spend more than 35 hours a week providing care.[24] While carers aged 65+ are more likely to be female, carers aged 85+ are more likely to be male and to be caring for their partners.[25] The number of older carers continues to increase more rapidly in comparison with the general caring population.[26]

Carers report a number of negative impacts of caring on their wellbeing. They are nearly twice as anxious as the general population, and report levels of happiness over a third (37%) lower. They are also seven times more likely to say they are always or often lonely.[27]

Research into older carers' wellbeing found that long-term caregiving was associated with a higher reported level of depression, with both male and female long-term carers reporting more symptoms of depression than non-carers.[28]

The same research found that the negative impacts of caregiving are cumulative, with stress, loneliness and social isolation building up over time. Furthermore, giving up caregiving – usually due to a loved one either entering residential care or dying – was associated with increased depression. Older women who exited caregiving were 54% more likely to have depression afterwards than non-carers.

Long-term conditions

People with long-term health conditions (LTCs) are two to three times more likely to experience mental health problems than the general population, mostly depression and anxiety disorders.[29] Common LTCs include diabetes, chronic obstructive pulmonary disease, chronic heart failure, osteoporosis, asthma, epilepsy and dementia.[30]

The presence and number of LTCs rises with age. The majority of people aged 75+ live with two or more LTCs.[31] Further, 82% of those aged 85+ have two or more LTCs.[32]

When a person has a greater number of LTCs and more marked functional impairment, their mental health tends to be poorer. Older people have a greater chance of developing multiple LTCs and having poorer health outcomes when they do.[33]

Among people with LTCS, depression and/or anxiety disorders are the most common comorbid mental health conditions, but others including drug and alcohol misuse, psychosis and personality disorders may occur. Patients with multiple health issues also have a high treatment burden in terms of understanding and self-managing their conditions, attending multiple outpatient appointments and managing complex drug regimes.

Overlapping issues

These issues and experiences often occur simultaneously, leading to stressful situations that can result in depression – see Box 1.

Box 1: Caring and depression

A recent caller to the Independent Age Helpline was a full-time carer for his wife, who was living with dementia. Every day, he helped her get washed and dressed, did all the cooking and cleaning and made sure she took her medication on time.

His wife's dementia diagnosis and his caring responsibilities had left him feeling lonely and isolated. Friends had stopped visiting, and it was difficult for him to leave the house. He was feeling stressed and depressed but didn't want to tell anyone.

Following the conversation, he went to see his GP who diagnosed him with mild depression. The GP discussed medication with him, referred him for a short course of counselling and suggested he attend the local carers' support group.

He also requested a care needs assessment for his wife and a carer's assessment for himself. The couple now have professional carers visiting to help them, which gives him a chance to go out and see friends or run errands.[34]

3. Inequalities in accessing mental health support

Research suggests that the majority of older people (85%) with depression receive no help from the NHS.[35] While 50% of younger people with depression are referred to mental health services, only 6% of older people are.[36]

The Improving Access to Psychological Therapies (IAPT) programme is the NHS' first-line response to common mental health issues like depression and anxiety. It aims to improve access to talking therapies, like counselling or psychotherapy. IAPT services are open to all adults in England. The expected referral rate for people aged 65+ is 12%. However, this has never been reached; the actual figure has consistently lingered around half that. In Q4 2018-19, 6.1% of all IAPT referrals were for people aged 65+.[37]

Older adults generally report a preference for talking therapies over medication, particularly for low-level symptoms.[38,39] However, older people are six times more likely than younger people to be on medication.[40] Antidepressant use among older people also has some limitations, such as reduced efficacy with increased age, potential side effects, and interactions with other medications, particularly for people with serious medical comorbidities.[41]

Despite low referral rates, IAPT recovery rates for older people are consistently higher than for working-age people. Older adults have good therapy attendance rates, ensuring an appropriate dose of treatment. Recovery rates for older adults in Q4 2018-19 were 65% – higher than for working-age patients (53%) and exceeding the national recovery 50% target.[42]

4. Barriers to identification and support of mental health issues

Research has identified a number of barriers to effective diagnosis and treatment for older people. The barriers are complex, but factors include stigma, ageism, NHS pressures, and a lack of appropriate skills or training for health and care professionals to effectively deal with mental health issues. [43,44]

Stigma

As previously mentioned, only 1 in 6 older people with depression discuss their symptoms with their GP. It is likely that stigma around mental health issues contributes to this. Some older people remain fearful of psychiatry and psychiatric referrals, due to their experience of these in the past and associations with institutionalisation. Some GPs also consider psychiatry as particularly stigmatised among older people and therefore avoid these referrals until a last resort.[45]

Ageism and assumptions

A review of studies examining how healthcare professionals manage older people with depression found that professionals held a number of assumptions regarding older people's attitudes to depression. The most pervasive of these was that older people normalised depression as part of ageing, isolation, and decline.[46] While some health professionals recognised potential depression, they felt that depression took time, effort and skill to actively look for by indirectly focusing on symptoms and related concepts such as loneliness or homesickness.

Some professionals disregarded the existence or role of mental health issues in people's earlier life. Some also dismissed talking therapies as a solution, due to assumptions that older people would not be interested in them as a treatment (especially if offered online).

Assumptions about older people's mental health appear to extend to the wider public. A survey conducted for Independent Age found that 44% of respondents of all ages thought that older adults are less likely to recover from a mental health condition compared to younger adults (when the opposite is true). Nearly half of older people themselves also believed this.

NHS pressures

Pressures on GPs and other health services, and variations in local service provision (e.g. IAPT) influence the likelihood of an older person being effectively diagnosed and referred to treatment. The review carried out by Frost and colleagues found that GPs and nurses often lack time in medical appointments to suitably address the complexity of mental health issues in later life.[47] Further, GPs sometimes prioritise patients' physical health issues over mental health issues, explicitly or implicitly.

The review also found high variation in mental health skills and training among healthcare professionals, particularly nurses. Healthcare professionals with more confidence around depression – usually GPs – are more likely to raise the topic with older people.[48] Acute care professionals and non-psychiatric nurses have expressed a need for more training around identifying and treating mental health issues.[49] However, some nurses and GPs believe that depression and other mental health issues are outside of the nursing remit.

5. Improving quality and outcomes from mental health support

Improving access to mental health support

Based on the evidence outlined above, we know that older people benefit from access to the IAPT programme but also that they are consistently referred to these services at a much lower rate than the expected rate. We believe that the NHS should commit to making older people's mental health a priority in the implementation of the NHS long term plan, particularly around access to talking therapies.

While we welcome the commitments in the long term plan to expanding access to IAPT, especially for those with long-term conditions, we note that there is no additional detail on how to tackle the fact that older people are not accessing IAPT as much as expected. There is also no extra detail on how healthcare professionals will be supported to achieve improvements in access and treatment for older adults.

Social prescribing link workers can have a key role to play in identifying mental health issues and supporting people to receive appropriate help. As part of the Government's commitment to expanding social prescribing, we expect to see link workers trained to understand and recognise mental health issues, and know what support people can be referred to.

Improving support in residential care homes and nursing homes

A recent joint paper from the British Geriatrics Society and the Royal College of Psychiatrists highlighted examples of best practice in treating depression among care home residents. It presented a number of approaches to improve diagnosis, treatment and collaborative professional working, including the need to support patients holistically, to engage in multidisciplinary working, and to use validated scales to effectively collect data and monitor outcomes.[50]

The report highlighted the lack of evidence around the challenges to delivering collaborative practice between the specialties of psychiatry and geriatrics in care homes. Further, there is a lack of knowledge around the extent to which unmet needs exist.

A number of commitments in the NHS long term plan relate to the improvement of identifying and treating mental health issues in care homes, including IAPT expansion and multidisciplinary working to develop personalised care plans. We believe there should also be training for health and social care workers to ensure they are able to appropriately identify and respond to mental health issues in care and nursing homes.

Reducing stigma

Stigma around mental health in later life is complex and can come from older people themselves, healthcare professionals, and society at large. Independent Age believes that older people are often under-represented in the national conversation about mental health. As a result, they may be less confident discussing their mental health needs, and may be unaware of treatment options such as talking therapies.

We hope to see older people feature prominently in any public campaigns on mental health, particularly Public Health England's forthcoming Every Mind Matters campaign.

6. Recommendations

1) Older people benefit from access to the IAPT programme, yet expected referral targets for this group are consistently not met. We believe the NHS should commit to making older people's mental health a priority in the implementation of the NHS long term plan, particularly around access to talking therapies.

2) We welcome the recent commitments in the NHS long term plan around treating mental health issues in care homes, including expansion of IAPT services. In addition, we believe there should be provision of mental health training for health and social care workers, to ensure they are able to appropriately identify and respond to mental health issues in care and nursing homes.

3) Social prescribing link workers have a key role to play in identifying mental health issues and supporting people to receive appropriate help. As part of the Government's commitment to expanding social prescribing across England, we expect to see link workers receive training in understanding and recognising mental health issues, and what support people can be referred to.

4) Older people are often under-represented in the national conversation about mental health. We hope to see older people feature prominently in any public campaigns on mental health, particularly Public Health England's forthcoming Every Mind Matters campaign.

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[2] https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2019-05/Advice-Guide-If-youre-feeling-lonely.pdf_0.pdf
[3] https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-11/Advice-Guide-Living-well-with-long-term-health-conditions_4.pdf
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