



advice and support for older age

**Independent
Age**

Women and Equalities Committee inquiry: mental health of men and boys

Independent Age's written submission

March 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.

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

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1.0 General comments

- 1.1 Independent Age welcomes the opportunity to submit evidence around older men's mental health to the Women's Equality Committee.
- 1.2 Research suggests that by 2026 ageing will be the sole driver for increasing the numbers of people with any form of mental disorder.
- 1.3 Older people as likely to experience mental health problems as any other age group. However, they seek help for mental health less than younger people, and when they do, they don't always get the best response from health or care professionals.
- 1.4 Depression is the most common mental health issue amongst people over the age of 65, affecting 22% of men in this age group.
- 1.5 The suicide rate among people aged 85 years and over in 2017 was higher than for those aged 60 to 84 years. Suicide rates in those aged 85+ years were significantly higher among men than women of the same age.
- 1.6 Older people are more likely to be prescribed medication for mental health issues than referred to talking therapies. IAPT¹ referral rates decrease with age, despite evidence that older people are more likely than younger people to move to recovery as a result of talking therapies. NHS figures suggest that IAPT may be particularly beneficial for older men.
- 1.7 Research shows that stigma and misunderstanding of older people's mental health are high. Results from a YouGov poll show 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. Nearly half of older people themselves believed this.
- 1.8 Research by Independent Age has found links between loneliness and isolation, bereavement and caring duties and poor mental health among older men.
- 1.9 Independent Age believes that every older person should have the best chance for good mental health and wellbeing. It is unacceptable for mental health issues to be dismissed as a normal part of ageing. We recommend that:
 1. The NHS commits to making older people a priority group in the implementation in the long term plan, especially in relation to IAPT referrals.
 2. The mental health sector ensures that older people feature in the national conversation on mental health, especially around reducing stigma.
 3. Health professionals receive training to recognise and support mental health issues in older people.

2.0 Ageing population

- 2.1 The proportion of the UK population aged 65 years and over reached 18.2% in mid-2017, equivalent to nearly 12 million people. The proportion of the population aged 65 years and over has increased by at least 0.1% every year since mid-2008².
- 2.2 By 2066 there could be an additional 8.6 million people aged 65 years and over in the UK – a population roughly the size of present-day London. This would take the UK's 65 years and over age group to 20.4 million people, accounting for 26.5% of the projected population.
- 2.3 Although women continue to live longer on average than men, the gap between sexes has decreased over the last 30 years, with men seeing greater increases in life expectancy. Life expectancy in the UK currently stands at 79.2 years for men and 82.9 years for women³.
- 2.4 A report from the King's Fund suggests that by 2026 ageing will be the sole driver for increasing the numbers of people with any form of mental disorder⁴.

3.0 Suicide in older men

- 3.1 ONS data shows that when looking at age-specific rates of suicide among all persons, rates increase with age. Suicide rates are highest among those aged 45-49 years. Rates then decrease until the ages of 80-84, after which they begin to rise. The suicide rate among people aged 85 years and over in 2017 was higher than for those aged 60 to 84 years⁵.
- 3.2 In 2017, suicide rates in those aged 85 years and older were significantly higher among men than women of the same age - 17.1 per 100,000 men aged 80-84, compared to 4.2 for women; 17.4 per 100,000 for men aged 90+, compared to 5.2 for women.
- 3.3 Increased risk of suicide with age is seen in countries around the world, and is linked with psychiatric illness, deterioration of physical health and functioning, and social factors such as loneliness and isolation⁶.

4.0 Depression and anxiety in older men

- 4.1 Depression is the most common mental health issue amongst people over the age of 65: affecting 22% of men and 28% of women aged 65 or over, and around 40% of older people in care homes⁷.

- 4.2 The prevalence of depression in older people is projected to increase by 43%, with severe depression to increase by 49% between 2017 and 2035⁸.
- 4.3 Depression may be as common in older men as in older women. However, women are more likely to receive a diagnosis, possibly because older men are less likely to seek help for mental health issues. Data on older men's mental health help-seeking is limited, but men in general are at risk of failing to recognise or act on mental health warning signs, may be unable or unwilling to seek help from support services, and may rely on unhealthy coping strategies such as self-medicating with alcohol⁹.
- 4.4 Anxiety disorders tend to be under-recognised in older adults, and there are significant practical and methodological problems in obtaining accurate epidemiological data for this population¹⁰. However, research has found that anxiety in older adults is more common than depression in community samples¹¹, and that co-morbid anxiety and depression has a poorer outcome than either condition alone¹².

5.0 Access to treatment and support

- 5.1 Older people are more likely to be prescribed medication for a mental health issue than referred to talking therapies, and are twice as likely as younger adults to be treated with antidepressants¹³.
- 5.2 Only 6.3% of IAPT referrals in 2017/18 were for those aged 65 and over¹⁴. In some areas, referral rates for this age group are as low as 3.5%. This is despite targets of 12% of IAPT referrals for people aged over 65.
- 5.3 IAPT referral rates also decrease with age. Those aged 85+ years are five times less likely to be referred for psychological therapies as those aged 55–59 years¹⁵. This is despite evidence that older people are more likely to move to recovery and more likely to reliably improve as a result of talking therapies¹⁶. Older adults also generally report a preference for talking therapies, especially for low-level symptoms¹⁷.
- 5.4 Women are more likely to be referred to IAPT than men. In most age groups, women are slightly more likely than men to enter IAPT and to finish a course of treatment – however, among those aged 65+ there is little gender difference¹⁸ – suggesting that IAPT may be particularly beneficial for older men.

6.0 Barriers to support

- 6.1 A recent systematic review of management and referrals of depression in older people identified a number of barriers to effective treatment for this group. Barriers are complex, but tend to be a result of¹⁹:

- Differing attitudes amongst health care professionals around the causes of mental health issues (e.g. whether a result of social issues such as loneliness or in response to physical health issues such as chronic pain), which affect decisions around treatment options;
- Assumptions amongst some health care professionals and older people that depression or mental health issues are an inevitable part of ageing, and a lack of consideration of earlier mental health issues in life;
- Stigma and fear amongst older people, particularly around psychiatry referrals, which may be informed by their experience decades earlier of the mental health sector or views of others. Many GPs also consider psychiatry as particularly stigmatised among older people, and so psychiatry referrals are often a last resort;
- Lack of time in medical appointments to suitably address MH issues, and a tendency to prioritise physical health issues.

6.2 Likewise, a 2018 study found that common preconceptions among GPs include notions that depression is an inevitable consequence of ageing, that diverting resources to younger people is more cost-effective, that older people are unsuited to IAPT and its processes, and that addressing physical and social issues among older people should take priority over psychological therapies²⁰.

7.0 Stigma

7.1 Stigma around mental health remains an issue, particularly for older people. A YouGov survey of over 2,000 British adults carried out for Independent Age found that 24% of respondents aged 65+ felt uncomfortable about friends and family knowing they had depression, compared to just 7% for arthritis. For schizophrenia, this rose to 43% of older people feeling uncomfortable²¹.

7.2 The survey also 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. Nearly half of older people themselves believed this.

7.3 AgeUK have previously found that 1 in 4 of people aged 55 and over felt it was more difficult for older people to discuss mental health issues such as anxiety or depression, compared to younger people²². The top reasons given were:

- When older people were growing up, society didn't recognise depression or anxiety as a health condition
- Depression and anxiety used to be seen as a weakness, so it's not something the older generation are comfortable discussing
- The older generation were taught to approach life with a 'stiff upper lip'

8.0 Factors affecting older men's mental health

8.1 Loneliness and social isolation

- 8.1.1 For older men, social isolation reduces the amount of informal support available, increases the risk of developing depression, and reduces the quality of life²³.
- 8.1.2 Research carried out 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% respectively²⁴.
- 8.1.3 Research also found that over 1 in 4 (26%) of the most isolated men were depressed, in contrast to just 6% of the least isolated. While the direction of causation could not be identified, we did find that depression was the only health factor directly associated with both loneliness and social isolation. In other words, when other factors are taken into account, depressed older men are more likely to be socially isolated and much more likely to be lonely.
- 8.1.4 Findings from the Community Life Survey 2017-18 highlighted that men tended to be more likely to say they never feel lonely than women, apart from men aged 65-74 years²⁵.

8.2 Bereavement

- 8.2.1. 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 and older bereaved people are up to four times more likely to experience depression than non-bereaved people²⁶.
- 8.2.2. The research also found that men are more likely to experience loneliness and social isolation in bereavement than women. Risk of isolation following a bereavement may be a result of the surviving partner withdrawing from physical and social activities that they previously enjoyed as a couple. As well as neglecting their own health and nutritional needs, they may drink more alcohol or become more accident-prone because they are paying less attention to their personal safety.

8.3 Caring duties

- 8.3.1. Of the two million older carers in the UK, more than 400,000 are over 80 years old, a third of whom are spending more than 35 hours a week providing care²⁷.
- 8.3.2. Carers over 85 are more likely to be male (59%) than female (41%)— many caring for their partners²⁸. Older male carers are the least likely to ask for help.

8.3.3. More than two thirds (69%) of carers say being a carer has damaged their psychological wellbeing²⁹.

9.0 Recommendations

9.1 Independent Age believes that we all have a part to play in reducing stigma around mental health and supporting older people to seek help. We want to see that:

1. The NHS commits to making older people a priority group in the implementation in the long term plan, especially in relation to IAPT referrals.
2. The mental health sector ensures that older people feature in the national conversation on mental health, especially around reducing stigma.
3. Health professionals receive training to recognise and support mental health issues in older people.

¹ The Improving Access to Psychological Therapies (IAPT) programme is NHS England's first-line response to common mental health issues like depression. It aims to improve access to talking therapies, like counselling or psychotherapy, for mental and emotional problems like stress, anxiety and depression.

² ONS 2018, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2017

³ ONS 2018, National life tables, UK: 2015 to 2017

⁴ McCrone et al. (2008). *Paying the Price: The Cost of Mental Health Care in England to 2026*.

⁵ ONS, 2018 Suicides in the UK: 2017 registrations

⁶ Conwell, Y., Van Orden, K., & Caine, E. D., 2011. Suicide in older adults. *Psychiatric Clinics*, 34(2), 451-468.

⁷ Age UK, 2016. Hidden in plain sight: The unmet mental health needs of older people.

⁸ Projecting Older People Population Information: <http://www.poppi.org.uk/>

⁹ Men's Health Forum, 2017. Key data: Mental health.

¹⁰ Jeste D., Blazer D., & First, M., 2005. Aging-related diagnostic variations: need for diagnostic criteria appropriate for elderly psychiatric patients. *Biol Psychiatry*, 58:265–271.

¹¹ Singleton, N.; Bumpstead, R.; O'Brien, M., et al. The Stationery Office. London: 2000. Psychiatric morbidity among adults living in private households.

¹² Schoevers R., Beekman A., Deeg D., et al., 2003. Comorbidity and risk patterns of depression, generalised anxiety disorder and mixed anxiety-depression in later life: results from the AMSTEL study. *Int J Ger Psychiatry*, 18:994–1001.

¹³ Frost, R., Beattie, A., Bhanu, C., Walters, K., & Ben-Shlomo, Y., 2019. Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies. *Br J Gen Pract*.

¹⁴ NHS Digital, 2018. Psychological Therapies, Annual report on the use of IAPT services - England, 2017-18.

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- ¹⁵ Frost et al., 2019.
- ¹⁶ NHS Digital, 2018.
- ¹⁷ Frost et al., 2019.
- ¹⁸ House of Commons briefing paper, 2018. Mental health statistics for England: prevalence, services and funding.
- ¹⁹ Frost et al., 2019
- ²⁰ Collins, N., & Corna, L., 2018. General practitioner referral of older patients to Improving Access to Psychological Therapies (IAPT): an exploratory qualitative study. *BJPsych bulletin*, 42(3), 115-118.
- ²¹ YouGov survey for Independent Age, 2018.
- ²² Age UK 2017, Results from YouGov survey
- ²³ Mental Health Foundation, 2010. Grouchy Old Men.
- ²⁴ Independent Age and International Longevity Centre UK, 2014. Isolation: the emerging crisis for older men. A report exploring experiences of social isolation and loneliness among older men in England
- ²⁵ DCMS, 2019. Community Life Survey: Focus on Loneliness 2017-18.
- ²⁶ Independent Age, 2018. Good Grief: older people's experiences of partner bereavement.
- ²⁷ University of Essex, Institute for Social and Economic Research and NatCen Social Research, 2018. Understanding Society: Waves 1-5, 2009-2014.
- ²⁸ Census 2011.
- ²⁹ The Princess Royal Trust for Carers, 2011. Always on call, always concerned: A survey of the experiences of older carers.