

VHS Briefing: Mental Health in Later Life April 2018

Introduction

Mental wellbeing is defined by the World Health Organisation as a state of well-being in which every individual realises their own potential, can cope with the stresses of life, can work productively, and is able to make a contribution to their community. So, it is much more than simply the absence of mental health problems such as anxiety or depression. Mental wellbeing is an important indicator of quality of life. Positive mental wellbeing encourages healthier lifestyles, better physical health and improved recovery from illness, better social relationships, and higher educational attainment³.

It is estimated that people over the age of 65 make up around 19% of the population, around 1 in 5 people in Scotland, and this figure is expected to rise to over 25% by 2041¹. People aged 75 and over are projected to be the fastest growing age group in Scotland. The number of people aged 75 and over is projected to increase by 27% over the next ten years and by 79% over the next 25 years.

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year. With an ageing population predicted we can rightly assume that there will be a larger number of people aged of 65 suffering from mental ill health. Therefore, our health and social care services and community projects need to be geared to support older people suffering from mental health issues often alongside a range of multi-morbidities.

In a 2010–11 UK survey measuring national wellbeing across people aged 16 and older depression or anxiety was noted to be highest among those aged 50–59 and those of 80 years and older². The Royal College of General Practitioners reports that fewer than one in six older people with depression discuss their symptoms with their GP, Furthermore, only half receive suitable treatment³, across the UK. It is estimated that up to 40% of older adults living in a care home experience depression, and it often remains undetected⁴. It is estimated that up to 60% of older adults who have had a stroke may experience depression, as well as up to 40% of those will also suffer from coronary heart disease, cancer, Parkinson's, and Alzheimer's disease⁵. Anecdotal evidence positions old age alongside feelings of depression and low mood as a natural phenomenon and *part and parcel of growing old*.

¹ [Mid-2017 Population Estimates Scotland](#)

² Beaumont, J., & Loft, H. (2013). *Measuring National Wellbeing: Health, 2013*. London: ONS.

³ [Royal College of General Practitioners. \(2014\). Management of Depression in Older People: Why this is Important in Primary Care.](#)

⁴ Godfrey, M. (2005). Literature and policy review on prevention and services. UK Inquiry into Mental Health and Well-Being in Later Life. London: Age Concern, & MentalHealth Foundation.

⁵ [Age UK. \(2016\). Later life in the UK.](#)

According to research conducted by Support in Mind Scotland with older people who use their services, they found a 75% reduction in access to Community Psychiatric Nurse support for people on reaching the age of 65. The research also highlighted the lack of community mental health services and projects for people 65 and over, due to restrictions applied by funders. There is also a lack of joined up care for people suffering from a range of multi-morbidities which can be the case for people as they age and experience physical and mental health issues.

A key issue is that the focus of services and support for older adults tends to be on dementia and not on other forms of mental ill health which can be experienced for example, depression, anxiety, schizophrenia, bipolar disorder, autism among others. This means that a large cohort of older adults are left without support to manage their mental health issues and this can also impact on the physical health outcomes they experience.

Policy Review

Good Mental Health For All

Good Mental Health For All⁶ published in 2016 set the foundations for taking a life course approach to tackling mental ill health from birth to old age. There is a specific focus on early years and childhood and adolescence with only a single direct action relating to older people, “to encourage work and productivity among older people”.

The report calls for actions to improve mental health by addressing the wider environmental causes (such as the availability of quality work, housing and education) and individual experiences, risks and lifestyles, as well as for more upstream prevention through, for example, fiscal policies, such as changes in the tax and benefits system.

At a local level the report focusses the attention of Health and Social Care Partnerships and Community Planning Partnerships to; provide comprehensive, integrated and responsive mental health and social care services in community-based settings, to design and implement strategies for promotion and prevention in mental health and to strengthen information systems, evidence and research into mental health.

These actions can have a positive outcome for the delivery of services and support for older adults, especially the focus on equitable access to services and the application of this to a range of areas from healthcare to housing and public services, all of which contribute to improving mental health and wellbeing.

Mental Health Strategy

The Scottish Government is now in the second year of delivering the 10 year Mental Health Strategy: 2017-2027⁷ which also takes a life course approach to tackling mental health issues in Scotland. It tries to ensure that people are able to start well, live well, age well and die well through 40 actions spread across 5 broad themes

⁶ [NHS Health Scotland. \(2016\). Good Mental Health For All.](#)

⁷ [Scottish Government. \(2017\). Mental Health Strategy: 2017 – 2027.](#)

which include, prevention and early intervention, access to treatment and joined-up, accessible services, the physical wellbeing of people with mental health problems, rights, information use, and planning as well as data and measurement . Although there are no actions in the strategy that relate specifically to older people there are commitments and ambitions that can resolve a number of issues that older people with mental health issues can face. For example, the emphasis on access to treatment, and joined up accessible services and better diagnosis of mental health issues.

The following actions can have a significant impact on the mental health and wellbeing of older adults as well as the wider population.

Action 10 – Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system. The former HM Chief Inspector of Prisons David Strang’s report, Who Cares? Lived Experience of Older Prisoners in Scotland’s Prisons⁸, illustrates the issues that older prisoners face. The report identifies a number of issues, including isolation with older prisoners expressing fears about ageing and dying alone in prison as well as inadequate accommodation which is not designed for elderly prisoners and long waiting times to for prescribed medication, all of which impacts negatively on mental health and wellbeing. The report makes a number of recommendations, including that the Scottish Prison Service and the Scottish Government work together to produce a strategy for dealing with Scotland’s ageing population. It also recommends that accommodation and activities available to prisoners should be based on their health and social care needs and that older prisoners should have a health and social care plan that goes with them if they move to a different prison.

Action 11 - Complete an evaluation of the Distress Brief Intervention (DBI) by 2021 and work to implement the findings from that evaluation. The DBI approach⁹ refers to time-limited contact with an individual in distress to provide support and problem solving. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. DBI level 2 is provided by commissioned and trained third sector staff who would contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days. This type of support is available for anyone over the age of 18 and is currently being tested in A&E, Police Scotland, Scottish Ambulance Services and primary care settings. This could act as a strong preventative measure supporting older adults get the help they need at the right time in an accessible manner, if implemented properly.

⁸ <https://www.prisonscotland.gov.uk/publications/who-cares-lived-experience-older-prisoners-scotland-prisons?page=4>

⁹ <https://www.dbi.scot/>

Action 12 - Support the further development of the National Rural Mental Health Forum¹⁰ to reflect the unique challenges presented by rural isolation.

The Rural Mental Health Forum is run by Support in Mind Scotland and supported by the Scottish Government. The Forum has a number of members including government departments, mental health organisations, third sector organisations, Police Scotland and NHS 24. The forum aims to raise awareness of rural mental health issues on a range of platforms and works in partnership with a range of organisations. In rural areas people over the age of 65 face a number of barriers to accessing support and services (for example, transport, a lack of services, lack of anonymity of services in close knit communities, stigma among others) that can impact on their mental health and wellbeing and it is important for organisations to come together in a collaborative way to tackle these barriers and provide joined up support.

Action 13 - Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them. And Action 14 - Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services. There needs to be support available for vulnerable older people with mental and physical health issues when they present to out of hours services as well as services within their communities. It is also important to have a range of support available within a community to reduce barriers for older people with mental health issues who may face access issues.

Action 23 - Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019. Primary care can often be the first port of call for a range of people trying to access mental health support and services. It is therefore important that primary care services are geared towards identifying older people with mental health issues and any complex co-morbidities and be able to offer the best tailored support.

Action 24 - Fund work to improve provision of psychological therapy services and help meet set treatment targets. Evidence suggests that psychological interventions with older people are effective despite this, older people do not have access to appropriate psychological approaches and treatments. Data shows that as many as 80% of older people with depression do not get any treatment at all, either medication or psychological therapy¹¹. A report by the Older People's Psychological Therapies Working Group, showcases seven principles of good psychological care for older people. These are;

1. A psychologically- and age-aware workforce across all services,
2. Specialist older people's psychological services are based on need not age,
3. Access for older people to general non-age related services where appropriate,
4. A matched care approach is used that meets the needs of older people,
5. Sufficient numbers of highly trained staff are available to undertake low and high intensive therapy, plus training, research and service development,

¹⁰ <https://www.ruralwellbeing.org/>

¹¹ <http://www.gov.scot/resource/0039/00392671.pdf>

6. Trained staff will have reserved and protected time to undertake such work and,
7. There will be ongoing clinical support, clinical supervision and reflective practice opportunities.

Action 30 - Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis. According to the report, *The Challenge of Delivering Psychological Therapies for Older People in Scotland*, there is a bi-directional relationship between mental and physical health where one exacerbates the other. The co-morbidity of physical illness and psychological factors in older people has a negative impact on outcome: long-term conditions increase depression and anxiety which in turn slows recovery. Psychosocial factors, such as loneliness and poverty also play a major part in exacerbating illness.

Action 37 - Explore innovative ways of connecting mental health, disability, and employment support in Scotland. Joined up, accessible support at all stages throughout one's health care journey. It is important that older adults are able to access joined up care and support in an accessible manner and that both mental and physical health needs of people can be tended to. This can act as a preventative measure supporting both mental and physical recovery and management of conditions. It is also important to move away from the assumption of hard to reach demographics and gear services and activities up to being more accessible.

While there are a range of actions in the mental health strategy that can improve outcomes for older adults as well as the wider population, the focus of more specific actions remains to be children and young people and older people with dementia.

A Fairer Scotland for Older People: Framework for Action

A Fairer Scotland for Older People: Framework for Action¹² has recently been launched and it comments on improving access to Mental Health Services for older adults. The framework offers to support NHS boards to ensure there is consistent provision of mental health and psychological therapy services, and improved levels of access to psychological therapies for people over the age of 65, across the country. While this is a positive step and will help older adults who often lose support and services as they get older there is a need for recognition of older adults with other mental health issues aside from dementia.

¹² <https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/>

Conclusion

While there are a number of key policy areas that can improve outcomes for older adults and the wider population suffering from mental ill health there needs to be more specific actions and policies that support people over the age of 65 that are relevant to their circumstances.

Support in Mind Scotland have asked for support to increase spending for older adults experiencing mental illness and conditions other than dementia as well as an increase in the number of residential/nursing care beds suitable for older adults with co-existing mental and physical health conditions.

A lot of the research to support people with mental health issues highlights areas of good practice where staff and workers have taken it on themselves to deliver appropriate support – this needs to be enhanced. Staff need to be confident enough to make decisions and support people in the best way possible – through continuous training and support.

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