



## **Falling off a cliff: serious mental health issues in later life**

### **Notes from a round table held 4<sup>th</sup> February 2021**

#### **Background**

During 2019 Voluntary Health Scotland (VHS) collaborated with Support in Mind Scotland and other colleagues from the third and public sectors, to explore what happens to people aged 65+ with serious mental health conditions (other than or alongside dementia).

Issues highlighted during two round tables in 2019 included under-diagnosis, under-provision, poor transitions from 'adult' services to 'older people' services, discrimination and ignoring of human rights. It was also suggested that care homes may be poorly supported and ill-equipped to appropriately support people with psychosis. Attention was drawn to the fact that this group of older people is almost entirely invisible in health policy. There was consensus that a lack of hard data and evidence would inhibit efforts to secure policy change and hence practice change. Two short pieces of evidence gathering were commissioned from NHS Health Scotland Knowledge Services and from old age psychiatrist Dr Adam Daly, and a [discussion paper and evidence briefing](#) was produced, again in 2019. Work then paused due to the Covid-19 pandemic.

As of February 2021 VHS is working in partnership with the Open University (OU) to reinstate the work. The plan is to hold two round tables in quick succession (4<sup>th</sup> February and 3<sup>rd</sup> March) with a view to taking a snapshot of what has changed since 2019 (particularly due to Covid-19), clarifying the priorities for action, and drawing up a set of recommendations.

#### **Summary of 4<sup>th</sup> February 2021 round table discussion**

##### ***1. What has been the impact of the Covid-19 pandemic on older people's mental health more broadly and their efforts to support self-management?***

- Social isolation, increase in anxiety, low mood, lack of locus of control
- Possible impacts on cognitive decline due to lack of social and family contact, activities and routines

- Older people with few or no social networks have been affected more.
- Many people with mental health issues are fearful/anxious around the lifting of lockdown measures
- Fear of Covid-19 meaning reluctance to re-engage with services
- Too early to determine full impact from Covid-19 – which is likely to include increased stress, anxiety – PTSD related issues and fallout
- Shielding has contributed to/compounded all of the above
- OT concerns that a combination of medication and enforced immobility through shielding/social isolation is leading to more falls.
- Financial worries as a major issue for triggering/compounding mental health issues – economic impact of Covid-19 on the economy is a worry therefore.

**2. What has been the impact on assessment and diagnosis, and the availability of services and support? In what respects have they improved/worsened?**

- Useful evidence in the Mental Welfare Commission's themed visit report (April 2020): [Older People's Functional Mental Health Wards in Hospitals](#)
- Assessment taking longer.
- Low priority group – general service disruption and services slow to respond, and difficult to access.
- Pandemic has amplified existing issues – possible delays in diagnosis.
- Continued perceptions that MH in this group is just about dementia – and there is need to challenge that perception.
  - Dementia can place more immediate demands on service provision.
- CPN appointments are now very infrequent.
- Remote access to appointments has created more barriers for people
- There is still a need for greater linkages between physical and mental health
- A need for equal attention to be paid to those with existing mental health conditions and those with issues arising from Covid-19.

**3. What changes/adaptations have services made to support people during the pandemic?**

- Creative online/remote solutions developed (by charities) – but doesn't meet everyone's needs. Some older people have been able to engage digitally, but significant numbers have been digitally excluded.
- Alternative bespoke approaches have been developed by charities to keep in contact with users of services e.g. sending out paper based activities/resources in the post.

**4. Have there been opportunities and positive developments that have helped services to cope and/or which give you hope for the future?**

- Policy emphasis on older people during the pandemic, i.e. to protect them
- Some positive examples of community engagement – e.g. people looking out for one another.
- Enforced social isolation has meant some people with serious mental health conditions have felt under less social pressure
- Some older people have welcome digital engagement; some have found digital less stressful than face to face.
- Building social connections – seeing post 65's as not being a Cinderella service.

**5. What adaptations to mainstream service provision do you anticipate would help to alleviate the long term effects of Covid-19 on mental health in this population?**

- The issues around transition from one service to another still need addressed:
  - Doubly disadvantaged: example of a service user who lost access to their CPN at 65 and then couldn't get access to sheltered accommodation because of their mental health problems. Need to push the equality agenda.
  - Service users who are automatically transferred to older person services at 65.
- Need to challenge ageism: false assumptions made about older people and their capabilities and expectations. Depression and poor mental health are not a natural or unavoidable part of ageing.
- GPs need to be trained and supported to provide appropriate diagnosis and services and there should be awareness raising amongst older people to understand what to expect in terms of access to services and support.
- Training and support for care home staff to improve mental health awareness and equip them to better support people with profound mental health needs.
- National Independent Care Review will offer levers for change, including new workforce training and development to support older people with serious mental ill-health in residential and nursing homes
- Mental Welfare Commission for Scotland will be looking at social care sustainability and how this impacts on support available for older people.
- Opportunities within Primary Care that are underway such as the GP Contract (with greater emphasis on older people's mental health) and the use of multidisciplinary teams including Occupational Therapists who have training in both mental health and physical health.

- OTs as a resource/champions: 70% of OT patients have both physical and mental health needs and health inequalities feature highly amongst their patients
- The [Coronavirus \(COVID-19\): mental health - transition and recovery plan](#) provides an opportunity in section 9.3 where Government states it wants to work with stakeholders to ensure equality for older people's mental health.
- Scottish Government short life working group on mental health in primary care is about to report.
- The planned Rehabilitation Framework, which will help address the impact of enforced social isolation on older people.

#### **Other points noted:**

- Previous/historic attempts by VHS and Support in Mind Scotland to raise these issues with the Scottish Government had stalled: new impetus needed and the participation of government officials in the round tables is very welcome.
- Access to services and support for those with dementia is still limited and it is incorrectly categorised as a mental health issue. Many people with dementia also suffer from significant mental health issues and do not receive the support that they need.
- Be alert to the current Covid-19 discourse which is promoting an 'either or' mindset about needs and priority groups, e.g. whether young people need to be prioritised over older people going forward.
- The importance of exploring the triggers for poor mental health in older age, especially issues around finances, pensions and housing.
- Self Directed Support as a resource is generally not used/available to older people.
- The Money and Pensions Service is developing a 10 year strategy that includes Money in Older Life.
- Lack of Scottish specific research data acknowledged – value in reviewing best practice in other parts of the world
- Exploration of the positive and negative practice that can be taken from the research evidence about transition from CAMHS to adult services

#### **Round table participants**

Jan	Beattie	Scottish Government
Janis	Beattie	Scottish Government
Lauren	Blair	Voluntary Health Scotland
Alison	Cairns	Bipolar Scotland
Derek	Goldman	The Open University
Justin	Hayes	Scottish Government
Sharon	Mallon	The Open University

Jillian	Matthew	Audit Scotland
Jen	McKeeman	The Open University
James	Niven	Scottish Government
Maureen	O'Neill	Faith in Older People
Frances	Simpson	Support in Mind Scotland
Adam	Stachura	Age Scotland
Claire	Stevens	Voluntary Health Scotland
Kathleen	Taylor	Mental Welfare Commission for Scotland
Jitka	Vseteckova	The Open University
Kiren	Zubairi	Voluntary Health Scotland