Many older people in the UK are healthy, happy and contribute to society. However, although the UK population is living longer and is in better health than ever, there is increasing evidence that the proportion of older people who are lonely, depressed or less satisfied with their lives is increasing.

Three areas that impact most on the mental wellbeing of the older population are:

- Social exclusion and isolation
- Life events – retirement and bereavement
- Poverty and deprivation

Note: There are separate chapters for Dementia and Social Care.
Introduction

Many older people in the UK are healthy, happy and contribute to society. However, although the UK population is living longer and is in better health than ever, there is increasing evidence that the proportion of older people who are lonely, depressed or less satisfied with their lives is increasing.

The older population who are from lower socio-economic classes are increasingly affected by lower income and poor housing and environments. For those older people living alone, social isolation impacts on their mental health and wellbeing. Older carers are also at risk of reduced wellbeing due to their caring commitments and social isolation.

The data on mental health issues in older people is limited by the known fact that many mental health problems in older people are undiagnosed and untreated. This may be due to insensitive screening tools, insufficient proactive screening in primary care or lack of awareness of services and support available to the older population.

The mental health and wellbeing in older people was highlighted as a key health and social care priority when in 2008 the National Institute for Health and Clinical Excellence (NICE) developed guidance for those with a role in promoting older people’s wellbeing.

By promoting mental health and wellbeing in later life, the whole of society will benefit by maintaining older people’s social and economic contributions, minimise the costs of care and improve quality of care.

National Perspective

By 2020, it is expected that one in five people will be aged 65 and over. This poses challenges for health and social care services in providing appropriate services for this age group.

Similarly, the number of people aged 75 and over and 85 and over will also increase over time. For example, the over 85s are estimated to increase from 1.2 million in 2006 to nearly 3 million in 2031.

However, whilst people will be living longer, not all the years lived will be in good health. Chronic diseases and long term conditions will affect this age group, and there is increasing evidence (as seen in the physical health/mental health chapter), that living with these conditions increases the probability of depression and other mental health problems.

The Social Care Institute for Excellence (SCIE) reports on Department of Health data that suggests:

\[42\] NICE, 2008, Guidance for Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care

\[43\] Social Care Institute for Excellence. 2006, Adults Services: SCIE Guide 03 – Assessing the Mental health Needs of Older People
40% of older people seeing their GP

50% of older people in general hospitals

60% of care home residents have a mental health issue. The impact of these figures are important to consider as older people with mental health problems are more likely to end up in institutional care, recover less well from physical problems and illness and are more vulnerable to abuse.

**Depression**

Depression in older people, as with the general population, is the most common mental health problem\(^4^4\). Lee (2006)\(^4^5\) estimates that up to a quarter of older people have their quality of life affected by depression. However, experiencing isolation, loneliness or loss will also cause many more to experience psychological or emotional distress.

Nationally, there are estimated to be over 2.4 million older people with depression impairing their quality of life. Once again though, it is expected that this is an under-estimation due to the low levels of those with depression actually discussing their ill health with their GP – for older people it is suggested that less than a third discuss their depression symptoms with their GP\(^4^6\).

Allen (2008)\(^4^7\) suggests that commissioners of older people services should expect to see an increase in the numbers of older people with poor emotional wellbeing for several reasons:

- The increase in the numbers of older people, as well as in the ‘older’ old population
- An increase in the number of older people caring for relatives and at higher risk of depression
- Mental health problems may be more prevalent over the life course

A 2004 Help the Aged Report\(^4^8\) is reflected on in the SCIE report – which suggests that suicide is a significant risk for older people who are depressed. Older men aged 75 and over have the highest incidence of suicide.

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\(^4^6\) Chew-Graham. C and Burroughs. H. 2004, Depression in the Elderly

\(^4^7\) Allen. J. 2008, Older People and Wellbeing: Institute for Public Policy Research

\(^4^8\) Age Concern. 2004, Depression…..It’s More Common Than you Think
Social Exclusion and Mental Health

Allen’s review of Office of National Statistics Data shows that for pensioners (men over 65 and women over 60), between 1996 and 2005, their average income rose faster than younger people’s. The proportion of pensioners in the bottom fifth of income distribution in 2004/5 had fallen to 25%.

However, more recent figures show a worsening trend for relative pensioner poverty and between 2005 and 2007, there was an increase of 300,000 pensioners living in relative poverty.

Poverty has a clear relationship with poor emotional wellbeing, as does inequality. Within the over 65 age group itself, the gains in income have not been evenly distributed\(^49\):

- Older pensioners have less income than younger pensioners
- Female pensioners have lower incomes than men, on average.
- Minority ethnic groups are less likely to receive occupational or private pensions. They are also less likely to receive the state retirement pension.

Pickett and Wilkinson (2007)\(^50\) have identified that stress associated with living in an unequal society are associated with poverty - including making ends meet and social exclusion - and these are no different in older people.

Social and community participation, and a close, confiding relationship improve mental wellbeing and can also reduce the impact of depression. Within the UK however, estimates suggest that one million older people are socially isolated, and this number is projected to rise to 2.2 million over the next fifteen years.

Dunnell (2008)\(^51\) identifies that a quarter of men over 75 years live alone. For women over 75 years this increases so that nearly a third are living alone.

Older People as Carers

People aged 50 and over, are more likely to be providing informal care than any other age group. It has been reported that those individuals who provide more than 20 hours of care per week have increasing symptoms of depression. With an increasing older population, the impact on carers’ wellbeing will also continue to rise.

\(^{49}\) Office for National Statistics. 2006b, The Pensioners Income Series 2004/5:


\(^{51}\) Dunell. K. 2008, Diversity and Differing Experiences in the UK: National Statistician’s Annual Article on Society London
Older People and Substance Misuse

In 2011, the Royal College of Psychiatrists produced a report from its Older Persons’ Substance Misuse Working Group. During the 1:1s this topic was also raised as an increasing concern for service providers within Warwickshire.

From Office of National Statistics data (2009), the number of deaths in the UK linked to alcohol more than doubled between 1992 and 2008, with the highest death rates found in men aged 55-74. Among women, those aged 55-74 had the highest alcohol-related deaths.

Deaths related to drug poisoning among people aged over 40 years have also increased since 2004. Within the report, it is also suggested that these figures may be an under representation due to variations as to whether drug or alcohol’s contribution to a death are actually recorded on the death certificate.

Morbidity is also affected by substance misuse. The SCIE report identifies that:

- alcohol consumption has been identified as one of the three most common reasons for falls in older people
- alcohol can react adversely with prescribed medication
- excessive drinking puts older people at risk of coronary heart disease, stroke and quality of life for older people
- heavy drinking can lead to self-neglect, poor nutrition, poor hydration and hypothermia

Mental Wellbeing and Older People

The 2008 NICE guidance identified priorities including:

- Recommending that professionals who provide support and care services for older people in the community or residential settings should apply the principles and methods of occupations therapy. This includes regular group or individual sessions to encourage older people to identify and carry out daily routines and activities to maintain or improve wellbeing
- Increase older people’s knowledge and awareness of where to get reliable information on healthcare, nutrition, personal care, staying active, benefits, home and community safety and transport schemes
- Tailored exercise and physical activity programmes in the community focusing on moderate intensity exercise and strength and resistance training
- Encouraging older people how to exercise safely on a daily basis
- Offer a range of walking schemes to suit different abilities
- Promote regular participation and information on the benefits of walking

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52 Older Persons’ Substance Misuse Working Group of the Royal College of Psychiatrists. 2011, College Report CR165: Our Invisible Addicts
What is happening in Warwickshire?

Older People Population Estimates in Warwickshire

<table>
<thead>
<tr>
<th>Population Mid-2010 Estimates</th>
<th>Older People Numbers</th>
<th>Older People Percentage of the Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Warwickshire</td>
<td>11,300</td>
<td>18.3%</td>
</tr>
<tr>
<td>Nuneaton and Bedworth</td>
<td>20,900</td>
<td>17.1%</td>
</tr>
<tr>
<td>Rugby</td>
<td>16,800</td>
<td>17.8%</td>
</tr>
<tr>
<td>Stratford-on-Avon</td>
<td>25,700</td>
<td>21.6%</td>
</tr>
<tr>
<td>Warwick</td>
<td>23,400</td>
<td>16.9%</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>98,000</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Source: Office of National Statistics 2011

Figures may not add due to rounding and all figures are rounded to the nearest 100

The population of Warwickshire is projected to reach at total of 634,900 – an increase of 101,700 or 19.1% on the 2008 ONS mid-year estimate. This increase over the 25 year period is higher than the projected regional and national population growth rates of 14% and 18% respectively.

Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 and over. The rate of growth increases with age, with the oldest age group (those aged over 85 and over) projected to almost treble in size from 12,000 to 35,000 by 2033. This trend is reflected across all the districts and boroughs.

*We know the number of older people are growing, we need to get the planning of services right now, so that we can mobilise and offer the right care in the right setting in the right location.*
Depression

The POPPI (Projecting Older People Population Information) website provides data on those aged 65+ years that are predicted to have depression:

**Depression in People Aged 65 and Over in Warwickshire**

<table>
<thead>
<tr>
<th>Mental Health Problem</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males aged 65-69 predicted to have depression</td>
<td>951</td>
<td>980</td>
<td>986</td>
</tr>
<tr>
<td>Males aged 70-74 predicted to have depression</td>
<td>787</td>
<td>821</td>
<td>869</td>
</tr>
<tr>
<td>Males aged 75-79 predicted to have depression</td>
<td>525</td>
<td>549</td>
<td>566</td>
</tr>
<tr>
<td>Males aged 80-84 predicted to have depression</td>
<td>611</td>
<td>631</td>
<td>640</td>
</tr>
<tr>
<td>Males aged 85 and over predicted to have depression</td>
<td>240</td>
<td>255</td>
<td>270</td>
</tr>
<tr>
<td>Females aged 65-69 predicted to have depression</td>
<td>1,864</td>
<td>1,918</td>
<td>1,940</td>
</tr>
<tr>
<td>Females aged 70-74 predicted to have depression</td>
<td>1,178</td>
<td>1,235</td>
<td>1,302</td>
</tr>
<tr>
<td>Females aged 75-79 predicted to have depression</td>
<td>1,102</td>
<td>1,145</td>
<td>1,177</td>
</tr>
<tr>
<td>Females aged 80-84 predicted to have depression</td>
<td>754</td>
<td>764</td>
<td>773</td>
</tr>
<tr>
<td>Females aged 85 and over predicted to have depression</td>
<td>999</td>
<td>1,021</td>
<td>1,043</td>
</tr>
<tr>
<td><strong>Total People aged 65 and over to have depression</strong></td>
<td>9,011</td>
<td>9,319</td>
<td>9,557</td>
</tr>
</tbody>
</table>

Source: POPPI

**Severe Depression in People Aged 65 and Over in Warwickshire**

<table>
<thead>
<tr>
<th>Mental Health Problems</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69 predicted to have severe depression</td>
<td>835</td>
<td>863</td>
<td>870</td>
</tr>
<tr>
<td>People aged 70-74 predicted to have severe depression</td>
<td>381</td>
<td>398</td>
<td>419</td>
</tr>
<tr>
<td>People aged 75-79 predicted to have severe depression</td>
<td>672</td>
<td>700</td>
<td>721</td>
</tr>
<tr>
<td>People aged 80-84 predicted to have severe depression</td>
<td>435</td>
<td>441</td>
<td>447</td>
</tr>
<tr>
<td>People aged 85 and over predicted to have severe depression</td>
<td>534</td>
<td>550</td>
<td>573</td>
</tr>
<tr>
<td><strong>Total People aged 65 and over to have severe depression</strong></td>
<td>2,857</td>
<td>2,952</td>
<td>3,031</td>
</tr>
</tbody>
</table>

Source: POPPI

The datasets from the Coventry and Warwickshire Partnership NHS Trust have allowed the following analysis:
### Outpatient Services

#### Total Individual Users of Community Services by PAM Service Description

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Year of Attendance</th>
<th>Total</th>
<th>Percentage Change 2009/10 to 2010/11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009/10</td>
<td>2010/11</td>
<td></td>
</tr>
<tr>
<td>Older Adults Community Mental Health Teams</td>
<td>2,290</td>
<td>2,629</td>
<td>4,919</td>
</tr>
<tr>
<td>Older Adults Follow Up Outpatients</td>
<td>802</td>
<td>1,151</td>
<td>1,953</td>
</tr>
<tr>
<td>Older Adults New Outpatients</td>
<td>229</td>
<td>239</td>
<td>468</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,321</strong></td>
<td><strong>4,029</strong></td>
<td><strong>7,340</strong></td>
</tr>
</tbody>
</table>

Source: Coventry and Warwickshire Partnership Trust Contract Datasets via NHS Intelligence

There has been an increase in the total individual users of community services in all categories of older people services.

#### Total Spells of Community Services by PAM Service Description

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Year of Attendance</th>
<th>Total</th>
<th>Percentage Change 2009/10 to 2010/11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009/10</td>
<td>2010/11</td>
<td></td>
</tr>
<tr>
<td>Older Adults Community Mental Health Teams</td>
<td>25,636</td>
<td>26,172</td>
<td>51,808</td>
</tr>
<tr>
<td>Older Adults Follow Up Outpatients</td>
<td>2,937</td>
<td>6,095</td>
<td>9,032</td>
</tr>
<tr>
<td>Older Adults New Outpatients</td>
<td>957</td>
<td>1,656</td>
<td>2,613</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,539</strong></td>
<td><strong>33,942</strong></td>
<td><strong>63,481</strong></td>
</tr>
</tbody>
</table>

Source: Coventry and Warwickshire Partnership Trust Contract Datasets via NHS Intelligence

The number of spells has increased by 14.9% within the Older Adults Outpatient Services. In 2009/10 there was an average of 8.9 outpatients spells per individual, but in 2010/11, and this has reduced slightly to 8.4 outpatient spells per individual.
Inpatient Services

A review of the inpatient data was undertaken which excluded:

- Under 55s
- Organic category (i.e. Dementia)

Which would then allow an understanding of the general older adults admissions. It was found that over the two years 2009/10 and 2010/11 there were 637 individuals admitted to Coventry and Warwickshire Partnership NHS Trust inpatient beds.

These 637 individuals represent 36% of the total inpatient admissions to the Partnership Trust.

With regard to substance misuse within older people, when reviewing the 55+ year old admissions, it was seen that there 63 inpatient admissions to the Partnership Trust with substance misuse identified. This equates to 15% of the total recorded substance misuse inpatient admissions.

As of July 2011, there are 101 inpatient beds across Coventry and Warwickshire for inpatient care. There are 25 beds for functional mental illness in South Warwickshire and 12 beds for functional mental illness serving North Warwickshire and Rugby.

From the one to one consultations, it was suggested that there are insufficient residential and nursing home beds in the South of the county which leads to delayed discharge. A delayed discharge for mental health patients can make recovery more problematical.

*Hospital stays don't help with dependence, infection, and carers.*
Rugby and Community Assessment and Intensive Treatment Team

To support older people at home, the development of a Crisis Intervention and Home Treatment Team (CAITT) has been piloted and developed in Rugby, as a new way of working.

Predominantly the team assesses and support patients during the diagnosis of dementia, and aims to do this within the patient’s home. The service is not starting to provide crisis and assertive outreach in older people.

The service follows a model of care where there is a beginning, a middle and an end to the treatment to enable the patients to be discharged from the service, generally after 5-6 weeks of input.

With only two year’s reviewed for outpatients, it is difficult to draw firm conclusions, but the new way of working by CAITT may be contributing to the reduction in the number of outpatient spells per older person.

Older People’s Mental Health (OPMH) Teams

There are 5 multidisciplinary CPMH Teams within Warwickshire:

- Manor Court for Nuneaton, Bedworth and North Warwickshire
- The Oaks, St Michaels Hospital, Warwick
- Loxley Unit, Stratford upon Avon
- The Railings, Rugby
- CAITT Team, Rugby

The teams provide health and social care to older people with mental health needs and their carers and whose needs are complex and fall within the scope of the service. The Team provides assessments and interventions to:

- People over the age of 65 with mental health problems
- Service users previously known to working age CMHT who have now graduated into older adults psychiatry due to their presenting needs
- People under the age of 65 who have a diagnosis of early onset dementia

As discussed in the Legislation chapter, there are Approved Mental Health Practitioners (AMHPs) who carry out the assessments under the Mental Health Act. Within these numbers, there are 5 social workers from within OPMH teams and during 2010/11 undertook a total of 51 new assessments leading to service delivery.

In the 1:1s, it was raised that while working as a multidisciplinary team and attempting to share skills and caseload, this is made difficult by health and social care using different recording systems and
Perhaps one of the biggest issues raised during the consultation regarded workforce planning. Whilst the number of older people is growing, the workforce to support them in health and social care isn’t. Older People’s Mental Health is not being chosen by care professionals. Additionally, older people with mental health problems are also requiring nursing staff to support their physical health too.

This is being prioritised in a number of ways:

- A review into recruitment into retention
- Recruiting RGN nurses with mental health nursing skills to help support the physical and mental health needs of inpatients
- Reviewing case-mix – nursing staff may not be the only professionals that can provide the support and skills on the wards – allied health professionals may be a solution
- Assistive technology

**Voluntary Sector**

The voluntary sector provides a wide range of services for older people – to assist with physical needs as well as mental health and well-being. Other chapters raise the need for a central source of information to be identified to ensure the maximum awareness and access for all Warwickshire’s older people.

**Warwickshire Strategy**

In 2008, Warwickshire’s ‘Older People Mental Health and Wellbeing - A Strategy for Warwickshire 2008-2011’ was published, highlighting the importance that the local authority and NHS had for this issue.

The strategy’s vision ‘is of an inclusive society where the needs of older people with all types of mental health problems and the needs of their carers are understood, taken seriously, given their fair share of attention and resources and are met in a way that enables them to lead meaningful and productive lives’.

Warwickshire County Council’s Citizen Panel identified the top three priorities for older people as:

- To support more people to live at home by providing more low level social care
- The provision of increased support to carers to help them continue their caring role
- The development of a greater range of alternatives to care homes where personal care is available 24 hours a day.

The Warwickshire Strategy identifies that there is a commitment to support people in settings of their own choosing, enable access to community resources including housing,
education, work and friendship – that they think is critical to their own recovery. The vast majority of people have real prospects of recovery if they are supported by appropriate services.
Recommendations

- To assist commissioners, a more extensive analysis of bed utilisation for older people inpatients and residential facilities across the County is suggested.

- An assessment of the impact of CAITT model of working on spells/individual should be made available to commissioners.

- The number of older people using substance misuse services should be monitored, and commissioners may wish to ensure that services are meeting the needs of this ‘new’ group of service user.

- A central source of information should be developed to maximise the awareness of voluntary and public sector services available to older people.

- A review of workforce planning for older people’s mental health should be supported by commissioners, care providers, educational providers and the voluntary sector.