MENTAL HEALTH IN LATER LIFE

UNDERSTANDING NEEDS, POLICIES AND SERVICES IN ENGLAND

Summary

Mental health in later life has been on the margins of policy and practice in England for many decades. Opportunities to promote good mental health and wellbeing in later life are too often missed, and support to address mental health difficulties is too often lacking.

This briefing summarises evidence from a brief literature review about the mental health of older people in England and the support they are offered.

It finds that ageist attitudes and assumptions about mental health in later life underpin a system that discriminates against older people. Fatalistic assumptions about what people can expect for their mental health in later life undermine the provision of effective support to promote wellbeing, prevent mental ill health, and treat mental health difficulties. This happens at an individual level (for example in interactions with health and care professionals) and more systemically (in the planning of health services and prioritisation of scarce resources) both locally and nationally. It means older people are too often excluded from services and supports that could help them to enjoy a healthier and happier later life.

There is a pressing need to challenge ageism relating to mental health in our health and care system. While older people may possess many protective factors for good mental health, they face numerous risk factors, including poorer physical health, reduced mobility and, for some, poverty and racism. Tackling the risk factors and boosting protective factors can increase wellbeing in later life and either prevent or stop the escalation of mental health problems.

There is no national plan or blueprint for mental health support in later life. As the population ages, this is becoming more urgent. Older people should expect equitable provision of mental health support. For that, we need investment in effective interventions, and a health and care workforce with the skills, knowledge and understanding to meet their diverse needs. The voluntary and community sector provides invaluable support that could help to fill current gaps, alongside equitable access to statutory services such as NHS Talking Therapies and social care.

PURPOSE

Age UK commissioned Centre for Mental Health to explore evidence relating to mental health in later life. We reviewed research about what we know about the mental health of people in later life in England, what types of mental health support are available to older people currently, and what policies exist to improve the support people are offered. The aim of this review is to inform policy and practice. It is based on a review of existing evidence, which means that the findings and conclusions are limited by the paucity of research and policy development that is specific to our mental health during later life.

METHODOLOGY

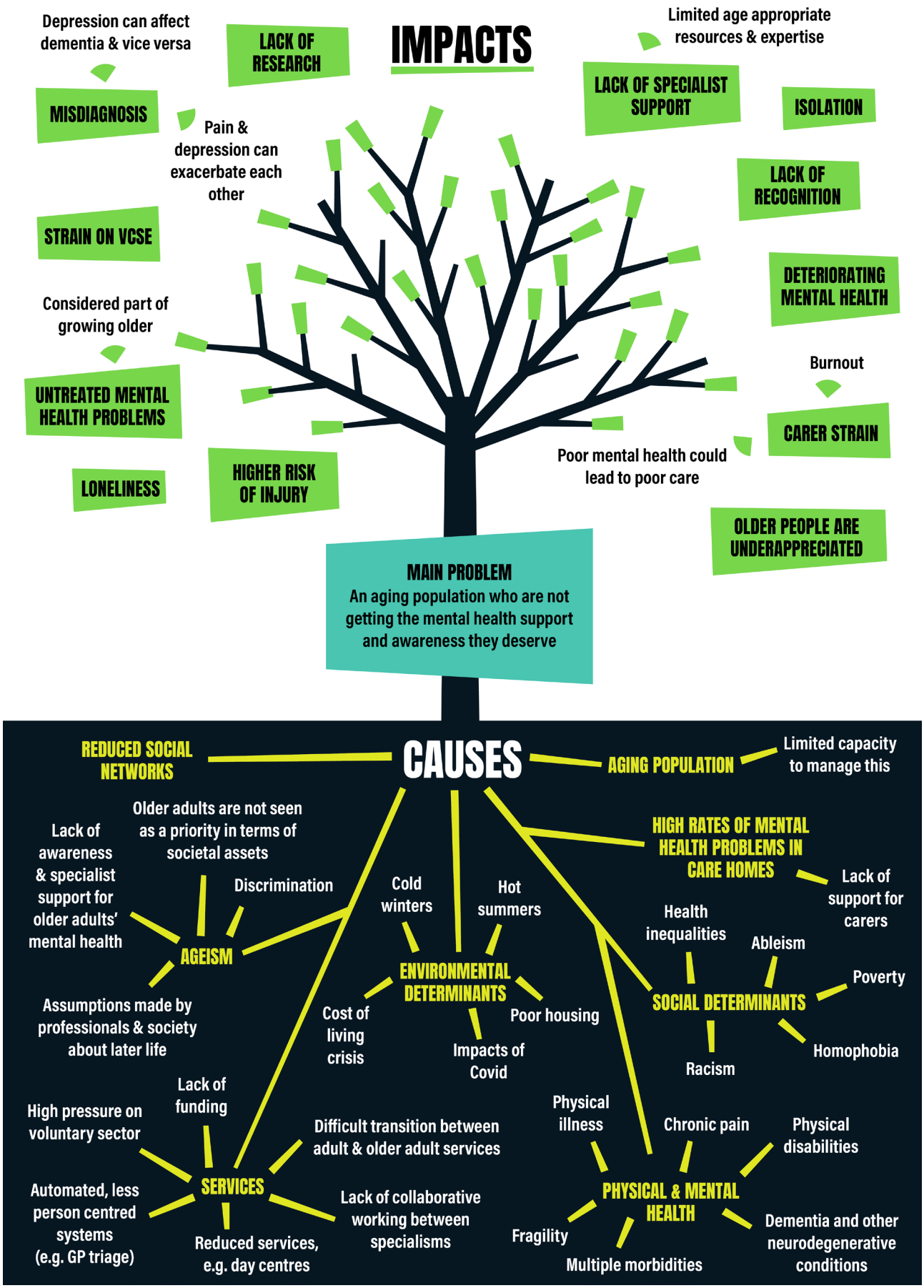
We undertook a literature review focusing on the past five years, with broad searches into the various contexts of mental health in later life. Where evidence was not available in recent work on key topics, we sought older literature to close these gaps where possible. That has been the basis for this document and the recommendations it makes. We found that there are major and worrying gaps in research, particularly when compared to studies into younger demographics' mental health. Literature from the last five years has been dominated by the impacts of Covid-19, dementia, and isolation on older people's mental health. There is less to be found in relation to social determinants – including the impacts of poverty, costly or unreliable transport, inadequate housing, and poor environments – in later life and comparisons between mental health services and outcomes for this age group. These gaps are, in themselves, significant findings relating to the paucity of research and policy attention, resources and investment that have been given to mental health in later life

KEY THEMES AND FINDINGS

- **The mental health of people in later life has been overshadowed by systemic and interpersonal ageism**: older people's mental health needs have too often been disregarded, at both an individual level and in the development of health and care systems. This is discriminatory and carries a heavy cost for individuals, families, communities and public services
- **There is no national strategy or blueprint to help public services to prevent mental ill health in later life**, to intervene quickly and effectively to stop problems from escalating, or to meet the needs of people with mental health problems in later life effectively and holistically
- **The UK population is ageing, and people are living with physical and neurodegenerative conditions for longer**. The mental health of this population is therefore going to be increasingly important for health and care services to address effectively
- **There is a pressing need to tackle ageist assumptions and expectations about mental health in later life**. There is a pervasive sense of pessimism and inevitability that normalises poor mental health and prevents both help-seeking and offers of support

- **Older people with caring responsibilities face an extra strain on their mental health**. This continues beyond the loss of the person they care for, with complex grief affecting the mental health of carers more often than for the wider population
- **Mental and physical health problems have complex interactions among older people**: having one increases the risks of the other, and poor mental health exacerbates physical health problems. This is compounded for those with neurodegenerative conditions, or those who are misdiagnosed (for example with dementia instead of depression, or vice versa)
- **Person-centred and holistic approaches to mental health in later life need to be promoted** so that no one's needs are overlooked or inadequately met. There is no one-size-fits-all for mental health in later life
- **Having meaningful roles and opportunities is beneficial** for both mental and physical health among older adults
- **Positive social connections, including face to face time and safe and supportive networks, can help to boost people's mental health in later life**. This may be especially important for those who are unable to engage with services or communities through digital technology
- **NHS Talking Therapies have higher than average recovery rates among the over-65s than any other age group**. Despite this, older people are still less likely to be offered talking therapies.

PROBLEM TREE - KEY FACTORS AND THEMES IMPACTING OLDER ADULTS' MENTAL HEALTH



WHY DOES MENTAL HEALTH IN LATER LIFE MATTER?

The UK's population is ageing rapidly. Between 2016 and 2041, it is predicted there will be a 60% increase in older adults (Office for National Statistics, 2016).

Research indicates that psychological wellbeing and health are more closely linked at older ages than in the general population (Steptoe *et al.*, 2015). For people in later life across the whole population, mental health has a greater impact on life satisfaction than physical health (Puvill *et al.*, 2016). In a survey of 271 older adults in the United States, the psychosocial outcome of maintaining independence was the highest priority (49%), ahead of staying alive (35%) and reducing pain (9%) (Ramer *et al.*, 2018). Schoot and colleagues (2022) also found that health priorities for older adults were mostly related to quality of life.

In other words, mental health is important in itself as a priority for older people's quality of life. But it can also affect other issues, including physical health, which means that failing to prioritise mental health carries a heavy cost for both individuals and society.

PREVALENCE OF MENTAL HEALTH NEEDS

A survey about wellbeing in later life in the UK showed that 75% of people aged 65+ have experienced significant anxiety or low mood at least once since turning 65, with 10% feeling this frequently or all the time (Seaman *et al.*, 2020).

Depression affects 22% of men and 28% of women aged 65+, 40% of men and 43% of women aged 85+, and 40% of older people in care homes (Faculty of Old Age Psychiatry and Royal College of Psychiatrists, 2018). Nearly 1 in 10 people aged 75+ could have clinical depression (Frost *et al.*, 2019).

Furthermore, hospital admissions of older adults from drug and alcohol misuse have increased, accounting for around 30% of total admissions (Faculty of Old Age Psychiatry and Royal College of Psychiatrists, 2018).

There is evidence that some groups of people in later life have a higher risk of mental health difficulties than others, including:

- Those in nursing homes and other residential aged care facilities (Creighton *et al.*, 2015; Seitz *et al.*, 2010)
- Those living with long-term physical conditions and disabilities (Bishop-Fitzpatrick *et al.*, 2019; Cooper *et al.*, 2015; Daré *et al.*, 2019)
- Those living with dementia and neurodegenerative diseases (Wolitzky-Taylor *et al.*, 2010)
- Those living in poverty (Weich *et al.*, 1998)
- Carers (Carers UK, 2019)
- Those from minoritised communities and immigrants (Devenport *et al.*, 2023; Lin *et al.*, 2023).

RISK AND PROTECTIVE FACTORS FOR MENTAL HEALTH IN LATER LIFE

As with any age group, a wide range of risk and protective factors can affect people's mental health. Protective factors for mental health at any age include financial security, safe and warm housing, positive social connections, and access to green spaces and nature. Conversely, risk factors for mental ill health include poverty, insecure or sub-standard housing, exposure to violence and abuse, bullying, discrimination and injustice. But there are some risk and protective factors that are specific to later life (and different stages of later life) and need to be taken seriously to prevent or stop the escalation of mental health problems.

PROTECTIVE FACTORS

As with any other age group, there are various factors that can help to prevent mental health problems among older adults.

Below we highlight some of these protective factors such as positive relationships, including friendships, family, social networks, and community groups. Having meaningful roles, like volunteering or the option to work past retirement age, is also crucial for protection. It's essential to have control over life choices and continue striving for something that gives you a sense of purpose.

Additionally, psychological resilience develops with age, providing a valuable strength for older adults to lean on while navigating the complexities and challenges of later life.

Protective factors for older people's mental health include:

- Psychological resilience due to age
- Positive relationships and networks such as friends, family and social activities
- Person-centred care and holistic care that is:
  - Inclusive
  - Culturally aware and competent
- Therapies and healthy behaviours to address a range of mental and physical health problems, such as:
  - CBT and other talking therapies, which have positive outcomes for older adults' mental health
  - Acupuncture, which has been proven to be a beneficial treatment for pain and depression
  - Healthy diet, adaptable exercise and moderation in alcohol intake
- Retaining and having access to meaningful roles and purpose:
  - Having a choice as to whether one continues to work past retirement age, or working towards a purpose, such as a 'bucket list'
  - Volunteering, including intergenerational opportunities such as reading in primary schools.

RISK FACTORS

Mental health in later life is complex, with age-specific risk factors including multimorbidity, loneliness, and increasing frailty acting on top of existing risk factors such as poverty, racism and prior exposure to traumatic events.

Older adults, when compared with other age groups, are more likely to experience a number of risk factors for poor mental health (Wilton, 2023). They are more likely to be living with one or more long-term condition (Bowling *et al*., 2017; Liu *et al*., 2023). Each additional long-term condition brings a greater symptom burden and treatment burden, and increases the likelihood of harmful interactions between different medications (Hounkpatin *et al*., 2020; Mohottige *et al*., 2021b; Wastesson *et al*., 2018). Chronic pain can also be a risk factor for poor mental health. Older people are more likely to be living with a neurodegenerative condition, such as Alzheimer's (Yaffe *et al*., 2010). They are more likely to experience frailty, which is associated with depression and lower health-related quality of life (Chi *et al*., 2022; Nixon *et al*., 2020). And they are more likely to be socially isolated (Nicholson, 2012).

Below we detail more of the common risk factors for professionals and policy makers to be aware of. It also highlights particular demographics who have higher risks of both experiencing mental health issues and of not being able to access appropriate mental health services, including racialised and immigrant communities (Devonport *et al*., 2023) and LGBTQ+ people (McCann and Brown, 2019). Risk factors are also heightened among older adults living in care homes (Creighton *et al*., 2016), where there are higher instances of depression, anxiety and neurodegenerative conditions.

Risk factors for older people's mental health include:

- Health inequalities
- Poverty and food insecurity
- Bereavement (including multiple bereavements)
- Physical health challenges
  - Physical disabilities and illness
  - Fragility
  - Multimorbidities
    - For example, the relationship between dementia and depression and how each condition can exacerbate the other and lead to misdiagnosis
  - Comorbidities
    - For example, depression and the impact that chronic pain can have in exacerbating this (and vice versa)
- Loneliness
  - Impacts of isolation and poor mental and physical health
- Certain demographics can have higher risks of developing and deteriorating mental health, for example:
  - People from racialised communities, in particular those from Black and Asian communities
  - LGBTQ+ people, in particular the impact of discrimination and stigma
  - Immigrants, refugees and asylum seekers
  - Older people in care homes

- The impacts of ageing
  - Negative perceptions of what it means to age
  - The deterioration of physical and neurological health
- Structural environmental determinants, such as:
  - The impacts of Covid-19, including increased isolation – but older adults were also less able to maintain their daily routines and access services.

PHYSICAL HEALTH

Long-term physical health conditions are more common among older adults than those of a younger age, and they are associated with a twofold higher risk of poor mental health (Naylor *et al*., 2012). There is also evidence that people who have a co-occurring mental health problem alongside a physical illness have poorer outcomes for their physical condition, resulting in worse health for them and higher costs for health and care services (ibid). One such example is the role neuroinflammation can have on chronic pain and depression, making both worse (Zis *et al.,* 2017).

BEREAVEMENT

Being bereaved is a normal part of life, and by later life it is a common, if not universal, experience. Nonetheless, for some people, bereavement may be followed by additional distress, sometimes described as 'complex grief' that has a significant and ongoing impact on their mental health. Older bereaved people are up to four times more likely to experience depression than people who have not experienced a bereavement (Independent Age, 2018).

CAREGIVING

Older caregivers play an essential role in supporting health and social care systems. Without their tireless efforts and dedication, the NHS would be further stretched beyond capacity. It is therefore important to recognise and support the invaluable role of older caregivers (and others alike). However, caregiving, whether paid or informal, can be a stressful role to play, with many carers experiencing 'caregiver strain', leading to declines in physical and mental health.

Carers UK (2019) reports that over two million people aged 65+ in the UK provide informal care to disabled, seriously ill, or older relatives or friends.

Unpaid carers are at higher risk of common mental health problems, with 42% experiencing increased stress, 33% suffering from anxiety, and 27% suffering from depression. The financial impacts of caring – including the extra costs of medical supplies and home adaptations – put extra pressure on people's mental health and prevent them from participating in activities that could boost their wellbeing (Future Care Capital, 2019).

Bereaved carers also exhibit poorer levels of overall mental health compared to the general population (Große *et al*., 2017).

CARE HOMES

In care homes, there are high rates of depression and acute mental and neurological illness in older residents. There is also significant strain on care workers who are managing multimorbidities. A study looking into dementia and long-term care, (Costello *et al*., 2019) showed low to moderate levels of burnout among nursing staff were a possible cause of staff turnover.

Barriers exist to understanding and improving the quality of life in care home settings. External factors, such as data restrictions and staff acting as 'gatekeepers', may hinder research participation by care home residents, who may lack confidence in contributing to research efforts (Nocivelli *et al*., 2023).

This raises further questions about whether similar challenges exist for older adults in their own homes and communities, potentially contributing to the scarcity of mental health research for this demographic.

ISOLATION AND LONELINESS

Loneliness is a globally-recognised risk factor, with detrimental impacts on the mental and physical health of older adults. Among older adults, social isolation is associated with a 20-40% higher risk of poor health and mortality (Steptoe *et al*., 2013), while loneliness is associated with a 17% higher likelihood of having mental health problems (Coyle *et al*., 2012).

Various services, particularly from the voluntary, community and faith sectors, are often included within social prescribing offers, supported through link workers aiming to prevent loneliness. Successful approaches will also be aware of and provide culturally sensitive activities, food and environments.

While these organisations are well-placed to provide such support and facilitation of positive relationships and activities, they can become unsustainable, due to lack of capacity and funding.

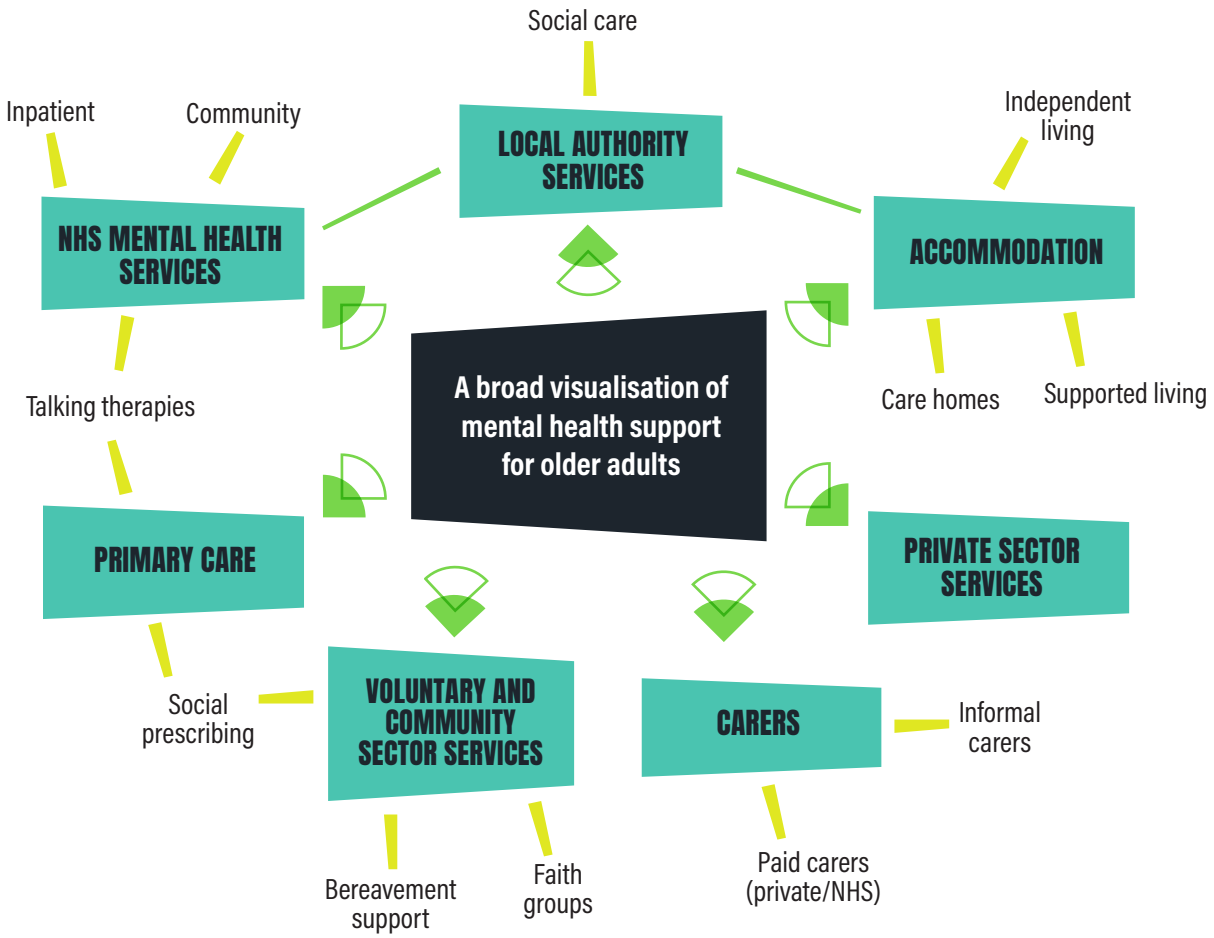
POVERTY

The 2023/24 *State of Ageing* report (Centre for Ageing Better, 2023) notes that 2.1 million older people are living in poverty in the UK now, and the number is set to rise as people currently in the 60-64 age group have a higher still rate of living in poverty. Poverty has been found to have a direct, causal relationship with mental ill health for people of all ages (Davie, 2022).

MENTAL HEALTH SERVICES FOR OLDER PEOPLE

Mental health services in England include later life within an umbrella definition of 'adult and older adult' services. National policy documents, discussed later in this briefing, provide little detail and no clear blueprint for how mental health support should be offered to older citizens. Guidance from the National Institute for Health and Care Excellence (NICE, 2015) provides a picture of the types of intervention that should be offered in local areas, but not how such services should be organised or resourced. This means that the provision of mental health support to older people is not clearly set out, and there is no standard 'offer' across the country.

The diagram below details the range of services available to older adults. Much of the statutory health care provision is available as 'adult and older adult mental health services', with plans discussed in the Community Mental Health Framework (CMHF) (NHS, 2019) to increase the skills and training of staff to develop their specialism and awareness of older adult mental health needs. It also highlights multiple providers, including voluntary and community sectors, who focus on prevention as well as supporting mental health problems and crises. The diagram is a summary of current services and in no way representative of all mental health services in the UK.



These are not necessarily available across all parts of the country; many are area-specific and dependent on local resources. This is an area that would benefit from further exploration and a review of the effectiveness of these services to inform ongoing investment, commissioning and training for the sector.

Whether mental health support to older adults is offered separately to other age groups or as part of an 'all-age' service varies from place to place, and there are risks and benefits to both approaches. It has been suggested, for example, that a health service intended for all age groups indirectly discriminates against older people, for example by failing to recognise their specific needs or under-investing in support for older age groups within a generic offer (Faculty of Old Age Psychiatry and the Royal College of Psychiatrists, 2018). But it has also been pointed out that arbitrary cut-off points between 'working age' and 'older adult' mental health services (where a distinction exists) can also be unhelpful and similarly disadvantage those in later life (Faculty of Old Age Psychiatry and the Royal College of Psychiatrists, 2018).

It has been suggested that one reason for a lack of government investment in specific support for older people's mental health is that they are seen as being a less 'economically productive' demographic (Faculty of Old Age Psychiatry and the Royal College of Psychiatrists, 2018). It may also stem from discriminatory notions about mental health in later life that see poor wellbeing as inevitable, unavoidable or untreatable (Seaman *et al*., 2020).

Discriminatory attitudes and practices can be seen at every level of our health and care system – from national policymaking and resource allocation to the day-to-day practices of health and care services. Where this exists at every layer of decision-making and prioritisation, discriminatory practices are more likely to go unnoticed and unchallenged. The paucity of research and evidence relating to older people's mental health extends this overshadowing further still.

ACCESS AND HELP-SEEKING

Older adults face multiple barriers to accessing mental health support: including both age-specific issues as well as those affecting any age group. Some of the age-specific barriers relate to physical limitations to mobility, including living with frailty, reduced access to means of transport, and isolation.

Others relate to the 'digital divide'. Older adults are less likely to have access to digital technologies; they are less likely to have skills for using digital technologies; and they are more likely to need adaptations to accommodate difficulties with sight, hearing, mobility and cognitive impairments (Frydman *et al*., 2022; Lopez de Coca *et al*., 2022; Mao *et al*., 2022; Moody *et al*., 2022; Morrison *et al*., 2023). As more mental health support moves online, there is a risk that this could widen inequalities, unless efforts are made to address these challenges. Initial research into age-friendly digital health care has been carried out, but the recommendations are in need of refinement and testing (Moody *et al*., 2022; Wardlow *et al*., 2022).

A UK study found that older people living with frailty cite similar reasons for avoiding seeking mental health support as both the 'younger old' and adult populations, including stigma, normalising symptoms, threats to identity, and failure to recognise a need for support (Frost *et al*., 2020). But on top of this, they also experience a normalisation of anxiety and depression as a result of their fragility and physical health problems, resulting in low expectations of wellbeing (Frost *et al*., 2020).

Older people may also hesitate to seek help for anxiety due to past experiences of health professionals normalising or dismissing their symptoms, or not being supportive.

Frost *et al*. (2020) found that antidepressants are increasingly more likely to be prescribed as people get older, while talking therapies are progressively less likely to be offered to older age groups. Barriers to referring older patients to talking therapies included beliefs among GPs that they would not be effective or acceptable, and that older people would not be able to cope with digital access routes. The research concluded that, in the absence of formal guidelines or policy direction, the "management [of depression in later life] depended on the individual practitioners' skills rather than a coherent structure".

The same study found that older people prefer treatments that align with their coping skills and facilitate independence (Frost *et al*., 2020). For some people, it can be easier to approach a voluntary sector organisation rather than a clinical mental health service (Seaman *et al*., 2020). When interviewed about their preferred methods of accessing mental health support, older people expressed concerns over available or accessible transport and indicated a preference for psychological services to be delivered at home or locally (Frost *et al*., 2020).

However, across the community mental health system in the UK, waiting times are variable and often long, services lack resources, and there are restrictions resulting from commissioning arrangements (Care Quality Commission, 2018). Insufficient or inadequate initial support is likely to result in individuals needing more intensive support in the future due to further decline in their health. It is also likely that this has played a role in the growing strains on inpatient care, where occupancy rates are at an all-time high; the utilisation of the Mental Health Act 1983 has surged substantially over the past eight to ten years; and individuals are routinely being admitted to inpatient beds outside their region of residence.

The interrelationship between dementia and depression is complex and problematic, with examples of one condition being misdiagnosed for the other (Valkanova *et al*., 2017). This can worsen mental health and dementia outcomes as diagnosis may be delayed or misinterpreted. There is evidence suggesting that depression can, in fact, lead to dementia, but there is no evidence that antidepressants offer any protective factors against dementia (Chan *et al*., 2019). Therefore, there is even more reason to provide early intervention and therapeutic support for older adults experiencing symptoms of depression. But with a limited specialist workforce, early and correct diagnosis of depression and dementia in later life remain challenging to achieve in practice.

POLICIES RELATING TO MENTAL HEALTH CARE IN LATER LIFE

National policy has provided little guidance to health and care services over the last decade about how to support mental health in later life. Policies relating to overall health in later life marginalise mental health, while mental health policies pay scant attention to older people's needs. In each case, older people's mental health is an afterthought, left out of focus and with little detailed consideration .

COMMUNITY MENTAL HEALTH FRAMEWORK

The Community Mental Health Framework (NHS England, 2019) offers a vision for how adult and older adult mental health services for people with severe or complex mental health problems would be met within the period of the Long Term Plan. The Framework makes little specific mention of older people's mental health services, apart from noting the importance of integrating mental health care into wider systems of support for those in care homes or who are living with frailty or dementia.

MENTAL HEALTH IMPLEMENTATION PLAN

NHS England's Mental Health Implementation Plan (published in 2019 to guide the delivery of the NHS Long Term Plan in relation to mental health services) sets out an expectation that:

"All areas will need to plan to achieve improvements in access and treatment for older adults in line with local demographics within all adult mental health services. Older people's access to mental health support will be based on needs and not age (e.g. physical and mental health co-morbid needs, cognitive issues and/or frailty or end of life care needs). Services will deliver this through an integrated approach focused on the person's identified care and support needs across mental and physical health, social care and VCSE boundaries."

The Plan states that mental health support for older adults should be included within both adult mental health services and generic older people's health care provision. It notes that with a very small specialised older people's mental health workforce, such a thinly spread resource will need to be well connected with these other services to provide specialist input alongside other workers.

Unlike most other areas of the Plan, no specific figures were given for investment or workforce expansion in older people's mental health care. The assumption was that the wider adult workforce would meet older people's needs alongside their other responsibilities. For example, there is an ambition to improve access to NHS Talking Therapies for older people, but little attention is paid to what adaptations might be needed to facilitate that in practice and ensure that services are equally accessible and fully meet people's needs. This invisibility at the outset translates into a lack of transparency and accountability for delivery: for example, in the National Audit Office (2022) review of the Plan's implementation, older adult mental health services are not scrutinised separately.

The five years covered by the Plan end in April 2024, although many elements will continue beyond that date (having been delayed by the impacts of the pandemic on mental health services and the wider NHS). It is as yet unclear what will follow.

ENHANCED HEALTH IN CARE HOMES

NHS England's guidance document for the Enhanced Health in Care Homes (EHCH) model (2023) states that: "The mental health of all people living in care homes needs to be maintained or improved, and specific needs met for people with enduring mental health conditions."

It goes on to list a number of key areas of good practice for care home residents' mental health:

- "The initial comprehensive personalised assessment on admission to the care home includes a systematic, proactive approach to identifying and recording mental health and wellbeing needs. Diagnosed mental health 'conditions', as well as experiences of grief, loss, anxiety and behaviours which challenge, should all be considered.
- The person's biological, psychological and social needs are recorded in their PCSP [personalised care and support plan] along with signs of relapse, so staff will know how to recognise these changes and escalate accordingly.
- People with mental health illness, such as anxiety and depression, have access to a wide range of therapies and specialist support services, such as NHS Talking Therapies.
- Individual PCSPs include access to wide-ranging activities that support mental health, such as social activity and community engagement.

- People have easy and timely access to specialist mental health services for assessment and management of complex mental health needs, including advice on the management of mental health medications and response to complex mental health crisis needs. This can be achieved through the MDT [multidisciplinary team], which may include mental health specialists.
- Education, training and professional development are available to ensure that carers, the person's loved ones and care home staff feel supported and confident in identifying mental illness, and in maintaining good mental health and wellbeing."

A framework for the full implementation of this policy was published by NHS England in late 2023, providing guidelines to primary care networks about how to put the principles into practice.

CONCLUSIONS AND IMPLICATIONS

Having a better understanding of mental health issues that arise in later life is crucial at every level of the system, from policymakers nationally to health care professionals in the NHS, the voluntary and community sector, and for society as a whole. This involves recognising ageism, challenging assumptions associated with older age, understanding the intricacies of mental health in later life, and promoting older adults as valuable members and assets of society.

We have highlighted some of the key areas for professionals and policy makers to consider and address below.

EFFECTIVE AND NON-DISCRIMINATORY MENTAL HEALTH SUPPORT

Ageism and discrimination continue to be present in mental health services, and in wider health and care systems. They occur at multiple levels, from everyday interactions in health care settings to decision-making in systems about how resources are allocated and priorities are set.

The invisibility of older people within mental health services and policymaking are a major concern. Older people are too easily overlooked, from the design of prevalence surveys to the commissioning of mental health support.

The diagnosis and treatment of mental health problems in older adults can be complex. To appropriately treat comorbidities and prevent the escalation of mental health problems, specialist geriatric expertise, a whole person approach and multidisciplinary working is recommended. It also means health professionals need to have the time to care, to open up conversations about mental health, and to ensure people get the right support for their needs. This is a particular challenge in primary care, where mental health needs may first be raised and where GPs have very limited time for a typical consultation.

Both nationally and at integrated care system level, it is necessary to review current mental health services for older adults in more depth and invest more in what is working well across sectors and specialisms. This should include promoting action to boost the protective factors for good mental health in later life, and action to tackle the risk factors for mental ill health.

As Fried and colleagues (2011) note, a condition-specific approach to health care may be especially inappropriate for older adults with multiple chronic conditions and, instead, they recommend moving to an approach directed by the person's individual priorities. This means, for example, that shared decision-making for older adults needs to focus on their overall goals, not just those relating to a single medical condition (Schoot *et al*., 2022).

Crucially, we need to challenge the assumptions of professionals and society regarding the risk and protective factors for mental health in later life, how mental health difficulties in later life may present, and people's expectations of what is okay.

OLDER PEOPLE AS ASSETS

We need a shift in thinking with regards to seeing older adults as continued assets in society. This should include making a full acknowledgment and investment in our continued wellbeing and quality of life as we age, as well as recognising older people's contributions to society as a whole.

Further research and development could help to boost intergenerational contact and opportunities for older adults to participate in work, volunteering and other ways of creating a sense of meaning and a role in later life, as a way of improving mental health (Murayama *et al*., 2015), and potentially improving general 'healthy life spans' (ZOE Podcast, 2023).

SUPPORTING CARERS

There is a risk that policies may overlook the mental health and wellbeing of older, unpaid caregivers. The responsibilities of caregiving can be demanding, with older caregivers also likely to be dealing with their own physical and mental health challenges. It is essential to prioritise the support and resources for this vital demographic to prevent further strain on both the caregivers and the health care system that would otherwise struggle without their support.

This can be supported by ensuring older adults and their families are actively involved in decision making and advanced care plans to ensure genuine person centred care, with equitable consideration of mental and physical health concerns, particularly where end-of-life care is involved (Cooke *et al*., 2017).

CROSS-SECTOR WORKING

Many older adults may prefer to get support from community and voluntary sector organisations, where they feel better understood and valued, and which are locally-based and prioritise relationships and connections. To meet rising levels of need, community and voluntary sector organisations will need more (and more reliable) resources to deliver long-term, sustainable services, particularly relating to loneliness and early mental health interventions. Working closely with social prescribers and community link workers can ensure older people are actively enabled to take up opportunities and connect with community assets.

Within health and care services, collaborative working between specialisms e.g. geriatricians and psychiatrists, and building multidisciplinary teams will help to ensure people get more holistic help for their mental and physical health. This should incorporate skills and knowledge sharing, particularly to improve awareness and expertise of older adults' mental health and how it relates to their physical health.

It is necessary to provide training on these topics to ensure that health care professionals are prepared to address mental health issues in older adults, particularly if they are not from a specialist background and are working with older adults in all-age primary or secondary care services. The NHS Learning Hub provides an online training module on supporting older people with depression.

Improved cross-sector working also requires attention to the structural barriers to equal participation, including unreliable public transport infrastructure and the digital divide. And it will require time and resources for agencies to build strong working relationships and better understandings of their respective roles in supporting older people living with a range of mental and physical health and care needs.

GAPS IN RESEARCH AND EVIDENCE

Further mapping and evaluation of the current services and approaches available for older adults would be beneficial. Our literature review gave us a high level view of the types of services available, but no evaluation into their outcomes and approaches. We have little or no data on how well mental health services are reaching older adults who need mental health support, and how effectively they are meeting the needs of those they support. We do not have a picture of what an effective all-age approach should look like for older adults, and what high quality mental health support looks like in later life.

The research evidence we have reviewed provides a patchy and inadequate picture of the types of support older people need for a range of mental health difficulties and how well those needs are currently being met. These gaps are in themselves discriminatory. Studies that use arbitrary age cut-offs to exclude older people, or that homogenise anyone over 60 or 65, leave us with major gaps in the evidence base on which to base effective policy and practice.

Further research is also necessary to identify groups of older adults who face a higher risk of developing mental health problems and how to protect and promote their mental health and prevent problems from emerging or escalating. There is also considerable potential for economic analysis of mental health in later life, including the financial benefits of effective support, which have been overlooked in previous research.

RECOMMENDATIONS

1. **NHS England** should review the effectiveness of the Community Mental Health Framework for Adults and Older Adults (NHS, 2019) in addressing the needs of older adults specifically.
2. **NHS England** should ensure that any successor to the Long Term Plan includes specific provisions for mental health care in later life. This must include effectively tailored support for older people with co-occurring mental and physical health needs, older people with severe mental illness, and those in residential care settings. It must challenge deeply entrenched and ingrained ageism across health and care services, creating a new narrative that values mental health in later life.
3. **NHS England and Higher Education Institutions** should develop a workforce capable of meeting the mental health needs of older adults as part of the implementation of the Long Term Workforce Plan. The workforce needs to keep up with the ageing population, with the necessary skills, knowledge and understanding among mental health, primary care, acute and community service staff. This must include learning to address ageist attitudes.
4. **Every Integrated Care Board (ICB)** should review its provision of mental health support for older adults. This should include the current reach and effectiveness of its NHS Talking Therapies services and secondary mental health care for older adults, and comparing current service provision with local prevalence data of mental health problems in later life. Older people should be equal partners in these processes, co-designing and coproducing services that are relevant and important to them.
5. **Integrated Care Boards** should provide adequate and sustainable funding for voluntary and community sector organisations supporting mental health in later life. This should include those providing preventative interventions as well as those supporting older people living with a range of mental health difficulties.
6. **Research funders** should prioritise projects seeking to explore mental health in later life, including those that identify effective interventions to prevent mental health difficulties, to support mental health among groups of older people with the biggest risk factors, and ways of organising services to meet needs well. Research is needed that prioritises later life mental health and avoids arbitrary cut-off points or homogenising older people into a single category.

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