Mental health in later life

This infographic is part of the Suffolk Mental Health Needs Assessment.

Age UK literature is fantastic (Carer)

#averydifferentconversation Full Report

Person

- May have other existing mental health conditions
- Symptoms of the menopause include low mood and anxiety
- Fear of dying may increase anxiety and visits to GP
- Fewer than 1 in 6 older people with depression ever discuss it with their GP
- People over 65 years old who self-harm are more likely to continue, and to attempt suicide
- There may be alcohol or drug misuse
- Depression is the most common mental disorder in older adults
- Women are at greater risk, with higher rates of depression among Indian and Pakistani women

Family & Friends

- 10% (17,000) over-65s feel lonely “all or most” of the time
- Might not talk about losses (relationships, abilities) assuming these are a “normal” part of aging
- More than 1 in 10 Suffolk people aged 65 and over are providing unpaid care (c24,500 in 2017), but may not consider themselves a carer

Mental ill health can worsen outcomes from myocardial infarction, hip fracture, and stroke

- Poor physical health and long-term conditions increase the risk of depression: 50% people with stroke or Parkinson’s may also have depression
- Exercise and better physical health can reduce mental ill health

Physical health

- More likely to present with physical than mental symptoms. These physical symptoms may include: dizziness, pain, lump in throat, weakness, constipation
- Some psychiatric conditions may result from physical illness or the side effects of medication
- 86% carers also have health problems
- Mental ill health can worsen outcomes from myocardial infarction, hip fracture, and stroke

Environment

- Being in debt and financial difficulties increases mental ill health
- Involuntary retirement is associated with worse mental wellbeing and lower social engagement
- Isolation and loneliness increase risk of depression and suicide
- People in private rented accommodation may be at increased risk of homelessness as pensions remain static while rents increase
- Lack of public transport, or being unable to drive, can increase isolation and make medical appointments difficult to reach
- Deprivation is associated with depression

Gaps

- Referral for treatment
- Written information
- Befriending
- Sign-posting to self-help groups
- Older people are less likely to receive wellbeing (IAPT) services, despite higher levels of completion (42% to 37%) and better outcomes (56% to 42%). Barriers: belief psychological therapies won’t help them (opinion of the patient and/or health workers); mobility; IAPT staff lacking confidence in working with older people; ongoing exclusion as services were initially for working age people only

Current support

- Primary Care - GPs
- Norfolk & Suffolk NHS Foundation Trust
- Wellbeing services including group therapy (IAPT)
- Suffolk MIND including dementia counselling
- Age UK
- Dementia Together
- Social prescribing
- Men’s sheds
- Meet-up Mondays
- Worry cafes

Useful links

- NICE Depression in adults (CG90)
- Depression in adults with a chronic physical health problem: recognition and management (CG91)
- NICE Depression in adults (draft 2018)
- A Practice Primer on Mental Health in Older People
- NICE Older people: independence & mental wellbeing

Suffolk needs assessments & information

- Common mental disorders
- Depression prevalence

Statistics

- 15,829 people aged 65+ with depression in Suffolk (2020 projection)
- 1 in 5 older people in the community are likely to experience depression or poor mental health. This doubles (40%) for older people with a physical illness
- Over half (60%) of people aged 65+ in hospitals and care homes may have depression
- 1 in 20 older people is likely to have anxiety, often with depression

Needs

- Recognition and treatment of mental ill health
- Professionals to recognise symptoms are not “just old age” and that treatment is “not futile”
- For carers: access to a care coordinator
- Increase awareness of Carer Needs Assessments
- Social interventions: befriending, healthy living, exercise, community links
- Consider referral to Improving Access to Psychological Therapies (IAPT)

ICD-10: Depressive episode, F32 recurrent depressive disorder F33

This is a copy of a dynamic, interactive page. For latest version, go to https://www.healthysuffolk.org.uk/jsna/health-needs-assessments/mhna-2018

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