Older people in Suffolk

Older people are at risk of the same emotional and mental health difficulties as younger people. The majority of mental illness experienced by older people is not dementia but people with dementia may also have depression or other needs. 10-20% of people aged 65 and over will experience depression. Older people are more likely to have long term conditions, increasing the risk of depression.

The older population is increasing. Latest figures are shown below for Suffolk.

**Figure 1: Forecasted population change for Suffolk 2017-2035**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2017</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69</td>
<td>48,400</td>
<td>45,700</td>
<td>48,900</td>
<td>56,200</td>
<td>57,500</td>
</tr>
<tr>
<td>People aged 70-74</td>
<td>45,600</td>
<td>49,800</td>
<td>44,500</td>
<td>47,900</td>
<td>55,300</td>
</tr>
<tr>
<td>People aged 75-79</td>
<td>31,100</td>
<td>35,600</td>
<td>46,200</td>
<td>47,700</td>
<td>45,200</td>
</tr>
<tr>
<td>People aged 80-84</td>
<td>23,700</td>
<td>25,600</td>
<td>30,700</td>
<td>40,200</td>
<td>36,800</td>
</tr>
<tr>
<td>People aged 85-89</td>
<td>15,400</td>
<td>16,400</td>
<td>19,400</td>
<td>23,900</td>
<td>31,800</td>
</tr>
<tr>
<td>People aged 90 and over</td>
<td>9,400</td>
<td>10,600</td>
<td>13,100</td>
<td>16,800</td>
<td>22,100</td>
</tr>
<tr>
<td>Total population 65 and over</td>
<td>173,600</td>
<td>183,700</td>
<td>202,800</td>
<td>226,700</td>
<td>248,700</td>
</tr>
</tbody>
</table>

Figures may not sum due to rounding

Crown copyright 2014

Source: 2

By 2020, one in five people in the UK will be aged 65 and over. Some authors suggest that we should not consider older people as a uniform group but the ‘younger’ older and the ‘older’ older, aged 80 and older, have very different experiences of health. There is evidence that the over 80s experience more depression and more ill health.

Levels of mental difficulties in older people

The Health Survey for England (HSE) is undertaken each year and from time to time a group or condition is reviewed in depth. The health of older people was last assessed in 2005. The HSE 2005 used a set of questions (Geriatric Depression Scale or GDS10). The questions looked at feelings such as feeling unhappy, feeling empty, helpless, or hopeless. A high GDS score suggests depression.

Women were more likely to have high GDS10 scores than men (28% compared to 22%), and high GDS10 scores were more likely with increasing age among both sexes. 43% of women aged 85 and over had high GDS scores compared to 20% aged 65 to 69 years.

The self-reported level of health also had an impact on GDS scores. Those who feel they have ‘very bad health’ had higher scores. 79% of women 65 and over with very bad health had high GDS score. GDS10 scores are also higher in people reporting ‘limiting long term illness’.

The HSE 2005 also used the general health questionnaire, or GHQ12, which measures 12 issues affecting wellbeing including happiness, sleep disturbance, anxiety and coping. A score of four or more suggests poor mental health.
Women were more likely to have a high GHQ12 score than men (12% and 9%), and scores increased with age. Eighteen percent of women aged 85 and over had high scores. High GHQ scores are also linked to reporting very bad health or limiting long term illness. In men, increased scores were linked to lower income.

The Household Survey demonstrates the prevalence of mental health difficulties (with or without dementia) in the elderly, and the link to increasing age and poor health.

A more detailed study of depression in older people was used to make estimates for Suffolk (see figures below from the POPPI website). Depression was more common in women than men, and was associated with increasing age, disability, other medical problems and deprivation.

These findings were used to estimate the number of older people with depression now and in the future, which are shown below.

Figure 2: People aged 65 and over in Suffolk predicted to have depression, by age and gender, projected to 2030

<table>
<thead>
<tr>
<th>Depression - all people</th>
<th>2017</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69 predicted to have depression</td>
<td>4,009</td>
<td>3,770</td>
<td>4,076</td>
<td>4,744</td>
<td>4,821</td>
</tr>
<tr>
<td>People aged 70-74 predicted to have depression</td>
<td>3,742</td>
<td>4,026</td>
<td>3,548</td>
<td>3,866</td>
<td>4,508</td>
</tr>
<tr>
<td>People aged 75-79 predicted to have depression</td>
<td>2,642</td>
<td>2,990</td>
<td>3,801</td>
<td>3,387</td>
<td>3,714</td>
</tr>
<tr>
<td>People aged 80-84 predicted to have depression</td>
<td>2,327</td>
<td>2,488</td>
<td>2,894</td>
<td>3,714</td>
<td>3,356</td>
</tr>
<tr>
<td>People aged 85 and over predicted to have depression</td>
<td>2,342</td>
<td>2,514</td>
<td>2,940</td>
<td>3,579</td>
<td>4,614</td>
</tr>
<tr>
<td>Total population aged 65 and over predicted to have depression</td>
<td>15,062</td>
<td>15,788</td>
<td>17,259</td>
<td>19,291</td>
<td>21,014</td>
</tr>
</tbody>
</table>

Source:  

The use of specialist mental health services is higher in people aged 65 and over than would be expected based on the proportion of the populations, 34% of clients but only 16% of the population. As in other adults, mental ill health worsens outcomes in co-existing physical illness.

There is evidence that older people living in care homes and in hospital have a higher prevalence of depression, estimated at 20-30%, often in combination with dementia. People with physical illness such as stroke and Parkinson’s can have even higher levels, up to 50%.

Other serious mental health issues such as psychosis and bipolar disorder can arise in older people or persist into later life. It is known that serious mental illness is linked to higher death rates and this is also seen in people aged 65 and over.
What causes mental health difficulties in older people
The risk of depression increases with age and ill health. Women are more likely to experience depression than men. Marriage increases risk in women and reduces risk in men. According to the World Health Organisation, many older adults lose independence because of chronic illness, pain, disability or mental health difficulties. Older people are likely to experience bereavement, loss of socioeconomic status and retirement. These can lead to isolation with loneliness. mental and physical ill health can interact leading to worse outcomes. For more information see: http://www.who.int/mediacentre/factsheets/fs381/en/

Poor physical health increases the risk of depression. Loneliness leads to higher risk of depression and suicide. Together poor health and isolation combine to increase risk further. Depression may present differently in older people, with physical symptoms, and is linked to adverse outcomes in illness such as MI, stroke, and fracture of the hip.

The Older people and wellbeing report emphasises the importance of physical health, poverty (specifically increasing levels of poverty in older and single pensioners), ethnicity (there are higher rates of depression among Indian and Pakistani women), community participation and social links, retirement and bereavement.

The Mental Health Foundation have suggested five key issues that can have an impact on the mental wellbeing of older people:

- Discrimination
- Participation in meaningful activities
- Relationships
- Physical health
- Poverty

Source: How to look after your mental health in later life

What can be done?
The World Health Organization emphasises the relevance of the social and economic status of older people and proposes that the mental health of older adults can be improved through creating living conditions and environments that support healthy ageing by:

- providing security and freedom;
- supportive housing policy;
- social support for older people and their carers;
- programmes targeted at vulnerable groups e.g. those who live alone and rural populations
- support for those with chronic mental or physical illness;
- programmes to stop elder abuse
- community development programmes

For more information: http://www.who.int/mediacentre/factsheets/fs381/en/

Recommendations
Available guidance for commissioners of older people’s mental, advises joined up working to meet complex social, medical and emotional needs, including health and social and voluntary care to support and promote independence.
Evidence shows older people respond as well to treatment including psychological therapies as others so should not be denied access (National Institute for Health and Clinical Excellence (2012))⁵.

There is evidence that depression is underdiagnosed in older people and improved awareness may lead to improved outcomes. There is some evidence of low access to psychological therapy services in older people although there is good evidence of benefit⁵.

Older people living in care homes are at high risk of depression and mental health service input into teams providing care may improve identification and outcomes.

**Self help**
The Mental Health Foundation describe ways to help you stay mentally well:

- be prepared for changes
- talk about problems and concerns
- care for others
- keep in touch
- be active and sleep well
- eat and drink healthily

Source: How to look after your mental health in later life⁶.

**Sources**
1. Panel JC. older people’s mental health services.