



Mental Health Inequalities

Health and Social Care Committee

February 2022

Introduction

The Older People's Commissioner for Wales welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into mental health inequalities.

Maintaining good mental health and being able to receive support for mental health issues in later life are essential parts of ageing well. Older people have been at the highest risk during the Covid-19 pandemic, and subject to its most stringent restrictions. This has exacerbated long-standing inequalities in older people's mental health. Older people should be seen as a vital part of society in recovery planning and should be able to have more opportunities to participate in and contribute to our economy and our communities as we build back better. This will mean redressing those inequalities.

It is crucial that the diversity of older people is reflected in policy and practice, in particular, those who have faced life-long discrimination and inequalities, which includes LGBTQ+, Black Asian and Minority Ethnic, disabled and socio-economic disadvantaged older people. Reflecting the diversity of all older people and older people's needs, especially where discrimination and inequality has been experienced across a lifetime, is essential and we must ensure that policy and practice moves away from treating older people as a homogenous group.

Mental health issues range in duration and severity, from life-long conditions to those which have developed more recently, and from mild illnesses which can be addressed in the community to severe conditions which need specialist treatment. This response addresses functional mental health needs, but these may exist alongside organic disease of the brain and be obscured by it. This can lead to under-diagnosis of, e.g., anxiety and depression, in people living with dementia.

For further information, please contact:
Valerie Billingham, Health and Care Lead
03442 640 670 // valerie.billingham@olderpeoplewales.com

1. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

Older people

Many older people have long-standing and under-served mental health needs¹ which are now being exacerbated by the Covid-19 pandemic.² Life events that lead to serious mental health issues have been felt by older people in particular: bereavement, illness, stress from caring, and trauma. The rising cost of living and spiralling fuel costs are adding to long-standing financial pressures felt by older people, causing anxiety and leading to difficult and dangerous decisions about heating or eating. The direct harms experienced by an individual have knock-on effects on the mental health of their families and other people close to them, many of whom are older people themselves.

The Covid-19 pandemic has created unprecedented levels of harm and need for health, care and support services in Wales. The Welsh Government recognises that long-term effects of the disease, economic impact, the loss of usual societal participation and loss of family and friends, and the impact on the health and social care workforce are likely to increase the demand for rehabilitation, probably for many years,³ while the Royal College of Psychiatrists has predicted a tsunami of mental illness.⁴

In telephone survey of 500 older people conducted for the Commissioner in 2021, 17% of those surveyed said they had needed mental health support in the previous 12 months, but only 12% had sought it. The latest available data from the Welsh Health Survey in 2015 highlighted the low level of take up of mental health services by older people compared with the general population.⁵ The National Survey for Wales, which replaced the Welsh Health Survey, does not include equivalent data.

The Commissioner is particularly concerned about the mental health of older people who are: socially isolated or shielded in their own homes; awaiting paused NHS care; living in care homes; unpaid carers, and at risk of or experiencing abuse.

The biggest increase in the suicide rate in 2018 was among males aged 75 years and over, when compared to all other age groups, 32% higher than in 2017.⁶ Similarly, across April – July 2020 in England and Wales, suicide rates in females aged 75 and over saw an increase.⁷ The Office for National Statistics highlighted that in 2019, suicide rates ‘tend to increase in the oldest age groups for both males and females’ with contributing factors including ‘psychiatric illness, deterioration of physical health and functioning, and social factors.’⁸ In 2020, ONS saw a statistically significantly lower suicide rate across the whole population than the 2019 rate, and males and females aged 45 to 49 years had the highest age-specific suicide rate. The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the Covid-19 pandemic, and delays in death registrations because of the pandemic.⁹

People socially isolated or shielded in their own homes

From the Commissioner's engagement and direct contact with older people, the Commissioner has heard that older people were missing their families more later in the pandemic than they had at the beginning; that winter, a hard time of year for many older people,¹⁰ had been made even harder; that people felt cut off and lonely; that some were too scared or lacked the confidence to go back out into their communities, and that people could not see an end to the pandemic in sight.

Loneliness was also a strong theme in the Commissioner's Winter Stories¹¹ report of older people's lived experiences over the 2020-21 winter, and in data from a mental health and wellbeing telephone poll of 500 people over 60 carried out in 2021 on behalf of the Commissioner. Of those surveyed, 13% identified "lonely" as one of their three predominant feelings, and it was the fourth most popular word people used to describe themselves. The Winter Stories research highlighted the lack of intimacy, exacerbated by winter, the need for face-to-face contact with relatives and friends, a huge reduction in older people's sense of purpose and a loss of communication and social skills.

The poll also found that older people were seeking ways of making themselves feel better which were not necessarily healthy: for example, 25% of poll participants said drinking alcohol made them feel better.

People awaiting paused care

The Commissioner has received testimony of the impact of paused care on older people, both directly and indirectly through the emotional and practical impact of harm which has happened to a loved one. For example, disabled older people unable to access physiotherapy have spoken of becoming immobilised physically and robbed of mental well-being. An older woman whose son had died in his 40s due to paused cancer treatment said her life would never be the same again.

Paused care has been particularly challenging for people living with dementia who need treatment for other conditions. Limited communication from hospitals throughout the pandemic and not knowing how long someone has to wait for treatment have led to high levels of anxiety and put a strain on family relationships.

People living in care homes

The Commissioner's "Care Home Voices" report¹² and the evidence of inquirers to the Commissioner's Advice and Assistance team show that isolation from loved ones was particularly acute for older people living in care homes and their relatives, many of whom are themselves older people.

Unpaid carers

The number of unpaid carers in Wales increased by 196,000 in 2020,¹³ as planned packages of care could no longer be provided, or people were unwilling to take the risk of allowing care workers into their homes. For some older unpaid carers and those caring for

people living with dementia the combination of the closure of respite facilities such as day centres, combined with lockdown restrictions, has pushed them towards breaking point. The Commissioner is very concerned about the further impact on carers of recent Health Boards calls for families to provide more care at home to expedite hospital discharge.

People experiencing abuse

Thousands of older people in Wales are experiencing mental and physical abuse. During the pandemic and its restrictions on everyday life, the opportunities to identify older people at risk of or experiencing abuse have reduced. At the same time, the restrictions may have exacerbated existing abusive situations or led to new ones. Older people may have experienced abuse over many years and may be living with long-term trauma.

Financial crime attempts on older people are increasing, adding to older people's fears. When an individual succumbs to a scam it can be devastating, not only because of the financial loss but because of the stigma and the sense of guilt that can accompany it. Polling conducted for the Commissioner's State of the Nation report found that 75% of older people in Wales were aware of attempts to trick them into parting with money or personal information, and 64% of older people reported that these attempts have increased since the start of the pandemic.¹⁴

2. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

Language and stigma

The language of public discourse about mental health can often be unfamiliar and stigmatising to older generations, who have not grown up with phrases like "mental health issues" and do not connect phrases like this with their own mental and emotional states, or experience shame and guilt in relation to them. These feelings may be compounded by long-term discrimination and inequalities within minority population groups. If we are to ensure that mental health services and support are accessible to older people, then work needs to be done on communication and language around services, to check that they are inclusive for older people.

Ageism and age discrimination

The Royal College of Psychiatrists' Suffering in Silence report highlights discrimination, infringement of human rights, unmet need and neglect of older people in mental health services in the UK.¹⁵ According to the report, deep-rooted cultural attitudes to ageing are particularly evident in mental health; in the past 10 years the position of older people in mental healthcare has fallen behind that of younger adults, and services for older adults have been excluded from investment and have seen reduced resources in some areas.

Throughout its report, the Royal College of Psychiatrists provides examples of what constitutes age discrimination within a service, which can be summarised as:

Direct discrimination

- Preconceptions, for example depression is an inevitable consequence of ageing
- Requirement to transfer services at a certain age, resulting in disadvantage and loss of relationships
- Inequitable distribution of resources, including through perceptions, for example that diverting more resources to younger people is more cost-effective; over-emphasis on Quality-Adjusted Life Years (QALYs); long-term underfunding and falling investment
- Denial of access to younger people's services that could meet older people's needs, e.g.: crisis resolution; home treatment; talking therapies, due to preconceptions that older people are unsuited to the service; physical and social issues should take priority.

Indirect discrimination:

- Failure to recognise changing need
- People of all ages receiving the same services regardless of specific needs.

Digital exclusion

The increasing use of digital technology has accelerated during the Covid-19 pandemic, with remote consultations now being delivered by the NHS throughout Wales. Whilst these appointments will be suitable for many people, there is still a significant number of older people who do not have access to the internet or lack the confidence and skills to engage in this way – the latest figures from the National Survey for Wales show that 31% of people over 75 do not have access to the internet at home.¹⁶ Older people have shared concerns with the Commissioner about access to health services as more has gone online.

Whilst moving services online and introducing new ways of interacting with the public can offer potential benefits to those who can access them, it is also important to recognise the risk of excluding those who do not want to, or are unable to, access services in this way, which includes a considerable number of older people.

Where older people can access remote consultations about their mental health, the concern is that an online conversation may make it more difficult for the clinician to pick up as many indications of someone's true state as they would if the consultation were face to face.

3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

Data

The Welsh Government's policy on mental health service provision is influenced by data from the National Survey for Wales, which shows lower levels of self-reporting of mental illness in the older population than in younger generations.¹⁷ However, given older people's own accounts of the direct and indirect harms of the pandemic to their mental health, and given other sources of data which reveal the serious burden of mental illness on the older population in other UK nations, this lower level of self-reporting should not be taken at face value.

In England, the Department of Health and Social Care estimated before the pandemic that 40% of older people in GP clinics have a mental health problem, rising to 50% of older people in general hospitals and 60% of those in care homes.¹⁸ Depression, the most common mental health problem in older people, is estimated to affect 22% of men and 28% of women aged 65 or over and 40% of older people in care homes (Age UK, 2016).¹⁹ The Royal College of Psychiatrists estimated that 85% of older people with depression receive no help at all from the NHS.²⁰

Equivalent data do not appear to be available for Wales. The National Survey self-reported data may be influenced by a range of factors including different concepts of mental illness and assumptions about treatment in older generations, persistent stigma, stoicism, fatalism, and a tendency to regard generalised messages and services as being for someone else.

This evidence gap must be addressed to establish a firm evidence base for policy on older people's mental health and services in Wales. The accuracy of older people's self-reporting, whether they are under-reporting and the reasons why, need further investigation. The deficiencies in data collection on mental ill-health in the older population in Wales need to be addressed, and data must be segmented to reflect the diversity of the older population and evolving needs over the long period of time spent in later life.

Policy and strategy

The Welsh Government's Together for Mental Health Delivery Plan 2019-22 includes measures to improve the access, quality and range of psychological therapies for older adults, including: introducing a psychological therapies infrastructure in Wales to support service improvement, workforce development and strengthen governance; commissioning the development of an evidence based All Wales Traumatic Stress Quality Improvement Initiative, and scoping the potential to expand the Health for Health Professionals (HHP) Wales Service to both NHS dentists and paramedics. It also sets out measures to increase older adults' access to crisis and out of hours care, including: implementing the National Crisis Concordat Action Plan; completing a rapid urgent mental health access and conveyance review; investment to support health boards to extend and standardise the

delivery of crisis and out of hours services to provide 24/7 access, and supporting a range of pilots to inform evidence based practice .

However, some of the initiatives in the plan could not be expected to produce results on the ground for some time. The redeployment of mental health clinicians to support the NHS workforce during the pandemic, and the low uptake of mental health services by older people are also concerning. It would be helpful to see evidence of any improvements so far in older people's access to psychological therapies.

The Together for Mental Health ten-year strategy is due to be reviewed and refreshed in 2022. The Welsh Government must take the opportunity of the review to address the availability of appropriate mental health services to meet older people's needs.

Funding

The Welsh Government has announced an additional £50 million for mental health services in Wales in the 2022 Budget. The Commissioner understands that the Budget is, for the first time, a thematic Budget that acknowledges that other Welsh Government departments should also contribute to alleviating pressures on mental health by addressing the wider determinants of health. It would be helpful to have more information about what this means in practice for older people.

Third Sector

The Commissioner has recommended to the Welsh Government that it should build the capacity of local voluntary and community groups to provide, develop and scale up services and activities which improve older people's health and wellbeing and can remedy deconditioning, deterioration in mental health, and isolation and loneliness.

It is essential that the Welsh Government works with the public and third sectors to ensure that the right support is in place at community level to address older people's mental health needs, which may have changed significantly during the pandemic. Examples of such services include: Age Cymru Dyfed's Third Sector Mental Health Services Project, which aims to support those ages 50+ suffering with low to moderate mental ill health and well-being issues who are experiencing loneliness and isolation, as well as their carers; Age Cymru's Friend in Need Telephone Befriending, and a range of physical activity programmes which also benefit mental health.

Following the Commissioner's recommendations, the Welsh Government announced £3.8 million additional investment in third sector early intervention and prevention services for physical and mental health in their Health and Social Care Winter Plan 2021 to 2022.²¹ It was good to see evidence of longer-term approaches to voluntary sector funding in the Welsh Government's announcement in December 2021 of an additional £21m over three years for the future of Wales' voluntary sector, on top of the Community Facilities Grant.²²

4. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Data

Having, robust, accurate and current statistics on mental wellbeing, mental health problems and access to and uptake of mental health services is critical to shaping Welsh Government and NHS policy on mental health services. In Wales, this means radically improving data collection on mental health and older people, at regional and national level.

Determinants of mental health

Very often people have developed mental illness as a result of tangible problems in their lives and need practical support such as a change of housing, financial support or help to return to activities such as volunteering or work. Where it is needed, this help must be available.

Environments which foster social connection and provide somewhere to go, something to do and someone to meet can all contribute to support an individual's mental health and help to combat the loneliness and isolation which contribute to mental illness. The development of 'age-friendly communities' throughout Wales will help to achieve this. The Commissioner is working with local authorities and has established a Community of Practice to support this development and welcomes the commitment of the Welsh Government towards age friendly communities as set out in 'Age Friendly Wales: our Strategy for an Ageing Society'.²³ There is also the opportunity to learn from and link to the work being carried out internationally through the United Nations Decade of Healthy Ageing (2021 – 2030). The areas for action are age friendly environments, combatting ageism, integrated care, and long-term care.²⁴

Prevention and early intervention

It is essential that the Welsh Government builds the capacity of local voluntary and community groups to provide, develop and scale up services and activities which improve older people's mental health and wellbeing and remedy deterioration. Community spaces need to be provided where groups can come together to offer mutual support and therapeutic activities, with community connectors ensuring that older people are informed about the opportunities and facilitated to attend and participate.

Community-based services

The Welsh Government should, during its review of the Together for Mental Health 10-year strategy:

- establish the post-pandemic availability of community-based mental health services for older people and their fitness for purpose;
- examine the extent to which ageism and age discrimination are limiting older people's access to appropriate services;

- eliminate ageism and age discrimination in services; and
- ensure appropriate service delivery for older people as they build back better services.

It is positive that Health Education and Improvement Wales (HEIW) and Social Care Wales' (SCW) forthcoming mental health workforce plan will include bringing mental health care closer to home, upskilling the workforce, mental health literacy for everyone, and broadening access to Third Sector mental health services, and that equality and diversity are themes running throughout. The Commissioner's team has raised concerns about ageism and age discrimination to HEIW and SCW and will be looking carefully for evidence that they have been addressed throughout the strategy when it appears.

Outcomes

The Commissioner understands that the Welsh Government is developing an outcomes and measures framework for mental health. The Royal College of Psychiatrists' examples of what constitutes age discrimination within a service provide a useful framework for defining the outcomes for older people which should be formalised in the next iteration of Together for Mental Health, and which should be used to shape service change.

The revised strategy should drive culture change in health and care organisations, so that the people working in them no longer see mental illnesses such as depression as an inevitable consequence of ageing. It should ensure that health and care organisations understand what constitutes direct and indirect age discrimination in mental health services and act to prevent it, and that they do not predicate service plans for the future on the discrimination of the past.

Resources for mental health services should be equitably distributed. Older people should receive the mental health services which are most appropriate to their needs, and mental health service commissioners and providers should recognise that people's needs change and evolve. No-one should be denied access to services which could meet their needs simply on grounds of age, nor be required to transfer from one service to another simply on grounds of age.

The Commissioner's team have discussed this with the Welsh Government officials developing the new outcomes and measures framework.

Conclusion

The Older People's Commissioner for Wales views the revision of the Together for Mental Health strategy as an important opportunity for improving older people's access to mental health services in Wales. The Commissioner strongly advocates that tackling ageism and age discrimination is given high priority within the revised strategy, and that data collection is radically improved to provide an evidence base for policy and service development.

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The Older People's Commissioner for Wales

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales, scrutinising and influencing a wide range of policy and practice to improve their lives. She provides help and support directly to older people through her casework team and works to empower older people and ensure that their voices are heard and acted upon. The Commissioner's role is underpinned by a set of unique legal powers to support her in reviewing the work of public bodies and holding them to account when necessary.

The Commissioner is taking action to end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner wants a Wales where older people are valued, rights are upheld and no-one is left behind.

How to contact the Commissioner:

Older People's Commissioner for Wales
Cambrian Buildings
Mount Stuart Square
Cardiff
CF10 5FL

Phone: 03442 640 670

Email: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Twitter: [@talkolderpeople](https://twitter.com/talkolderpeople)