



**Independent  
Age**



# Minds that matter

Understanding mental health  
in later life

# Contents

1	Foreword from our Chief Executive
2	Executive summary
5	Introduction
7	Chapter 1: The state of older people's mental health
8	The risk factors
14	Attitudes and stigma
16	Protective factors
18	Chapter 2: Experiences of mental health support
19	Seeking help
22	Medication
24	Talking therapy
28	Self-management and self-help
28	Social prescribing
30	Chapter 3: What needs to change?
33	Endnotes
37	Acknowledgements

## About Independent Age

We offer regular contact, a strong campaigning voice, and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. Our vision is that we can all live a happy, connected and purposeful later life. Our mission is to ensure that as we grow older, we all have the opportunity to live well with dignity, choice and purpose.

We provide telephone and face-to-face friendship services to support people across the UK who are experiencing chronic loneliness. We also provide information and advice on a wide range of topics, including anxiety, depression, loneliness and coping with bereavement.

## Foreword from our Chief Executive



“

*We want everyone to be supported to manage their wellbeing and enjoy their later life.*

**I'm sure many of us will be familiar with feelings like stress, anxiety or low mood, or care about someone who has experienced these.**

Mental health problems can come to the surface at any stage of life. Often these feelings and emotions can fade with time but, when they persist and overwhelm someone, they can cause major problems that can seem insurmountable.

The impact of mental health problems can be long lasting and affect every aspect of someone's life. It can prevent people from enjoying their hobbies, spending time with friends and family, and continuing to work or volunteer. For many, the COVID-19 pandemic added to the stress, loneliness and anxiety they were already experiencing, as well as further complicating the grieving process.

Throughout this report you will read stories of people sharing the impact mental health problems have had on their lives. Some acknowledge that stigma and attitudes, including both their own and those that exist in wider society, can be a huge barrier to receiving help.

Our nationally representative poll – conducted in July 2020 – told us that 1 in 4 people believes poor mental health is a normal part of getting older.<sup>1</sup> This is a sobering and upsetting thought, showing an acceptance among too many people that feeling depressed or anxious is an inevitable part of growing older. At Independent Age we don't believe this or want anyone to feel they have to 'put up with' these emotions as they grow older.

In reality, the evidence actually tells us that mental health problems can be treated regardless of age, and that people in later life have very good recovery rates when it comes to receiving certain treatments, like talking therapy. But, with our polling showing that only 13% of people aged 65+ think that older people are well represented in marketing or adverts to improve mental health,<sup>2</sup> it's no wonder that people in later life, and those around them, might not believe that support and information could help.

We want everyone to be supported to manage their wellbeing and enjoy their later life. To make this a reality, it's essential that people are given the space to discuss how they feel, told what support options are available to them and given the information they need to make informed decisions about how to improve their mental health.

At Independent Age we're proud of our services, which help alleviate some of the negative feelings people experience. Our guides provide information on how to deal with anxiety, depression, loneliness and bereavement, while our volunteer-led friendship service gives people across the country vital social connections on the telephone and face to face. We know these services make a real difference to those who receive them – but, to improve people's mental health in the long term, there needs to be a mixture of innovative services being delivered on the ground, alongside policy change at a national level.

These issues are not new, but the challenges people face remain. We're determined to ensure people in later life receive the support they need to manage their wellbeing, so that they're empowered and enabled to live the best lives they can. We hope to join with others and work together in this mission.

**Deborah Alsina, MBE**  
Chief Executive

# Executive summary

## The challenges that affect people's mental health in later life

Mental health problems can affect people of any age. While many take a proactive approach to protect and bolster their own mental health, including seeing friends and family, volunteering, and engaging with community groups, others experience significant problems.

*"I do feel down quite a lot. Sometimes I don't speak to anybody for over a week and I don't see anyone. I don't hear a human voice. You feel a bit down then."* William, 81

As a charity that provides information, advice and friendship services to people aged 65+, we know that growing older can be accompanied by hard times, and the COVID-19 pandemic exacerbated many of the challenges people already faced.

Life events or experiences such as bereavement, financial worries, caring responsibilities, physical illness, retirement, broken relationships, trauma or abuse can all have an impact on someone's mental wellbeing.

*"If you're bereaved and living on your own, there's no reassurance and you've only yourself to rely on to pull yourself up. As you get older, you do start to worry about things a lot more and, when you're home alone, this can exacerbate these issues."* Anonymous

In our polling, three quarters (75%) of people aged 65+ said they have experienced significant anxiety or low mood at least once since turning 65, with 1 in 10 (10%) saying they feel this frequently or all the time.<sup>3</sup>

## People's experiences of seeking mental health support

The people we spoke to shared both positive and negative experiences when accessing and receiving mental health support, but our polling showed that only 1 in 8 (12%) people aged 65+ believed that 'older people are given the support they need to manage their mental health'.<sup>4</sup>

## Health and care professionals

For many people, speaking to their GP was their first step. We heard about the importance of building up a relationship of trust with doctors, alongside the challenges of getting an appointment quickly and the frustration of only being offered limited treatment options.

## Talking therapies

People shared their positive experiences of talking therapies, such as cognitive behavioural therapy or counselling, and how this treatment had improved their lives. However, we also heard about long waiting times, a lack of choice in the type of therapy offered, and the cost people faced for private therapy when they felt they had no option but to pay for this support.

The most recent annual data for the NHS's Improving Access to Psychological Therapies (IAPT) programme in England shows that people aged 65+ still only make up a relatively small proportion of clients – just 6%. But the data also highlights some geographical areas that have higher referrals for people aged 65+.<sup>5</sup> In our polling, only half (54%) of people aged 65+ were aware of the option to receive 'counselling or talking therapy' through the NHS.<sup>6</sup>

## Our recommendations for action

Our recommendations to improve the support for people in later life reflect long-running challenges. However, they also need to be managed in the context of the additional pressures brought about by COVID-19.

Where possible, our recommendations suggest improvement across the UK, but some of the specific programmes we reviewed, such as the IAPT programme, only exist in England and our recommendations reflect this.

## Support from health professionals

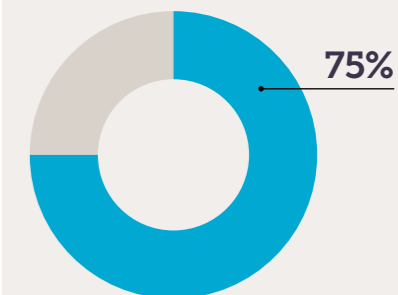
Independent Age recommends that:

- GPs across the UK should be supported to consistently offer people in later life a range of mental health treatment and support options, including medication, talking therapy, and social or community activities
- GPs and talking therapy commissioners and providers in England should use the NHS's *Older People: Positive Practice Guide* to signpost older people to NHS England's IAPT programme. NHS England should promote this guidance to these groups of professionals
- the NHS, across the nations, should review the barriers to, and the feasibility of, increasing the flexibility of GP appointment lengths for specific patients with mental health problems.

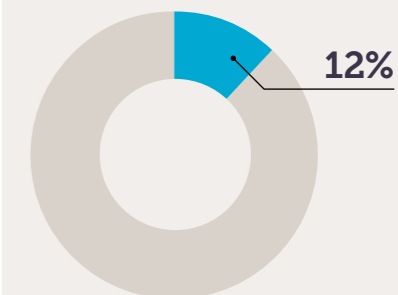
## Access to talking therapy

Independent Age recommends that:

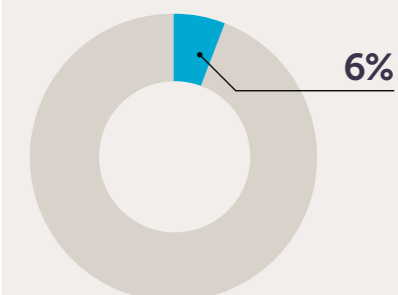
- the Department of Health and Social Care, NHS England and Clinical Commissioning Groups review the current barriers to accessing IAPT for people aged 65+ and develop innovative actions, including targeted communication plans, to increase the number of people in later life who receive this treatment
- the NHS, in every nation, publishes data on older people's take-up of talking therapy, including age breakdowns within the 65+ category
- NHS England reviews local areas where access to IAPT services is higher for people aged 65+ and proactively shares best-practice examples with Clinical Commissioning Groups
- talking therapy providers offer choice and flexibility to clients, for example, individual or group therapy, face-to-face or remote therapy
- GPs, social prescribing link workers, and other health and care professionals signpost older people to talking therapy services provided by the third sector.



75% of people aged 65+ said they have experienced significant anxiety or low mood at least once since turning 65



1 in 8 (12%) people aged 65+ believed that 'older people are given the support they need to manage their mental health'



People aged 65+ still only make up a relatively small proportion of IAPT clients – just 6%



*I do feel down quite a lot. Sometimes I don't speak to anybody for over a week and I don't see anyone. I don't hear a human voice. You feel a bit down then.*

**William, 81**

**Increased bereavement support**

Independent Age recommends that:

- the Department of Health and Social Care undertakes a review of bereavement needs, for example, commissioning an expanded version of the 2015 National Survey of Bereaved People (VOICES) in England
- training providers review the bereavement resources and training on offer to health and care professionals and, if gaps are highlighted, work with professional bodies and charities to increase what's available.

**Increased public awareness**

Independent Age recommends that:

- the NHS and public health bodies, across the nations, investigate what prevents many older people discussing mental health and seeking treatment. They should use these findings to develop innovative ways to target information, including about treatment options, to people aged 65+ at key points in their life, such as when going through relationship breakdown or experiencing bereavement
- public health campaigns, such as Every Mind Matters, ensure people in later life are fully represented.

**Increased support for carers**

Independent Age recommends that:

- local authorities proactively promote to older carers their entitlement to a carer's assessment and support
- local authorities ensure that all carers in their area are told about the availability of respite care and day centres
- the Department for Work and Pensions raise awareness to carers of State Pension age about the 'underlying entitlement' to Carer's Allowance, and provide clear information on how this can be used to apply for means-tested benefits.

## Introduction

**The World Health Organisation states: 'Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.'**<sup>7</sup>

At Independent Age we believe that growing older can, and should, be a positive time in someone's life. But we know that many people face a range of challenges as they age, from lacking the care and support needed to complete everyday tasks, to not having enough money for the essentials, or living an isolated life without meaningful companionship.

All these challenges can have a profound impact on someone's mental health and wellbeing. While estimates vary about the extent of mental health problems among older people, one suggests that depression affects 22% of men and 28% of women aged 65+,<sup>8</sup> and 40% of older people in care homes.<sup>9</sup> In our nationally representative polling, three quarters of respondents aged 65+ (75%) said they have experienced significant anxiety or low mood at least once since turning 65.<sup>10</sup>

While this report doesn't focus specifically on the impact of COVID-19, we know from the people we spoke to, and the services we deliver, that the pandemic negatively affected many people's mental health. For some, it exacerbated existing mental health problems like anxiety or depression; for others, it increased the pressure they were under coping with caring responsibilities, unexpected bereavement or managing their own health conditions. In addition, COVID-19 made it harder for people to access treatment and support to help them improve their mental wellbeing.

We know that common mental health problems such as anxiety, low mood and depression are often triggered by events such as adverse childhood experiences, relationship breakdowns, job stress, financial worries, caring responsibilities, retirement, living with a long-term health condition or illness, or experiencing the death of someone close to you. Whatever the cause, more needs to be done to improve people's mental health and wellbeing in older age.

There is often an understandable focus on dementia when it comes to issues around ageing, and this can sometimes mean that common mental health problems, such as depression and anxiety, receive less attention. We know from the research in this report that many people still don't get the support they need. For example, 85% of older people with depression receive no help from the NHS<sup>11</sup> and, despite the effectiveness of talking therapy – such as counselling or cognitive behavioural therapy – the data shows that the number of people aged 65+ who receive it is too low.

Attitudes and awareness matter too. Many of the people we spoke to still believe poor mental health is an inevitable part of 'getting older', or they are not aware of the different options available to treat conditions like anxiety and depression.

Barriers to mental health support are longstanding and some are well known but, despite increasing attention on them in recent years, many of these problems persist. While we are focused on the challenges people in later life experience – both in terms of the things that harm their mental health and the barriers to support – we know that some of these issues will be shared by people of all ages.



*If you're bereaved and living on your own, there's no reassurance and you've only yourself to rely on to pull yourself up. As you get older, you do start to worry about things a lot more and, when you're home alone, this can exacerbate these issues.*

**Anonymous**



*Physical and social isolation can exacerbate each other. When those two things combine it can be quite devastating for them, because there is nothing positive to look forward to in terms of their abilities or their social contact.*

**Independent Age wellbeing officer**

Over the past 10 years there have been multiple plans produced by the NHS, the government and other key stakeholders that have put forward suggestions on how people with mental health problems can be better supported. We welcome the positive ambitions included in *No Health Without Mental Health*,<sup>12</sup> *The Five Year Forward View on Mental Health*<sup>13</sup> and the *NHS Long Term Plan*,<sup>14</sup> but it is clear from our research that many of the initial problems reported by people in later life have not yet been overcome.

### Scope of this report

Mental health and wellbeing is a huge topic, covering a spectrum of common to rare medical conditions with different levels of severity, as well as the non-clinical aspects of emotional wellbeing. In this report we focus on common mental health problems, such as depression and anxiety, rather than more complex conditions like schizophrenia or bipolar disorder.

We also look at common challenges that affect many people's mental wellbeing, including grief, loneliness, caring responsibilities and living with long-term physical health conditions. We look at the harm these can cause to people's mental wellbeing, even if that doesn't necessarily lead to them having a diagnosable mental health condition.

The report does not focus on issues around dementia, cognitive illness or mental capacity.

In this report, we:

- describe the range of challenges that affect people's mental health in later life, as well as the things that protect and bolster it
- highlight the positive and negative experiences people have when trying to access mental health support, including from GPs, therapists and counsellors
- demonstrate the key areas where we think change is needed and make recommendations for action.

This report builds on our *In Focus* research – published in April 2020 – which looked at the reality for people in later life whose voices are often less heard in debates about ageing. This included older people with severe anxiety or depression.

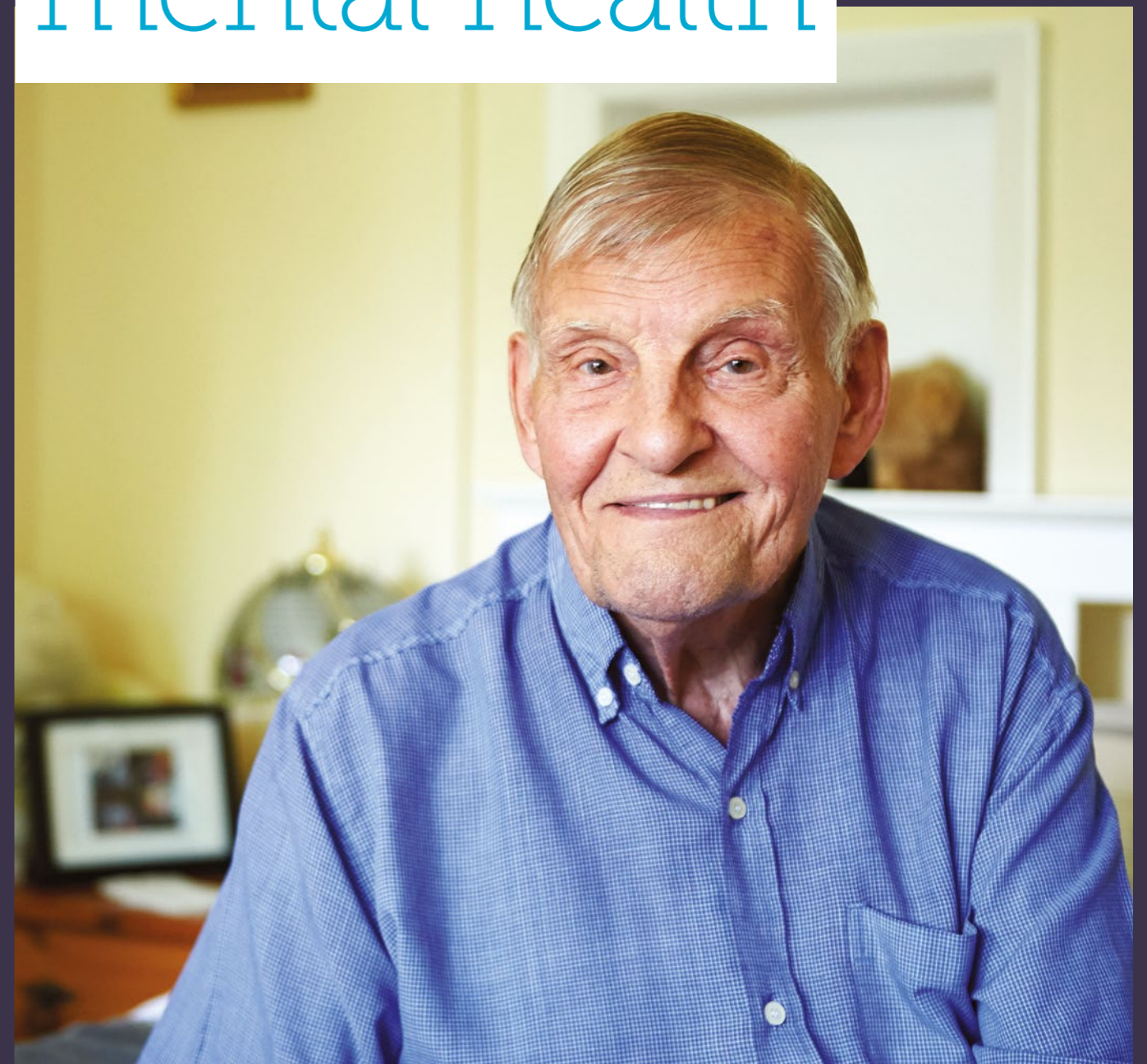
### Methodology

- Our research started in early 2020, before the coronavirus pandemic, but was completed in July 2020. Our research questions initially focused on mental health in general and not on the pandemic specifically, but we expanded these as the virus took hold. Our evidence therefore reflects people's lives both before and during the pandemic, but we focus on the pre-pandemic, longer-term issues.

- We interviewed 20 people in later life across Great Britain about the things that harm and bolster their mental health, and their positive and negative experiences of seeking support from services.
- We interviewed seven Independent Age friendship volunteers, who reflected on their experiences supporting and forming friendships with older people.
- We interviewed 16 members of staff at Independent Age for the insight they have gleaned from working directly with people in later life across the UK.
- We conducted an online survey about wellbeing in later life, which received 2,821 responses. The majority of people responded in early March 2020, before the pandemic hit, but a minority responded in April 2020 and so reflected the pandemic in their answers.
- In July 2020 we commissioned an online, nationally representative UK poll of 2,316 people, asking questions about people's experiences of mental health services, their feelings about the pandemic and their attitudes towards mental health in general.

## Chapter 1

# The state of older people's mental health



There are almost 12 million people aged 65+ in the UK today.<sup>15</sup> The time spent living in older age is now a significant proportion of people's lives, with average life expectancy at 65 now an additional 19 years for men and 21 years for women.<sup>16</sup>

This period of life can be an opportunity for people to take on new challenges, enjoy hobbies and interests, and support their communities. However, it can also be an incredibly challenging time, with people more likely to experience a change in their circumstances, including experiencing multiple losses of people they are close to, developing long-term physical health conditions, and living with common mental health problems, such as anxiety and depression.

There are a range of estimates of the prevalence of common mental health problems among people in later life. Studies tend to use different definitions, measures or methodologies, which makes it hard to compare findings and get a clear picture of what people are experiencing across the UK. We have gathered a range of available information, which reflects this mixed picture.

- Approximately 1 in 10 people aged 65+ in England has moderate or severe anxiety or depression – that's 1.2 million people.<sup>17</sup>
- Depression affects 22% of men and 28% of women aged 65+, and 40% of men and 43% of women aged 85+.<sup>18</sup> Depression also affects 40% of older people in care homes.<sup>19</sup>
- Nearly 1 in 10 people aged 75+ could have clinical depression.<sup>20</sup>

- According to the 2014 Adult Psychiatric Morbidity Survey, 12% of people aged 65–74 experienced a 'common mental disorder' in the past week, including anxiety or depression. This fell to 9% of people aged 75+.<sup>21</sup>
- Some 25% of people aged 65+ living in the community have symptoms of depression serious enough to warrant intervention, but only a third of them discuss it with their GPs, and only half of those get treatment, primarily medication.<sup>22</sup>

Although the statistics vary and paint a complex picture, they confirm that many people in later life are experiencing, or are at risk of, mental health problems. Our new research adds to this picture.

### The risk factors

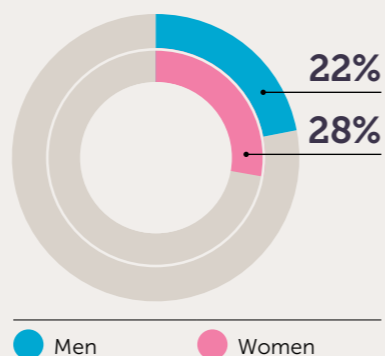
Growing older is often accompanied by several significant life changes that can be painful and hard to process. These events can have a detrimental impact on someone's mental health. Loss can come in many forms, such as bereavement, loss of physical health and the loss of independence that can come with this. Other risk factors include having too few, or broken, family relationships, divorce or separation, trauma, abuse, retirement and financial difficulties. In our recent survey, 17% of respondents told us that, since turning 50, a relationship breaking down, or divorce, has caused them to have negative feelings or experiences.

*"...a significant number of people come in who've fallen out with family. So, they've fallen out with their daughter or son and they're not on speaking terms any more, and it really, really hurts them, it really upsets them." Independent Age helpline adviser*

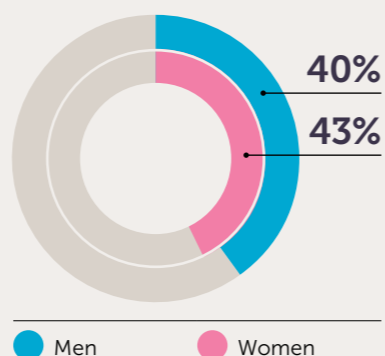


Approximately 1 in 10 people aged 65+ in England has moderate or severe anxiety or depression – that's 1.2 million people

#### Affected by depression (65+)



#### Affected by depression (85+)



Independent's Age's *In Focus* research conducted in 2020<sup>23</sup> described some of the difficulties faced by people experiencing poor mental health. It showed that older people with severe anxiety or depression are significantly more likely to:

- care for someone for 35 hours or more a week compared with all older people
- receive care (formal or informal) or to be in need of care and not be receiving it
- report that their home is not in a good state of repair, not damp-free and not warm enough in winter
- be in the poorest income quintile after housing costs, think they will be financially worse off the following year and report finding it quite or very difficult to get by financially – 26% of our survey respondents told us they had negative feelings as a result of money difficulties
- express that their physical health limits the kind of activities they can do most, or all, of the time compared with the average older person, which meant they felt that they accomplished less compared with others in their age group.

Our research also found that 30% of older people with severe mental health issues reported that they are dissatisfied with life, compared with 6% of all older people.

Some of these risk factors were more prominent than others in our survey and the people we interviewed for this report.

### Bereavement

In our recent *Wellbeing in later life* survey,<sup>24</sup> 56% of respondents said that, since turning 50, the loss of a loved one caused them negative feelings or experiences. Grief and depression share similar symptoms and a lack of awareness and understanding of the grief process can contribute to people struggling with bereavement.<sup>25</sup> Previous Independent Age research on partner bereavement showed that people in later life are more likely to have worse mental health as a result of bereavement than younger people. It also showed that older bereaved people are up to four times more likely to experience depression than people who have not experienced a bereavement.<sup>26</sup>

*"It's not only the loss of someone you love, it's the loss of an entire way of life – every day is going to be different from now on. That's probably one of the hardest things to cope with." Anonymous*

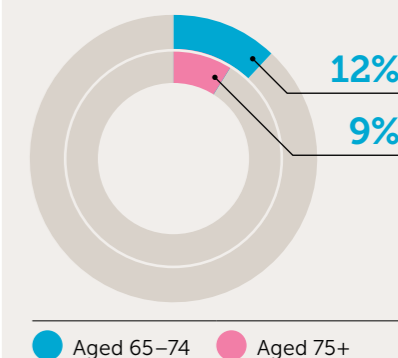
*"If you're bereaved and living on your own, there's no reassurance and you've only yourself to rely on to pull yourself up. As you get older, you do start to worry about things a lot more and, when you're home alone, this can exacerbate these issues." Anonymous*

*"The only thing that can help me is if my wife comes back. And that's not going to happen. It hit me about six months ago. I was sitting here and looking to where she usually sat and I just broke down. I think that was the first time that I really realised I would never see her again. It took about two and a half years for it to finally penetrate." John*



Nearly 1 in 10 people aged 75+ could have clinical depression

#### Experienced anxiety or depression in the past week



56% of respondents said that, since turning 50, the loss of a loved one caused them negative feelings or experiences

*"I usually lift myself. I've always got something to lift myself with. I had Carol, she was my main lift if I needed it, but I didn't really need it. But now I haven't got her. And I look ahead, and I can't see anything positive, particularly. But everybody keeps saying to me you've got to go day by day. So, I've been doing day by day for the past eight months. And now it's obviously going on again and I just can't see any positivity in it. That's the problem. It's depressing – which obviously is what I am."*  
David

*"People are very sympathetic, you know, people want to support you. But, as time goes on, they move on. And I think other people think that you move on as well. Because it's not happened to them, they don't quite understand. And people are lovely, and I've got some lovely friends, but you don't want to burden them with that sort of thing all the time. Because you know it's not their burden, and you think, 'I've got to deal with it because it's happening to me'. And I suppose I'm quite a private person. I don't want to put my burden on to other people, really. And I think possibly that's one of those things that's causing the lack of sleep, because you know it's on your mind."*  
Barbara

The huge impact bereavement can have on people was echoed by Independent Age staff and volunteers, who told us that it often triggered massive changes in lifestyle and sometimes contributed to a sense of decline in older people.

*"Often [depression] is related to grief and loss, and often it's the loss of your spouse or loss of your friends because, inevitably, the older you get the more people you lose. One piece of advice so many of my older people say to me is, 'Don't get old'. I hear that from so many people and it's because it's hard. Not only do they lose their loved one, they also lose their independence. They often no longer can get out and drive, they're often housebound and have to rely on other people – just so many things. So, they suffer multiple losses at the same time – health, family, friends, independence, autonomy."*  
Independent Age wellbeing officer

### Barbara's story

Barbara is ageing without children. Her only child died a few weeks before Barbara was due to undergo her second kidney transplant. *"We lost our daughter just nine years ago and that's become more of an issue, as you can imagine. Our only child, so that was quite difficult. Still is quite difficult. And I think that is one of the worst things really."*

Barbara's hospital care team was supportive and suggested they delay the operation for a few weeks because of the bereavement. They also referred Barbara to bereavement counselling. She found the counselling difficult to engage with. *"I think I went once or twice to see someone. I didn't carry on for long and that was probably my fault. I think it*

*"From a practical perspective, when counselling older people who are struggling with bereavement, one of the main issues has been a lack of awareness and understanding of the grief process. This can lead people to put real pressure on themselves to 'get over it' and, when they don't, they then tend to push their feelings inward as though they're failing. This has a really negative impact on their mental health."*  
Independent Age wellbeing officer

The people we interviewed shared that they struggled to cope with their grief for a significant period of time afterwards. For some, this caused even more disruption to their daily life with constant, intense and overwhelming emotions for a prolonged period. This can contribute to ill health – it's known as 'complicated grief'.<sup>27</sup>

*wasn't the person, but I think from what I experienced they let you do all the talking all the time and I found that quite exhausting and hard because it wasn't really what I needed, I think."*

Barbara has not sought any more support, but continues to struggle with her grief nine years on. She feels that other people have moved on but doesn't want to burden them with her problems. She experiences chronic insomnia that she suspects is related to her loss. She feels unable to talk to anyone about her feelings, including her husband: *"I think men find these things very difficult to talk about. You know, you're both in the same situation, both grieving and you can't talk to each other about it. I know we couldn't do that."*

*"I'm still suffering. I dream about my wife every other night. A few weeks ago, I dreamt that I'd died and gone to heaven and she was waiting for me with a big smile and her two cats. I think she's beckoning me to come."* Michael

Almost 1 in 10 people in later life develop complicated grief as a result of a bereavement, with women more at risk than men.<sup>28</sup> There are several factors that can bring on complicated grief, including a lack of support at the time of bereavement,<sup>29</sup> suffering multiple bereavements in a short space of time, or being unable to say goodbye or know the person had a good end of life. The COVID-19 pandemic created circumstances where many more people were in these situations.

### Long-term physical health conditions

The onset of a long-term physical health condition can also be a risk factor for mental health problems. For example, people with cardiovascular diseases or diabetes are more likely to have depression or anxiety,<sup>30</sup> and 6 in 10 (58%) people aged 60+ have a long-term condition compared with 1 in 7 (14%) people under 40.<sup>31</sup>

*"I've got fluid in my right lung and clots in my left lung and I'm also type 1 diabetic, so I try to keep that under control. I've also got osteoarthritis and I'm in a lot of pain with that. I'm on morphine tablets, but I still have an element of pain. That gets to me as well, not being able to walk as much."* Liz, 73

According to our recent survey, 49% of respondents said that a long-standing health condition or disability had caused negative feelings or experiences since they turned 50.<sup>32</sup> The frustration, loss of mobility and isolation that can accompany long-term physical health problems can contribute to a downward spiral, where a person is left with feelings of hopelessness and a lack of self-esteem. This, in turn, can lead to the development of depression and anxiety, with research demonstrating that people with long-term conditions are two to three times more likely to experience mental health problems than the general population.<sup>33</sup>

*"I was really anxious about the fact that I didn't want this transplanted kidney to fail. You're constantly thinking about that, because you go back for check-ups and you're worried about whether the result will be good, or will the result be okay, or will it show that the kidney is failing. And I think all of that really made me quite anxious and depressed."* Barbara

*"There's a sense of frustration at 'slowing down' when they can't do as much as they used to do. You spend all your life learning and getting better at things and then, suddenly, you're slowing down and having to rely on other people."*  
Anonymous

*"Physical and social isolation can exacerbate each other. When those two things combine it can be quite devastating for them, because there is nothing positive to look forward to in terms of their abilities or their social contact."*  
Independent Age wellbeing officer



**49% of respondents said that a long-standing health condition or disability had caused negative feelings or experiences since they turned 50**



**Around 40% of people with depression and anxiety also have a long-term physical health condition**

Around 40% of people with depression and anxiety also have a long-term physical health condition.<sup>34</sup> These shouldn't be treated in isolation. We welcome NHS England's specific programme of talking therapies for people with long-term conditions as part of its Improving Access to Psychological Therapies (IAPT) programme.

#### Loneliness and social isolation

In 2018 there were 3.9 million people aged 65+<sup>35</sup> living alone in the UK – an increase of half a million people since 2008. While not everyone living alone is lonely or isolated, many are.

The terms loneliness and social isolation are often used interchangeably; however, they are distinct yet closely linked concepts. Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. In contrast, social isolation is a more objective measure of the number of contacts and social interactions a person has.

Loneliness can be felt at different intensities, and this can determine how someone reacts. For those who experience significant emotional loss, their loneliness tends to manifest in feelings of depression, whereas for those who are socially isolated this can lead to feelings of anxiety.<sup>37</sup>

Loneliness and social isolation can both have a negative impact on a person's wellbeing and are key risk factors for depression in older age.<sup>38</sup> A consistent proportion (6–13%) of people aged 65+ report feeling lonely often or always.<sup>39</sup> This is most common among the 'oldest old' in our society.

*"I do feel down quite a lot. When you live on your own, sometimes I don't speak to anybody for over a week and I don't see anyone. I don't hear a human voice. You feel a bit down then."* William, 81

*"I feel that doctors haven't got the time to spend on mental health and older people. They don't seem to understand loneliness and how that affects your physical health or have practical solutions to combat loneliness."* Anonymous

#### Providing informal care

According to Carers UK there could be more than two million people aged 65+ in the UK providing informal care to a disabled, seriously ill or older relative or friend.<sup>40</sup> Unpaid carers are at risk of common mental health conditions, with 42% saying that they have experienced increased stress, 33% suffering from anxiety and 27% suffering from depression.<sup>41</sup>

People we spoke to described how their caring responsibilities affected their mental wellbeing.

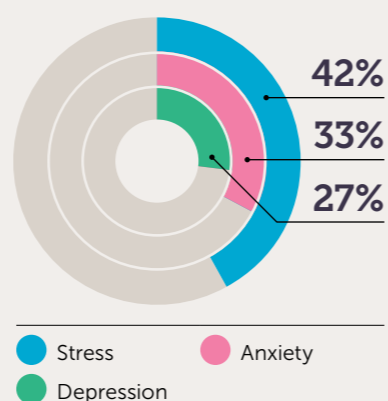
*"I have been operating CBT principles in my life for the past 11 years, since I became a carer. But no amount of counselling can help when I have rational worries about my husband's health, the inadequacies of the NHS, savings being taken to pay for his care – and our experience of the lack of care and support for disabled people and their carers."* Margaret

*"The group support I received for stress related to the care of my mother was too generic and basic to help."* Anonymous



**6–13% of people aged 65+ consistently report feeling lonely often or always**

#### Mental health issues experienced by unpaid carers



Despite the intense pressure they are under, only 3 in 10 carers aged 65+ received an assessment or review of their needs in the past 12 months;<sup>42</sup> others miss out on the respite care and financial support they should receive. This lack of financial support puts extra pressure on people's mental health and means they aren't able to take part in activities that could boost their wellbeing.

There is also an issue around older carers' awareness of the financial support they're entitled to. Too many people of State Pension age are not aware that they could have an 'underlying entitlement' to Carer's Allowance. This means that even though they aren't eligible to receive Carer's Allowance, they could be entitled to the means-tested benefits associated with it. This additional financial support could boost people's wellbeing.

Although welcome, the Carers Action Plan,<sup>43</sup> released in 2018, had a surprising lack of detail on supporting older carers, including with their mental health. The Department of Health and Social Care has documented the steps needed to improve the lives of informal carers, such as Carer Passports and ensuring that local authorities are aware of their statutory duties to support them. But, there is still a lack of targeted plans to improve the mental health and wellbeing of older carers.<sup>44</sup> In addition, local authorities that need to provide some of this support continue to face significant financial challenges.

### Cynthia's story

Cynthia, 80, has lived alone since she was 40, when her husband left, leaving her a single mother to her daughter while she also battled intense depression.

She comes from a disadvantaged background and this spurred her on to work hard and build a better life for her child, even when she faced racism in the workplace. However, she says that the price she paid for being a single, working parent is that she feels she wasn't able to give her daughter the attention she deserved. This affected the bond between them and, now, Cynthia is estranged from her daughter and granddaughter.

*"Because I'm estranged from my daughter and I know she's never going to let me see my granddaughter, that hangs over me. Unfortunately, it's very difficult for me to banish that knowledge and to know that I'm totally powerless. Just using the word powerless, I feel this terrible, terrible physical feeling in my arms. It's as though I want to hug her, and I want to hug my granddaughter and I can't. So, my arms are feeling paralysed."*

As well as suffering periods of depression, Cynthia also has anxiety, which can cause her debilitating panic attacks.

*"I have anxiety attacks out of the blue. If I have to go to the shop and I think I'll take a bus, the thought of getting a bus gives me an anxiety attack. And, intellectually, I tell myself, 'for goodness' sake, you know what this is all about, you have anxiety, just wait another five minutes'. The anxiety attacks will just capture me, and I'll feel like I'm*

*having a heart attack and I can't breathe. And I tell myself you know this isn't a heart attack, it's an anxiety attack."*

She says, however, that when she's not experiencing these episodes, she is an exceedingly happy, cheerful person who is very active and social. Cynthia has been prescribed various medications over the years for her depression, but the side effects of these have left her feeling "like a zombie", and she has since sought self-help approaches to improve her mental health.

*"My place is covered in little notes: 'life's too short to be unhappy', 'exercise', 'do a little dance', 'think of something nice', 'what are all the good things that have happened in life', 'aren't you so lucky with your physical health'."*

She is very active on social media: "Facebook is a saving grace for me, I must confess. I don't know how I'd be and how I'd manage if it wasn't for Facebook."

Cynthia enjoys dropping in at her local supermarket for a coffee or a tea, and sitting there watching the world go by, even striking up a conversation with another person. She says doing this is very popular with people and suggests that a 'drop-in' session for older people, where they could play board games, read or do a puzzle, would be lovely.



### Previous experience of mental health problems

Several of the people we interviewed spoke about having mental health issues since they were teenagers. This was usually something they experienced on and off throughout their life, often emerging or worsening during periods of stress or major life change.

*"There would be a trigger, whatever it was. I suppose it happened around birth, a marriage, maybe it was related to post-natal depression. I don't know."* June

Many said they learned to manage or cope with their mental health problems as time progressed. However, it's hard to know whether this is a testament to people's resilience, or signals unhealthy coping mechanisms, or the lack of support available.

*"Those are the sorts of things I've gone through over a long period of time. I mean, when I look over it – 50 years! I think I'm in a better place than I thought I would be at 75."* June

For some, their problems occurred at a time when mental health was less understood or acknowledged by society at large. This often led to fear and inappropriate treatment of mental health problems.

*"In the older age group, there will still be the feeling of the old-fashioned mental hospitals and that must be in the back of a lot of people's minds."* Olivia, 75

### Attitudes and stigma

#### Attitudes

The evidence tells us that people in later life can recover from mental health problems, yet a quarter of people in the UK (24%) believe that poor mental health or low mood is a normal part of getting older – and 30% of people of all ages didn't think, or were unsure, that older people's mental health can improve over time if they're given the right support and treatment.<sup>45</sup>

According to our polling, 35% of people aged 65+ felt uncomfortable or unsure about discussing their mood or mental health with others. Their reasons included it being a private matter (39%), not wanting to worry anyone (25%) and there being no point because there is nothing anyone can do (23%).<sup>46</sup>

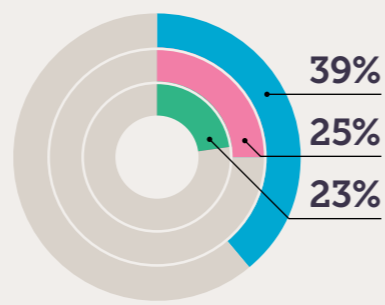
*"Many people of my mother's generation would have had fathers that were in the First World War. They came back home as soldiers and expected their children to behave, keep quiet and get on and do as they were told. People carry these instructions through their lives. The pain and distress were brought back to family and absorbed by them."* Pauline, 75

These attitudes could help explain why our polling showed that just 12% of people aged 65+ said they had spoken to their GP about low mood, anxiety or mental health problems since turning 65. This is despite 75% of people polled saying they had experienced significant anxiety or low mood at least once since turning 65, with 10% reporting they experience this frequently or all the time.<sup>47</sup>



**24% believe that poor mental health or low mood is a normal part of getting older**

#### Reasons for not discussing mental health with others (65+)



- It's a private matter
- Don't want to worry anyone
- No point – no one can help



**12% of people aged 65+ said they had spoken to their GP about low mood, anxiety or mental health problems since turning 65**

*"[Mental health] is not a topic that many people like to talk about, because it's personal, not physical, and not something you can see. When it's not visible, it's harder for people to know about and talk about. We don't use mental health-related words in everyday language."* Anonymous

It's clear there's still a reluctance among some people to proactively seek help to improve their mental health, with 19% of people aged 65+ polled only comfortable discussing their feelings with others if someone else brings up the subject and 12% only being comfortable doing so with specific people.<sup>48</sup>

For those who had received a mental health diagnosis and support, it was often a shock and took time to come to terms with.

*"The nurse who did the [tests] said, 'I don't think that you have got early onset Alzheimer's or dementia, but you have scored very highly on anxiety and depression.' And I thought 'depression?!' I knew about the anxiety, but I didn't know, I hadn't sort of seen myself as being depressed. So that was quite a shock. And I think I sort of became really tearful for a couple of days thinking 'my goodness me'. I'm just really surprised at that."* Lesley

Independent Age staff noted that older people with a specific mental health diagnosis, or those who are receiving support for their mental health, are usually more open about their mental health and happy to discuss it.

*"There are some who will tell you; they are quite upfront. I think maybe that's people who have been dealing with it over a longer period of time. They've had time to come to terms with it, or maybe are already receiving some form of medication or help. So, for them, it's something that they've got under control, but they just want to mention it."* Independent Age telephone befriending team

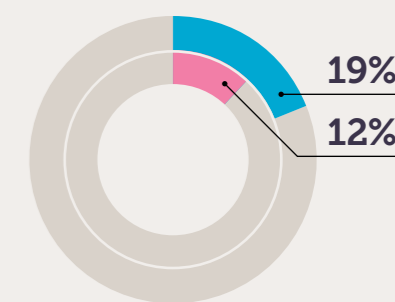
Those in later life, especially people not receiving formal mental health support, struggle to identify with the clinical language used to talk about mental health, with many choosing to use terms such as feeling 'low', 'blue' or 'sad' or having 'bad days'. Others hint at their mood or mental health problems using euphemisms.

*"When people have a diagnosis, or have been in the mental health system, they will use that kind of language and are happy to talk about it. When people are exhibiting low mood, they might just say they're feeling 'a bit down' or 'feeling a bit low'."* Independent Age wellbeing officer

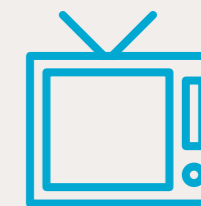
*"They call it 'feeling blue', 'feeling under the weather', 'not doing very well'. They wouldn't think to call it depression very often [although] maybe that's getting better."* Independent Age wellbeing officer

To help people in later life to better identify that they could benefit from mental health support, NHS and public health campaigns on mental health should feature people in later life in marketing and communications material. We don't believe this is currently happening enough, with our polling showing that only 1 in 8 (13%) people aged 65+ thought that 'older people are well represented in marketing/adverts to improve mental health'.<sup>49</sup>

### Comfortable with sharing their feelings (65+)



- Only if someone else brings it up
- Only with specific people



**1 in 8 (13%) people aged 65+ thought that older people are well represented in marketing/adverts to improve mental health**

## Stigma

Independent Age staff and volunteers interviewed for this research felt there is still a lot of stigma around mental health in later life. This is particularly the case for those who are less familiar with mental health conditions overall, including the terminology and treatment options. It has been suggested in past research that levels of stigma about mental health issues could be higher in some ethnic minority communities.<sup>50</sup>

*"I think there's a stigma attached to it, being referred to a mental health service, especially if people say, 'Oh, I'm just feeling a bit down.' I don't need to talk to anyone... We always offer a referral, but I feel as though some older people will not take that opportunity because of the stigma attached to it, and just prefer to deal with it themselves, and talk to people, rather than go through the system." Independent Age wellbeing officer*

It can take time for people to feel comfortable discussing their mental health problems with others.

*"For me, I use the phrase 'coming out'. I came out in 1993... that was another big factor in my feeling better. I was no longer guilty, feeling ashamed. And there were people who said, 'yes, so you have a condition – I have a condition'." June*

*"Don't feel frightened of telling people how low you feel – because you'd be surprised when they come back to you, they're going to say to you, 'I know exactly where you're coming from, because I've been there myself.' And that can help tremendously, reaching out to other people, and it's not professional help but it's sensible... And you'll get good ideas from people because they'll say, 'Oh, I know who you can approach.' They themselves are a conduit to something else. I think that's very useful." Christine*

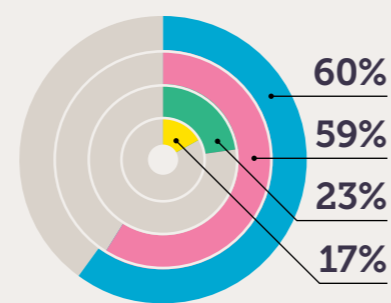
The NHS, public health bodies and charities have engaged with, and created, public campaigns to encourage older people to talk more about their mental health and seek support. As our research has shown, however, the barriers to accessing treatment are complex and more investigation needs to be done to determine the specific interventions that could increase the number of people in later life receiving professional support.

## Protective factors

Through our research, we found that many factors can protect the mental health of people as they age and contribute towards positive wellbeing. In our *Wellbeing in later life survey*,<sup>51</sup> respondents shared the activities that helped contribute to positive wellbeing or mood:

- 60% said seeing family
- 59% said seeing friends
- 23% said volunteering
- 17% said visiting a local community group.

## Activities that help mood



- Seeing family
- Seeing friends
- Volunteering
- Visiting a local community group



**10% of people aged 60+ have no (adult) children**

*"Connectivity is key and feeling part of the community. Older people should be part of the planning process for support – empower older people to contribute." Pauline, 75*

*"There should be more free classes available locally for people – creativity, exercise, singing. I think that's really important. But there's still the paying element, even just £3 or £4 a week out of their pension. If they've not got a decent pension, that's about £16 a month and that could be going towards food. If people were encouraged to look after themselves more with classes being given for free, that would cut down the cost of looking after people after they become ill." Olivia, 75*

As part of our *Wellbeing in later life survey*, we asked if there were specific activities that older people found contributed to positive wellbeing or mood. There were lots of responses, which are captured in Figure 1.

We know, however, that these protective factors can be out of reach for some people. For example, 10% of people aged 60+ have no children. This will be the case for more people over time, with the number of people aged 65+ without adult children growing from 1.2 million to two million by 2030.<sup>53</sup> Many live in isolated rural areas without reliable transport links, and others have existing physical or mental health conditions that can prevent them from engaging in activities outside their home. The COVID-19 pandemic restricted people even more from engaging with their friends, family and wider community.

**Figure 1: Activities that contributed to positive wellbeing or mood**

crossword allotment tai-chi  
puzzles motivation partner  
radio family connecting dancing  
sudoku friends campaigning research  
church galleries grandchildren purpose  
telephone choir healthy-eating activism  
swimming birdwatching Facetime TV  
Skype classes social media history pub  
games jigsaws photography museums  
walking neighbours emails  
value belonging music  
pets studying gym

## Liz's story

Liz, 73, lives alone and has had depression for many years, which stems from abuse she received as a child. She says that it's sometimes hard to get support: *"When you do get support and start to trust them, they move on and you have to get someone else and trust them again."*

She usually meets with friends but has found that, during the COVID-19 lockdown, she is isolated because the volunteering projects she is part of have closed down: *"Some days I try to keep myself occupied but it's hard. I feel really down. Also, not being able to see my grandchildren because of the lockdown, I just want to give them a hug."*

Liz also attends a group for LGBT+ people over the age of 60. This group provides a good social programme, and she volunteers with them as well. She knew for many years that she was gay but, because of her family situation, wasn't able to

come out to her friends and family until a decade ago: *"It did make me feel really low at times, trying to put a face on for years."*

Although her daughter took time to accept her sexuality, and Liz is still not able to speak about this in front of her grandchildren, she has excellent support through her LGBT+ group: *"Since I've come out, the friends I've made through the LGBT+ group have been great."*

Liz also takes antidepressants, which she feels are the right ones and complement the social activities and various volunteering opportunities she takes part in. However, she still feels there's a lot more that society and the government needs to do to understand mental health: *"A lot of people don't understand mental health. I think the government should be doing more for people with mental health, whether they're young or old."*

## Chapter 2

## Experiences of mental health support



Despite multiple organisations and professionals across the country providing mental health support – including the NHS, GPs, counsellors, commissioners and charities – we know that many people who need support don't get it.

Chapter 1 set out the key issues and life events that can affect older people's mental health. In this chapter, we explore people's experiences of seeking help from their GP, taking medication for their mental health and accessing talking therapy and bereavement support, as well as some reflections on social prescribing. We highlight the variations in what is available to people and the different attitudes they encounter when they look for help.

#### Seeking help

It is well known that GPs battle with very heavy workloads, yet they are a lifeline to the people in later life they advise. Our research highlighted the key role GPs play in supporting older people to improve their mental health.

#### Accessing GP support

For many people in later life, the support and services provided by their GP are key:

- people aged 65+ consult their GP almost twice as often as other age groups<sup>54</sup>
- people aged 64+ who are living alone are more likely to visit their GP – one fifth (21%) of older people living alone visit their GP at least once a month, compared with 14% of those living with someone else<sup>55</sup>
- people aged 85+ are the group most likely to use primary care.<sup>56</sup>

When it comes to mental health specifically, 72% of respondents to our *Wellbeing in later life* survey said their GP was the first professional they spoke to about their mental health. Analysis by the mental health charity Mind found that 40% of all GP appointments involve mental health.<sup>57</sup>

The first barrier highlighted by people we spoke to is simply securing a GP appointment.

*"I can't ever get an appointment with the doctor, so just live my life in misery with no hope. I just have to do it by myself and I do."* Anonymous

*"The system is under so much pressure that there isn't that flexibility anymore. I can't just go see my doctor."* Eric

Findings from the 2019 GP Patient Survey show that 1 in 4 (25%) older people had to wait a week or more between booking and having a GP appointment.<sup>58</sup> One in 10 (10%) also reported being dissatisfied with the appointment times available to them.

#### Quality of conversations

When appointments did take place, 80% of our survey respondents said they felt their GP had listened well to them, while others reported that their GP was helpful, sympathetic, responsive and friendly. People spoke about their long-standing, positive relationship with their GP, which made them feel comfortable reaching out to them for support. In some cases, their GP knew them well enough to spot changes in their wellbeing and offer support proactively.



40% of all GP appointments involve mental health



One in 10 older people (10%) report being dissatisfied with the GP appointment times available to them



80% of our survey respondents said they felt their GP had listened well to them

*"I received good support, especially from my GP. I was seriously feeling suicidal and he rang every week that I didn't see him, to ask how I was doing. He told me he was seriously worried about me because he had never seen me like that." Yvonne*

However, some felt they would value their GP being more proactive and offering a variety of options to improve their mental health problems.

*"I get on quite well with the GP, but he never offers me anything else. He just asks me how I'm doing and such like." John*

*"My doctor is charming and smiling but doesn't hear me and doesn't refer me when necessary and generally seems to be burnt out." Anonymous*

*"I have had problems in the past with my GP whereby I felt they were too keen to medicate and get me out of the door." Anonymous*

In our polling, only 1 in 8 (12%) people aged 65+ believed that 'older people are given the support they need to manage their mental health'.<sup>59</sup> A review of studies examining how healthcare professionals manage older people with depression found that some professionals held assumptions about older people's attitudes to depression. The most pervasive of these was that older people themselves normalise depression as part of ageing, isolation and decline.<sup>60</sup> A minority of people we spoke to reported negative encounters with their GP who expressed elements of ageism in their attitude.

*"I was assessed for NHS treatment – therapy – and the doctor who saw me asked if I felt it was worth my while looking for treatment, now that I was on the run down to the end of my life!" Anonymous*

*"I feel doctors are too busy to listen. I have worries about my medication that were just dismissed." Annette*

A review of the management of depression in older people by healthcare professionals found that GPs had little time to negotiate the complex issue of depression, and so prioritised physical over mental health needs in older people – both implicitly and explicitly. The review found that severe depressive symptoms could prompt action by GPs, but severity was usually defined in terms of physical impact – for example, suicidal ideation, impact on discharge planning. Depression was therefore sometimes avoided completely, despite some recognition from healthcare professionals that physical and mental health interact.<sup>61</sup>

The Royal College of General Practitioners found that the extra flexibility to vary the length of some appointments during the COVID-19 pandemic was beneficial.<sup>62</sup> We at Independent Age would welcome a review of whether more flexibility could be introduced to the length of appointments in certain circumstances to allow more time for complex mental health issues to be addressed.

#### Continuity of care

Many people we heard from reported a preference for consistency and wanted to see the same GP at each appointment; however, this often wasn't possible.

*"It would have been so much better to have one GP who could consistently keep a holistic approach." Vivien*



**67% of older people in England have a particular GP who they prefer to see or speak to**

*"I would like to see the same GP every time. Some do not listen, others will talk about one thing only, and keep an eye on the time. Older people have more than one ailment." Anonymous*

This echoes findings from the 2019 GP Patient Survey, which found that 67% of older people in England have a particular GP who they prefer to see or speak to.<sup>63</sup> But, of this group, only 56% reported being able to see that GP always, almost always or a lot of the time.

People shared that seeing the same GP allowed trust to develop between patient and doctor, which they felt also resulted in GPs being better able to recognise changes in mood.

*"I have been very lucky to be able to see the same doctor for over 30 years. He knows me very well and is able to spot any depression I may have." Anonymous*

#### Other sources of support

Although our research showed that GPs were the most common initial source of support for people in later life, many spoke about receiving valuable mental health support from nurses, other healthcare professionals and charities.

Lesley told us she was worried about problems with her memory. She went to the GP, who referred her to her local Memory Clinic. Her memory test results came back fine, but she scored highly on the anxiety and depression scales. Lesley found the nurse from the clinic very helpful. The nurse referred Lesley to two types of talking therapy. She also checked in with Lesley by phone while she waited for therapy.

Eric shared that he began experiencing panic attacks at the beginning of the COVID-19 lockdown. He called NHS 111 who were understanding and helpful. NHS 111 referred Eric back to his own surgery, and he had two calls with practice nurses. He had intended to get medication to help with the panic attacks but, after speaking with the nurses, felt better and decided he could cope without it.

Some third sector organisations offer talking therapies like CBT and counselling to people in later life, working through qualified practitioners and trained volunteers in the community. There is some evidence<sup>64</sup> to suggest that for some people it can be easier to approach a third sector organisation rather than a medicalised service, so having multiple avenues for support is crucial. It is also vital that these services are promoted to people through numerous online and offline channels, so that people who aren't digitally connected can access them.

#### June's story

June began experiencing symptoms of obsessive-compulsive disorder (OCD) in her late teens, when she started university. She was hospitalised for this on and off for a number of decades and was prescribed medication that she said 'zombified' her. Because of this, she was reluctant to take any medication for her OCD and the associated anxiety and depression that it causes.

A few years ago, June underwent a number of physical health tests because of nodes discovered on her lungs. This was a stressful and

worrying time and it triggered a difficult bout of depression and OCD behaviours. She went to the GP who referred her to cognitive behavioural therapy. June's GP was supportive of her desire to stay off medication. But June's family was worried about her and came along to one of her GP appointments: *"My youngest son came with us and said 'Now look, she really isn't well...' And the doctor said, 'Well, hearing what your son is saying, it seems that you need to go on some medication now.' And he gave me something called Sertraline."*

Despite her previous concerns, June found that the antidepressant helped her and was relieved that it didn't have any of the side effects she had experienced on other medication. June says the medication was one element that helped her, alongside the therapy she received. She would now reconsider medication in future: *"I think I'm more assertive now about my needs, as well. And assertive in the sense that I do recognise that that medication helped me, and I cannot be just thinking 'No, I can't take it.'"*

## Medication

The people we spoke to had different attitudes to, and experiences of, taking medication for their mental health. Some found it helped them in combination with another form of support, while others were wary about taking anything.

### Taking medication

Several people we interviewed were actively taking medication, mostly antidepressants, to manage or improve their mental health. For some, this was prescribed to help them while they waited for alternative support, such as talking therapy. For others, it was prescribed to help them with specific symptoms, like being unable to sleep.

*"I am on an antidepressant, which the doctor gave me... That helps me get to sleep at night. In fact, sometimes I look forward to going to bed because, after an hour or so, it knocks me out."* David

*"I don't like taking it, but it's preferable to the anxiety when it was at its worst!"* Anonymous

*"Medication for a period also helped, although I was initially fearful of taking it – but I was glad that I did in the end!"* Andrew

*"In the past when they put me on antidepressants – I started, I think, when I was in my 30s – I don't know what the tablets did to me... One particular type of tablet the doctor had me on, well, as I'm walking along, the birds in the air seemed so funny and everything seemed unreal! It's a very tricky business."* Mary

A few people referred to the role of medication in 'taking the edge off'. In these instances, the medication helped them to seek alternative support, or cope better with daily life.

*"I just take [the antidepressant] with my breakfast. It takes the edge off things... I'm keeping on it because, if that's what it takes for me to deal with all the other things, then I'm not bothered about that at all... It has given me the ability to reach out and look for counselling options."* Christine

*"I feel [the medication] helps a wee bit. But, when you've got support around you, that makes it easier."* Elizabeth

Interviews with Independent Age staff and volunteers highlighted a belief among some older people that there is no point going to the GP for their mental health, because they would only be offered medication. Responses to our survey showed that 47% of people who sought help for their mental health were offered medication.

*"People say, 'I've just got to get on with it', 'What's the point of making a fuss?', and 'I don't want to go on tablets'. There is an assumption that medication is the only means of support via their GP."* Independent Age volunteer

*"My GP offered only medication. I obtained a small amount of private counselling to get me through a difficult time."* Anonymous

*"I think it's a waste of time and I don't take it. I would have liked more practical solutions. I feel that I was just given a pat on the head and the tablets were a bit of a cop-out."* Anonymous



**More than 1 in 10 people in England aged 65+ take at least eight different prescribed medications each week – this increases to nearly 1 in 4 people aged 85+**

It is key that people in later life are made aware that there are multiple treatment options that could support their mental health, only one of which is medication. This varied treatment offer is also important to put into practice because research has shown that antidepressant use among older people can have limitations, such as reduced efficacy with increased age, potential side effects, and interactions with other medications, particularly for people with serious medical comorbidities.<sup>65</sup> It is therefore essential that multiple options are presented by healthcare professionals and considered by the people they are treating.

### Side effects, dependency and multiple medications

More than 1 in 10 people in England aged 65+ take at least eight different prescribed medications each week.<sup>66</sup> This increases to nearly 1 in 4 people aged 85+.

Several of the people we interviewed spoke about their reluctance to take medication to improve their mental health. Reasons included the fact that some were already taking a large amount of medication for other health issues, concerns about side effects, a preference for other support options, such as talking therapy, and the stigma around certain medications like antidepressants.

Symptoms of withdrawal from antidepressants can include insomnia, depression and suicidal ideation.<sup>67</sup>

*"I'm on them so long, I can't do without them. I have tried to wean myself off a few times and couldn't stop crying."* Anonymous

These issues underline the need for regular medication reviews to ensure that older people are on appropriate doses of medication, and that they are supported to have choice and control over what they take.

### Stigma around medication

Independent Age staff and volunteers spoke about their experience of listening to people in later life talk about the stigma around medication, specifically antidepressants.

*"I think [there is a] stigma to being on antidepressants...and also I do wonder if taking medication for something is confirming that it's real, that it's a problem – whereas, you could just dismiss it and go, 'Oh, I'm not bad enough to need medication'."* Independent Age wellbeing officer

*"I was ashamed and did not really want to be on tablets."* Anonymous

In our interviews, the language and terms used also hinted at a sense of stigma around medication, even if people were open about taking it.

*"I would say, first of all, talk it over with your GP. If you're not on any kind of help in terms of an antidepressant, then I think you should consider that very carefully, because it certainly...well, you can tell the way I talk that I'm not the kind of person who is off my head on drugs or anything like that, but it has given me the ability to reach out and look for something else."* Christine

## June's story

June went to the GP when she was struggling with a bad bout of obsessive-compulsive disorder (OCD) and associated anxiety and depression. Her GP referred her to cognitive behavioural therapy (CBT) through the IAPT programme. She had an assessment in February with a psychologist, which was very helpful. But she had to wait from February to November for her first appointment, and her mental health was getting worse in that time.

Once she started the CBT, June found it difficult to engage, specifically with the goal setting, which she could not accomplish. Her therapist suggested June try another IAPT group on offer in her area: *"She decided that I might be better referred to one of their other programmes, so*

*I then did a course on mindful self-compassion therapy in a group setting. And that was my first introduction to really what I think helped me turn the corner."*

June found this therapy suited her much better and helped her find a new way of dealing with her OCD. She now practises elements of this therapy daily with an online community, which she finds very useful: *"I find that helps no end, keeping the anxiety at bay."*

In addition to this support, June sought out a private therapist who had expertise in mindful self-compassion therapy. She now sees her once a month. June was grateful to have been offered another type of therapy and believes that more choice should be available to people.

## Talking therapy

Talking therapies are psychological treatments for common mental health problems, including depression and anxiety. They include cognitive behavioural therapy and counselling. Therapy is provided through the NHS as well as by third sector and private-sector providers. They are often effective for older people, but some face barriers to accessing them.

Previous research has found that people in later life generally report a preference for talking therapy over medication, particularly for low-level mental health symptoms.<sup>68</sup> Despite this, older people are six times more likely than younger people to be on medication for their mental health.<sup>69</sup> In our survey, 41% of respondents told us they were also offered talking therapy through the NHS, with 10% referred to private therapy.

In England, the Improving Access to Psychological Therapies (IAPT) programme is the NHS first-line response to common mental health problems. IAPT services are open to all adults in England. It is undergoing expansion, as set out in the *NHS Long Term Plan*.

### Positive experiences of talking therapy

Several of the people we spoke to who had successfully accessed talking therapy, either through the NHS or privately, spoke about the positive impact it had on their mental health.

*"I had counselling. And I can remember at the end of the sessions, I came out of there and I felt as though I was walking on air. She just, I don't know whether it was how she listened or what it was, but I know I came out of there feeling great." Mary*

*"There was definitely a turning point at the time of this counselling, and it may have been just because I could talk about it. And, in a sense, I suppose what she told me was that it was okay, and that I was quite justified in feeling the way I did, having had two bereavements and a failed relationship." Mike*

National data supports the idea that talking therapy is effective for people in later life. The latest data from the IAPT programme shows that, for 2019–20, people aged 65+ had an overall recovery rate of 64% compared with 50% for people aged 18–64.<sup>70</sup>

However, our research highlights a number of barriers that people in later life face to receiving this form of support, including a lack of awareness of talking therapy, not being offered this type of treatment, long waiting times and the high cost of private therapy. These are not new barriers, but they continue to prevent many people accessing and benefiting from this therapy.

### Awareness and uptake

Analysis by the Department of Health in 2011 suggested that, based on estimates of the prevalence of common mental health problems among older people, people aged 65+ should make up an 'expected rate' of 12% of IAPT clients.<sup>71</sup> However, despite efforts to increase the number of people in later life accessing IAPT, the data consistently shows lower levels of uptake. The latest annual data shows that, in 2019–20, people aged 65+ in England made up 6% of referrals nationally.<sup>72</sup> This is echoed in our polling where only 54% of people aged 65+ were aware of talking therapy.<sup>73</sup>

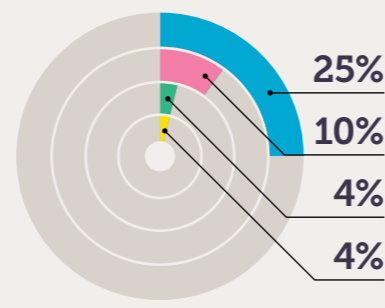


People aged 65+ in England made up 6% of IAPT referrals nationally



54% of people aged 65+ were aware of talking therapy

### Talking therapy waiting times



- 1–3 months
- 3–6 months
- 6–12 months
- 12 months or more

We understand that the barriers to ensuring people in later life get the support they need can be significant – but, it's interesting to note that the IAPT referral rate of people aged 65+ varies significantly between Clinical Commissioning Groups, ranging from 2% at its lowest to 15% at its highest. While this, to some extent, reflects demographic differences, it is vital to glean and share what works well in ensuring older people access these services.

### Waiting times

In England, the IAPT targets for waiting times are that 75% of people referred to services should start treatment within six weeks, and 95% of new referrals should happen within 18 weeks.

In our survey, of those respondents who had been referred for talking therapy:

- a quarter (25%) said that they waited 1–3 months to begin their talking therapy
- 1 in 10 (10%) said they waited 3–6 months
- 4% said they waited 6–12 months
- the same number (4%) reported waiting 12 months or more.

Among those who had to wait for months, many shared how their mental health worsened during this time.

*"I went to [the doctor] and he put me on a referral pathway for the cognitive behavioural therapy programme that the IAPT team was running. Well, first of all I had an assessment in February with a psychologist, which was very helpful. But then I was waiting and getting worse between February and November, when I had my first appointment." June*

*"Having to wait for a whole year to see a psychologist was very hard. Considering it's my mental health, it should have been much sooner." Anonymous*

### Group therapy

Some people we spoke to were offered group therapy and had mixed experiences.

*"There usually were two people running a session and about eight in the group. That was very helpful, and I saw new ways of coping." June*

*"I was offered talking therapy, which was actually group therapy. This meant I was engaged in supporting others to sort their problems, rather than dealing with mine. What I really needed was one-to-one support and the opportunity to discuss my own problems." Anonymous*

### Bereavement counselling

Bereavement counselling can help people to deal with the mental health effects of grief, which can be particularly severe if people experience complicated grief. In our research, there was a sense from the Independent Age staff and volunteers we spoke to that awareness and uptake of bereavement counselling was higher than for other forms of talking therapy among our service users.

*"The only [therapy] that comes to mind that people do talk about is Cruse bereavement. Still not often but, if people have had experience of it, it's usually that." Independent Age wellbeing officer*



We estimate that up to 98,000 older people were bereaved during the COVID-19 lockdown between 21 March and 4 July 2020



*The last lot of support I received with a psychologist was the most helpful. I felt he understood and was actually interested in what I was dealing with. To be able to continue seeing this person on, possibly, a monthly basis, would have been even more helpful.*

**Anonymous**

Similar to IAPT services and private therapy, people's experiences of bereavement support can be mixed. The barriers are similar, including limited availability and long waiting times, as well as a lack of follow-up options. Given bereavement support is commissioned in different ways – through local authorities, Clinical Commissioning Groups, charities and third sector organisations – in some local areas there are no bereavement support providers to call on.

*"I'm still waiting, after two years, for bereavement counselling."*  
Anonymous

Our previous research also found that GPs and other health and social care professionals may not necessarily have the knowledge, expertise or confidence to cope with bereaved people. Greater understanding of grief, especially the ways in which individuals can be affected by a bereavement, would enable a better response to people's needs.

The COVID-19 pandemic exacerbated these issues. Many more people experienced the death of a partner during this time – we estimate that up to 98,000 older people were bereaved during the COVID-19 lockdown between 21 March and 4 July 2020. This includes deaths caused by COVID-19 but also other reasons. This is almost one-and-a-half times as many as during the same period in each of the past five years. The challenging circumstances meant that many people were unable to be with their loved ones when they died and/or were unable to attend a funeral. These disruptions to the normal grieving processes are likely to increase the chances of people experiencing complicated grief, which can include symptoms of depression, anxiety or post-traumatic stress disorder. It is essential that bereavement support options to treat complex grief are made available to people in later life when needed.

The feelings that come with grief are normal; it is not linear or time-limited and is different for everyone. It is also distinct from depression, although the symptoms can be similar. Good models to deal with grief already exist but, as a nation, we need to talk about this issue more openly.

#### Client choice

Giving talking therapy clients a degree of choice can help them to 'buy in' to the process and improve their experience. This could be choosing between more than one appropriate type of therapy, for example, cognitive behavioural therapy (CBT) or counselling. It could also be about where the therapy takes place, such as having a preference for home-based rather than face-to-face therapy.

*"Online CBT may work but, when your depression is partly due to lack of close human contact, then being asked to work with a computer left me disinterested and demotivated to try it."* Brian

*"I was lucky, as I believe now that talking therapy is an online course and that would not have worked well for me. I had a meeting each week and the contact with people was a real benefit."* Independent Age survey respondent

Assumptions are often made about people in later life and their ability to get online. While it is true that more than half (53%) of people aged 75+ do not use the internet – approximately 2.8 million people<sup>74</sup> – many others are online and want to have those options made available to them. Previous research has found that online CBT for depression and anxiety disorders can be as effective as face-to-face talking therapy.<sup>75</sup> The key is ensuring that there are multiple formats people can access. Client choice is a key principle for the IAPT programme, although recent research has questioned whether providers offer a sufficient range of therapies.<sup>76</sup>

#### Cut off too early and lacking support

While several people found the different forms of therapy we have mentioned helpful, some spoke about the negative impact of only being offered a small number of sessions.

*"A lifetime of issues cannot be healed in six to 12 sessions."* Ann

*"The NHS service was very pressed for time, so my counselling sessions were often shortened. Time was quite severely rationed."* Vera

*"I found the one-to-one counselling helpful but, after the course ended, I sometimes felt I needed someone to turn to."* Anonymous

People felt this limited their progress and left them feeling that their issues were unresolved. Some shared their feelings of loss once therapy ended, and that they could have benefited from ongoing support or occasional check-ins. This included someone who highlighted the risk of becoming vulnerable by discussing difficult issues and suddenly losing the support to deal with those issues.

*"The counselling sessions are not long enough. Four to six sessions can be more damaging in the long run, as it involves expressing often difficult-to-talk-about feelings. And, having done that, the sessions are over."* Anonymous

While clearly it is not feasible for the NHS to fund therapists to have long-term relationships with clients, there may be a need for other kinds of support or connections to ensure people are not abandoned and at risk as a result.

*"The last lot of support I received with a psychologist was the most helpful. I felt he understood and was actually interested in what I was dealing with. To be able to continue seeing this person on, possibly, a monthly basis, would have been even more helpful."* Anonymous

*"I think it's quite short term, so I think people find it useful, but the fact that it then ends is quite tricky... It feels like there aren't systems in place to follow on to something that's going to be more holistic and sustainable."* Independent Age wellbeing officer

#### Paying to go private

Throughout our research we heard that, for many people with mental health problems, the waiting times were too long. This reality forced some who can afford it, or have savings, to pay to have treatment privately.

Those who could afford private support felt fortunate, but some found they had to finish talking therapy prematurely because of the cost.

#### Christine's story

Christine struggled with pain and insomnia stemming from her chronic osteoarthritis. She went to her GP for support for her low mood. He prescribed her an antidepressant but also suggested talking therapy as additional support: "And that's when he said, 'Well, there's talking therapy.' And I said, 'Ooh, yes, that sounds good.' And he said, 'Unfortunately, there's about a 6–9 month wait for that.' And I said, 'Well, I'll probably have topped myself by then.' He said, 'Oh, don't be silly, don't be silly.'"

Christine began to research different talking therapies online, including options to receive counselling at home. She credited the antidepressant for helping her to get to a stage where she could look for other forms of support for herself. She found a private therapist online and began to see her for regular sessions.

Christine says the therapy has really helped her cope with periods of low mood: "What the therapist has been trying to do is give me hope and also to provide me with what we'll call a toolkit. And that toolkit is what I dip into when I start to feel low. I look at the things I can do, which is to write articles, go in my shed, plant seeds, because I'm a mad-keen gardener."

However, Christine was disappointed that she had to pay for private therapy because of the waitlist: "Once you're told it's going to be 6–9 months, what do you do? And I certainly don't know what you do if you haven't got a little pot of savings. Because mine was £40 an hour... I did find the best path, but I wish it could have been through the NHS."

*"It was quite expensive and that was probably a factor in putting an end to it. I was fortunate that I could afford it. You just know, as soon as you go to the NHS, you're going to be waiting for months sometimes." Mike*

*"As I went privately, lack of money was the reason I stopped." Anonymous*

Many people could not afford to pay for private therapy and had to wait until something became available for them on the NHS.

*"They are now much more keen to refer me for counselling. The trouble is, and I've had this twice, they wanted me to go private. But I'm on a pension. And with the background I'm from, that's being indulgent. I can't afford it." Cynthia*

### Self-management and self-help

Many people we interviewed spoke about preferring to deal with their mental health issues themselves. For some, this stemmed from a strong and proud sense of independence and self-reliance, while others had made attempts at getting support in the past but either had not received any or found it wasn't right for them. This often led to a sense of 'getting on with it' themselves and avoiding future attempts at, or opportunities for, seeking help.

*"I am very much a person that will always try to find a way of dealing with things myself." Eric*

### John's story

John found it difficult to deal with his wife's death after 54 years of marriage. He had been her main carer during the final stages of her illness. This was a role he thrived on and he felt it gave him a sense of purpose.

After his wife died, John tried to keep busy. But he found it difficult to cope with his grief and with the loss of his carer role. He went to his GP for support: *"I did ask the doctor about [support] but nothing happened so, as I say, I'm quite independent-minded, so I'll just muddle along."*

*"I've never had any counselling, so I don't know whether that would have been any good or not. And I often think it's up to yourself." John*

As well as developing their own coping strategies, some people shared the benefits of self-help for their mental health. Popular techniques included meditation, mindfulness and yoga.

*"I've started meditating again and I find that very helpful. I do that every morning when I get up. So, I'm really pleased with myself for doing that and I'm getting lots of insights from there." Lesley*

Most were using self-help to complement more formal support, such as talking therapy, or while they waited for referrals to come through.

When nothing came of support from the GP, John researched bereavement support online. He discovered Cruse Bereavement Care and hoped they would be of help – but he was told that no services were available in his area: *"I did get on to Cruse but there's no places round about where I live, so that fell through."*

John stopped looking for support after this. He says he now prefers to cope by himself and would be unlikely to engage with support, even if it became available.

### Social prescribing

At Independent Age, we're piloting our own service called Reconnections, in two specific geographical locations, which works on the principles of social prescribing.

Social prescribing is a way for health professionals and local agencies to refer people to link workers who take a holistic approach to people's health and wellbeing. Link workers connect people to community groups and statutory services for practical and emotional support. Social prescribing is well placed to support people in later life who are experiencing loneliness or mild-to-moderate mental health issues.

We know this approach can have positive benefits and we welcome the commitments in the *NHS Long Term Plan* to expand social prescribing.<sup>77</sup> However, interviews with Independent Age staff highlighted some potential barriers to effective social prescribing. One staff member, who had previously worked as a link worker, spoke about a lack of GP awareness and engagement with social prescribing in her area.

*"I really had to take it into my own hands, because doctors in our area were just not referring at all. They knew about it, and when we introduced the service to them they said, 'Wow, this sounds amazing – we can give you a list of people right now' but, when it actually came to referring people, [I got] nothing... I wonder if GPs just have too many referrals to other health services to think about, and that other things might be considered peripheral and they just don't have time?" Independent Age wellbeing officer*

Another staff member shared that many people do take the initiative to self-refer to community services or social prescribing schemes, if they know about them. But, for those who don't, they are often in need of extra support or better identification and signposting by health professionals. They also highlighted the limitations of social prescribing for those who are struggling with their mental health, and the impact this has on community services, which are often volunteer led.

“

*I really had to take it into my own hands, because doctors in our area were just not referring at all. They knew about it, and when we introduced the service to them they said, 'Wow, this sounds amazing – we can give you a list of people right now' but, when it actually came to referring people, [I got] nothing... I wonder if GPs just have too many referrals to other health services to think about, and that other things might be considered peripheral and they just don't have time?*

**Independent Age wellbeing officer**



## Chapter 3

# What needs to change?



Throughout this report, we've demonstrated that people in later life cannot be simplistically grouped together – they remain individuals with different experiences, wishes and attitudes towards their mental health. Though the same intervention and treatment will not work for everyone, it is essential that the options to treat and support mental health problems are made clear.

Our recommendations to improve the support for people in later life reflect long-running challenges. Many organisations are aware of these barriers and have been working for years to try to address them – but our research shows that many of the mental health problems people experience still persist. In addition, the COVID-19 pandemic magnified and intensified many people's negative feelings, while at the same time restricting the activities that protect their mental health and the support they could normally call on.

We appreciate that this is a complicated funding environment, with many organisations and individuals involved in providing mental health support across the nations. It is crucial that financial investment is made across the mental health sector to enable charities, the NHS, health and care professionals, and governments across the nations to continue to work together to improve the support people in later life receive.

### Support from health professionals

For many people, the first step to receiving support for their mental health problems is to discuss their situation with their GP. While some people have positive experiences, this is not the case for everyone.

Independent Age recommends that:

- GPs across the UK should be supported to consistently offer people in later life a range of mental health treatment and support options, including medication, talking therapy, and social or community activities
- GPs and talking therapy commissioners and providers in England should use the NHS's *Older People: Positive Practice Guide* to signpost older people to NHS England's Improving Access to Psychological Therapies (IAPT) programme. NHS England should promote this guidance to these groups of professionals
- the NHS, across the nations, should review the barriers to, and the feasibility of, increasing the flexibility of GP appointment lengths for specific patients with mental health problems.

### Access to talking therapy

Talking therapy is proven to help many people in later life with depression or anxiety to recover and manage their conditions. Many people who could benefit, however, are not accessing these services. Others experience long waiting times or lack choice over how and where therapy is provided.

Independent Age recommends that:

- the Department of Health and Social Care, NHS England and Clinical Commissioning Groups review the current barriers to accessing IAPT for people aged 65+ and develop innovative actions, including targeted communication plans, to increase the number of people in later life who receive this treatment
- the NHS, in every nation, publishes data on older people's take-up of talking therapy, including age breakdowns within the 65+ category
- NHS England reviews local areas where access to IAPT services is higher for people aged 65+ and proactively shares best-practice examples with Clinical Commissioning Groups
- talking therapy providers offer choice and flexibility to clients, for example, individual or group therapy, face-to-face or remote therapy
- GPs, social prescribing link workers, and other health and care professionals signpost older people to talking therapy services provided by the third sector.

**Increased bereavement support**

As people grow older, there is more chance that people close to them will die. Following the death of their partner, friends or relatives, some people may experience complicated grief, which can include symptoms of depression, anxiety or post-traumatic stress disorder. Some people are not offered the support they need, and the COVID-19 pandemic is likely to have increased the problems grieving people face.

Independent Age recommends that:

- the Department of Health and Social Care undertakes a review of bereavement needs, for example, commissioning an expanded version of the 2015 National Survey of Bereaved People (VOICES) in England
- training providers review the bereavement resources and training on offer to health and care professionals and, if gaps are highlighted, work with professional bodies and charities to increase what's available.

**Increased public awareness**

We would welcome more public communication activity to support and inform the public to understand more about mental health in older age, and the fact that problems can and should be treated or managed.

Independent Age recommends that:

- the NHS and public health bodies, across the nations, investigate what prevents many older people discussing mental health and seeking treatment. They should use these findings to develop innovative ways to target information, including about treatment options, to people aged 65+ at key points in their life, such as when going through relationship breakdown or experiencing bereavement
- public health campaigns, such as Every Mind Matters, ensure people in later life are fully represented.

**Increased support for carers**

Having caring responsibilities for a partner, friend or relative can deeply affect a person's mental health, and many carers in later life don't get the support they need.

Independent Age recommends that:

- local authorities proactively promote to older carers their entitlement to a carer's assessment and support
- local authorities ensure that all carers in their area are told about the availability of respite care and day centres
- the Department for Work and Pensions should raise awareness to carers of State Pension age about the 'underlying entitlement' to Carer's Allowance, and provide clear information on how this can be used to apply for means-tested benefits.

**Conclusion**

The testimony and experiences shared in this report are varied and complex. It is clear that people in later life can be deeply impacted by mental health problems. Some don't know where to turn, or think they must put up with these feelings, while others have sought treatment and successfully manage their condition. At Independent Age we want to work alongside people in later life – and their families and friends, the NHS, professional bodies and governments across the four nations – to determine the systematic changes that are needed to ensure people get high-quality mental health support as they age, and to ensure nobody has to live unsupported with anxiety and depression as part of their everyday lives.

# Endnotes

1. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
2. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
3. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
4. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
5. "Psychological Therapies, Annual report on the use of IAPT services 2019–20." NHS Digital, 30 July 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20>
6. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
7. "Mental health: strengthening our response." *World Health Organization*, 30 Mar. 2018, [www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response](http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)
8. "Health survey for England 2005, Mental health and wellbeing, The health of older people." Edited by Rachel Craig and Jennifer Mindell, volume 4, The Information Centre, 2007, <https://files.digital.nhs.uk/publicationimport/pub01xxx/pub01184/heal-surv-heal-old-peo-eng-2005-rep-v4.pdf>
9. "Suffering in silence: age inequality in older people's mental health care." Royal College of Psychiatrists, Nov. 2018, [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d\\_2](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2)
10. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.
11. Burns, Alistair, and James Warner. "Better access to mental health services for older people." *NHS*, 9 Oct. 2015, [www.england.nhs.uk/blog/mh-better-access/](http://www.england.nhs.uk/blog/mh-better-access/)
12. "No Health Without Mental Health." Department of Health and Social Care, 2 Feb. 2011, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213760/dh\\_123990.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213760/dh_123990.pdf)
13. "The five year forward view for mental health." Independent Mental Health Taskforce, Feb. 2016, [www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf)
14. "The NHS Long Term Plan." NHS, 7 Jan. 2019, [www.longtermplan.nhs.uk/publication/nhs-long-term-plan/](http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/)
15. "Later life in the United Kingdom 2019." Age UK, May 2019, [www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/older\\_life\\_uk\\_factsheet.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/older_life_uk_factsheet.pdf)
16. "National life tables, UK: 2016 to 2018." Office for National Statistics, 25 Sept. 2019, [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetables/unitedkingdom/2016to2018](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetables/unitedkingdom/2016to2018)
17. "In Focus: Experiences of older age in England." Independent Age, 16 Apr. 2020, [www.independentage.org/in-focus](http://www.independentage.org/in-focus)
18. "Health survey for England 2005, Mental health and wellbeing, The health of older people." Edited by Rachel Craig and Jennifer Mindell, volume 4, The Information Centre, 2007, <https://files.digital.nhs.uk/publicationimport/pub01xxx/pub01184/heal-surv-heal-old-peo-eng-2005-rep-v4.pdf>
19. "Suffering in silence: age inequality in older people's mental health care." Royal College of Psychiatrists, Nov. 2018, [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d\\_2](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2)
20. Frost, Rachael, et al. "Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies." *British Journal of General Practice*, vol. 69, no. 680, Mar. 2019, pp. 171–81, <https://bjgp.org/content/69/680/e171>
21. "Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014." NHS Digital, 29 Sept. 2016, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>
22. "Older People, Positive Practice Guide." Department of Health, Jan. 2009, <https://www.uea.ac.uk/documents/20142/603973/norwich-medical-school-iapt-older-people-positive-practice-guide.pdf/5bad5a56-50b7-fb59-5d29-df610722efef?t=1576366647178>

23. "In Focus: Experiences of older age in England." Independent Age, 16 Apr. 2020, [www.independentage.org/in-focus](http://www.independentage.org/in-focus)

24. *Wellbeing in later life* online survey. Independent Age, 2020.

25. "Good grief: older people's experiences of partner bereavement." Independent Age, 26 Apr. 2018, [www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement](http://www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement)

26. "Good grief: older people's experiences of partner bereavement." Independent Age, 26 Apr. 2018, [www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement](http://www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement)

27. "About complicated grief." Cruse Bereavement Care, [www.cruse.org.uk/complicated-grief#what](http://www.cruse.org.uk/complicated-grief#what)

28. Shear, M. Katherine, et al. "Bereavement and complicated grief." *Current Psychiatry Reports*, vol. 15, no. 11, Nov. 2013.

29. Shear, M. Katherine, et al. "Bereavement and complicated grief." *Current Psychiatry Reports*, vol. 15, no. 11, Nov. 2013.

30. "Long-term conditions and mental health, The cost of co-morbidities." The King's Fund, Feb. 2012, [www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf)

31. Briefing paper 4: Living with long term conditions." Growing older in the UK, British Medical Association, 14 Sept. 2016, [www.bma.org.uk/media/2105/supporting-healthy-ageing-briefings-final.pdf](http://www.bma.org.uk/media/2105/supporting-healthy-ageing-briefings-final.pdf)

32. *Wellbeing in later life* online survey. Independent Age, 2020.

33. "Long-term conditions and mental health, The cost of co-morbidities." The King's Fund, Feb. 2012, [www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf)

34. "The Improving Access to Psychological Therapies (IAPT) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms." NHS England and NHS Improvement, 21 Mar. 2018, [www.england.nhs.uk/wp-content/uploads/2018/03/improving-access-to-psychological-therapies-long-term-conditions-pathway.pdf](http://www.england.nhs.uk/wp-content/uploads/2018/03/improving-access-to-psychological-therapies-long-term-conditions-pathway.pdf)

35. "Families and households in the UK, 2018." Office for National Statistics, 7 Aug. 2019, [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2018#toc](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2018#toc)

36. Peplau, Letitia Anne, and Daniel Perlman, editors. *Loneliness: A Sourcebook of Current Theory, Research and Therapy*. John Wiley & Sons, 1982.

37. "The Psychology of Loneliness: Why it matters and what we can do." *Campaign to End Loneliness*, July 2020, [www.campaigntoendloneliness.org/blog/the-psychology-of-loneliness-why-it-matters-and-what-we-can-do/#:~:text=been%20more%20relevant-,Why%20it%20matters,interactions%20with%20others%20more%20negatively](http://www.campaigntoendloneliness.org/blog/the-psychology-of-loneliness-why-it-matters-and-what-we-can-do/#:~:text=been%20more%20relevant-,Why%20it%20matters,interactions%20with%20others%20more%20negatively)

38. Luo, Ye, et al. "Loneliness, health, and mortality in old age: A national longitudinal study." *Social Science & Medicine*, vol. 74, no. 6, Mar. 2012, pp. 907–914, [www.sciencedirect.com/science/article/abs/pii/S0277953612000275?via%3Dihub](http://www.sciencedirect.com/science/article/abs/pii/S0277953612000275?via%3Dihub)

39. Victor, Christina, and Keming Yang. "The prevalence of loneliness among adults: a case study of the United Kingdom." *The Journal of Psychology*, vol. 146, no. 1–2, 2012, pp. 85–104, [www.tandfonline.com/doi/abs/10.1080/00223980.2011.613875](http://www.tandfonline.com/doi/abs/10.1080/00223980.2011.613875)

40. "Facts about carers." Carers UK, Aug. 2019, [www.carersuk.org/images/Facts\\_about\\_Carers\\_2019.pdf](http://www.carersuk.org/images/Facts_about_Carers_2019.pdf)

41. "A Forgotten Army: Coping as a Carer." Future Care Capital, 2019, <https://futurecarecapital.org.uk/research/4th-june-2019-a-forgotten-army-coping-as-a-carer/>

42. "State of Caring, A snapshot of unpaid care in the UK." Carers UK, 2019, [www.carersuk.org/images/News\\_\\_campaigns/CUK\\_State\\_of\\_Caring\\_2019\\_Report.pdf](http://www.carersuk.org/images/News__campaigns/CUK_State_of_Caring_2019_Report.pdf)

43. "Carers Action Plan 2018–2020, Supporting carers today." Department of Health and Social Care, June 2018, [www.gov.uk/government/publications/carers-action-plan-2018-to-2020](http://www.gov.uk/government/publications/carers-action-plan-2018-to-2020)

44. "Carers Action Plan 2018–2020, Supporting carers today, One-year on progress review." Department of Health and Social Care, 23 July 2019, [www.gov.uk/government/publications/carers-action-plan-2018-to-2020-1-year-progress-review](http://www.gov.uk/government/publications/carers-action-plan-2018-to-2020-1-year-progress-review)

45. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

46. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

47. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

48. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

49. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

50. Moriaty, Jo. "Update for SCIE best practice guide on assessing the mental health needs of older people." Social Care Workforce Research Unit, Aug. 2005, [www.researchgate.net/publication/237626262\\_Update\\_for\\_SCIE\\_Best\\_Practice\\_Guide\\_on\\_Assessing\\_the\\_Mental\\_Health\\_Needs\\_of\\_Older\\_People](http://www.researchgate.net/publication/237626262_Update_for_SCIE_Best_Practice_Guide_on_Assessing_the_Mental_Health_Needs_of_Older_People)

51. *Wellbeing in later life* online survey. Independent Age, 2020.

52. *Wellbeing in later life* online survey. Independent Age, 2020.

53. "Statistics, Facts & Figures." *Ageing Well Without Children*, [www.awwoc.org/statistics](http://www.awwoc.org/statistics)

54. "Health survey for England 2005, Mental health and wellbeing, The health of older people." Edited by Rachel Craig and Jennifer Mindell, volume 4, The Information Centre, 2007, <https://files.digital.nhs.uk/publicationimport/pub01xxx/pub01184/heal-surv-heal-old-peo-eng-2005-rep-v4.pdf>

55. Dreyer, Kathryn, et al. "The association between living alone and health care utilisation in older adults: a retrospective cohort study of electronic health records from a London general practice." *BMC Geriatrics*, vol. 18, no. 1, 5 Dec. 2018, <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-018-0939-4>

56. "Understanding pressures in general practice." The King's Fund, May 2016, [www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf)

57. "40 per cent of all GP appointments about mental health." *Mind*, <https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/#:~:text=GPs%20say%20that%20two%20in,in%20the%20last%2012%20months>

58. "GP Patient Survey." NHS, 2019, [www.gp-patient.co.uk/](http://www.gp-patient.co.uk/)

59. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

60. Frost, Rachael, et al. "Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies." *British Journal of General Practice*, vol. 69, no. 680, Mar. 2019, pp. 171–81, <https://bjgp.org/content/69/680/e171>

61. Frost, Rachael, et al. "Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies." *British Journal of General Practice*, vol. 69, no. 680, Mar. 2019, pp. 171–81, <https://bjgp.org/content/69/680/e171>

62. "General practice in the post Covid world, Challenges and opportunities for general practice." Royal College of General Practitioners, July 2020, [www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en](http://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en)

63. "GP Patient Survey." NHS, 2019, [www.gp-patient.co.uk/](http://www.gp-patient.co.uk/)

64. "The Psychology of Loneliness: Why it matters and what we can do." *Campaign to End Loneliness*, July 2020, [www.campaigntoendloneliness.org/blog/the-psychology-of-loneliness-why-it-matters-and-what-we-can-do/#:~:text=been%20more%20relevant-,Why%20it%20matters,interactions%20with%20others%20more%20negatively](http://www.campaigntoendloneliness.org/blog/the-psychology-of-loneliness-why-it-matters-and-what-we-can-do/#:~:text=been%20more%20relevant-,Why%20it%20matters,interactions%20with%20others%20more%20negatively)

65. Dakin, Emily K., and Patricia Areán. "Patient perspectives on the benefits of psychotherapy for late-life depression." *American Journal of Geriatric Psychiatry*, vol. 21, no. 2, 2013, pp. 155–63, <https://pubmed.ncbi.nlm.nih.gov/23343489/>

66. "More harm than good: Why more isn't always better with older people's medicines." Age UK, 2019, [www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/medication/190819\\_more\\_harm\\_than\\_good.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/medication/190819_more_harm_than_good.pdf)

67. "Prescribed medicines review: summary." Public Health England, 2019, [www.gov.uk/government/publications/prescribed-medicines-review-report/prescribed-medicines-review-summary](http://www.gov.uk/government/publications/prescribed-medicines-review-report/prescribed-medicines-review-summary)

68. Frost, Rachael, et al. "Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies." *British Journal of General Practice*, vol. 69, no. 680, Mar. 2019, pp. 171–81, <https://bjgp.org/content/69/680/e171>

69. Burns, Alistair, and James Warner. "Better access to mental health services for older people." *NHS*, 9 Oct. 2015, [www.england.nhs.uk/blog/mh-better-access/](http://www.england.nhs.uk/blog/mh-better-access/)

70. "Psychological Therapies, Annual report on the use of IAPT services 2019–20." *NHS Digital*, 30 July 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20>

71. "General practice in the post Covid world, Challenges and opportunities for general practice." Royal College of General Practitioners, July 2020, [www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en](http://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en)

72. "Psychological Therapies, Annual report on the use of IAPT services 2019–20." *NHS Digital*, 30 July 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20>

73. UK online poll of 2,316 people. Conducted by Opinium, Independent Age, July 2020.

74. "Internet users, UK: 2019." Office for National Statistics, 24 May 2019, [www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019](http://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019)

75. Andrews, G., et al. "Computer therapy for the anxiety and depression disorders is effective, acceptable and practical health care: An updated meta-analysis." *Journal of Anxiety Disorders*, vol. 55, 2018, pp. 70–78, <https://pubmed.ncbi.nlm.nih.gov/29422409/>

76. "Choice of therapies in IAPT: An overview of the availability and client profile of step 3 therapies." British Association for Counselling and Psychotherapy, 2016, <https://www.bacp.co.uk/media/1977/bacp-choice-of-therapies-in-iapt.pdf>

77. "The NHS Long Term Plan." NHS, 7 Jan. 2019, [www.longtermplan.nhs.uk/publication/nhs-long-term-plan/](http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/)

## Acknowledgements

### Authors

Emma Seaman  
Meg Stapleton  
Phil Mawhinney

This report would not have been possible without the help of the people who spoke to us about their experiences – we are grateful for their openness and the time they gave so generously.


Thank you to colleagues in all the teams at Independent Age who shared their experiences and provided advice and support. We also wish to thank those from other organisations who shared their knowledge and insight for this report.




Independent Age  
18 Avonmore Road  
London  
W14 8RR

T 020 7605 4200  
E [charity@independentage.org](mailto:charity@independentage.org)  
[www.independentage.org](http://www.independentage.org)  
Helpline 0800 319 6789

 Like our page **Independent Age**

 Follow us **@independentage**

 Follow us **independentage**

 Subscribe to **IndependentAge**

© 2020 Independent Age

Independent Age is the operating name of the  
Royal United Kingdom Beneficent Association  
Registered charity number 210729  
(England and Wales) SC047184 (Scotland)