

**Promoting the mental health and wellbeing of older adults : a response to “*Towards a Mentally Flourishing Scotland*”**

On January 24<sup>th</sup>. 2008, a roundtable discussion was held in Dumfries to consider the TAMFS document and its proposed future direction for policy and action. This discussion was dedicated to the issue and place of older adults' mental health and wellbeing within the wider population context of TAMFS, and was in large part prompted by a lack of explicit focus on older adults in the document itself. The findings of the UK Inquiry into Mental Health and Wellbeing in Later Life (Age Concern, Mental Health Foundation 2006-07) has informed the Scottish Government's "*All our Futures : Planning for a Scotland with an Ageing Population*", and provides a sound basis for actions in the following key areas :

- **Discrimination**
- **Participation in meaningful activity**
- **Relationships**
- **Physical health**
- **Poverty**

(Recommended actions: appendix1)

**ROUNDTABLE PARTICIPANTS ARE STRONGLY OF THE VIEW THAT MENTAL HEALTH AND WELLBEING PROGRAMMES, AT NATIONAL AND LOCAL LEVELS, INCLUDE OLDER ADULTS AS A PRIORITY POPULATION GROUP; THE RECOMMENDATIONS OF THE UK INQUIRY SHOULD BE NATIONALLY SUPPORTED, AND INCORPORATED INTO LOCAL ACTION PLANS.**

**WE ASK THE TAMFS NATIONAL REFERENCE GROUP TO STUDY THESE RECOMMENDATIONS ALONGSIDE THE DISCUSSION NOTED, AND CONSIDER THE 'WHO' OF RESPONSIBILITY IN A SCOTTISH CONTEXT, PARTICULARLY THE ROLE OF COMMUNITY PLANNING PARTNERS AND THIRD SECTOR ORGANISATIONS. COMMUNITY PLANNING PARTNERSHIPS SHOULD REPORT ON PROGRESS.**

**Age Equality and Discrimination** TAMFS raises the negative impact of stigma, prejudice and discrimination on mental health. Participants expressed disappointment at the lack of focus on older adults within the TAMFS paper. Widespread **ageist attitudes** result in social and economic exclusion for many older adults, and discriminatory practice towards older people in public service design and provision, specifically the lack of resources and age appropriate care and support, or the **withdrawal or reduction of a service at age 65**; work cessation is often a trigger to mental health problems.

Older adults are often fearful of asking for help; there is a need to raise aspirations and expectations, by ensuring **access to information about rights and appropriate treatment**, and enabling older adults to have real influence on how services are delivered.

The current promotion of **Cognitive Behaviour Therapy** as a cost-effective intervention to improve population mental health was questioned for its appropriateness and effectiveness for older adults, particularly in light of evidence of the social and economic determinants of older adults' mental health, and their own identification of structural barriers to good health (see evidence to UK Inquiry)

Current **demographic projections** illustrate the rapidly growing number of older adults living with cognitive or learning impairment, dementia, and enduring mental illness; **equity** must be built into 'upstream thinking' and local service planning. **Funding and resourcing** of services to older adults – generic, mental health, dementia; there is a neglect of older adults through the disproportionate allocation of funds to programmes and projects with a focus on younger population groups.

**Objectives and actions:** Current and future work around equality and diversity (FAIR for ALL) should provide local leadership for a culture change around old age, and a strong and visible focus on age discrimination to ensure age equality across services (eg, **screen for age equity**). This should include older adults with mental ill-health or dementia; **local community projects** and initiatives should be mapped and monitored for their inclusion of older adults as volunteers, waged staff, and recipients.

**National support:** All national adult or community mental health promotion programmes and training should ensure issues around age and age discrimination are included. **The findings and recommendations of the UK Inquiry should be incorporated as the standard for this work.** All national generic plans, strategies, policies should be **'age proofed'**; government departments should hold public bodies accountable for implementing age equality, seeking out and ending discriminatory attitudes and practice.

**Progress and performance :** should be monitored locally using nationally agreed indicators; **community planning** has a key role; **local third sector organisations** with a clear remit for promoting the mental health and well-being of older adults must be included in monitoring progress and performance, and enabling older people themselves to participate.

**Promotion and Preventative ‘services’** There is a need to shift the balance of service delivery from ‘critical substantial level of need’ to more preventative services; these services make a substantial contribution to the mental health and wellbeing of older adults through enabling their independence, continuing access to social networks and community life, self care, and less reliance on care provision; local, community based projects that contribute to social activities. Much of this is carried out by third sector organisations.

**Objectives and actions :** local decision making bodies need to shift thinking upstream, and fund preventative services; the voluntary and community sectors provide much of this work –this needs to be recognised, funded, and the sector involved in wider local innovation.

**National Support:** national co-ordination of community planning partners to advocate for preventative services for their value to older adults, and as a long-term cost-effective alternative or delay to higher levels of support.

**Community planning partnerships** are pivotal and need to provide the local infrastructure for agencies and older adults to come together to join up service agencies with local older adults in decision-making. The **Third Sector** must provide the leadership in this area, particularly where the funding will not come through the statutory sector.

**Progress and Performance :** Preventative services are recognised as promoting of older adults’ wellbeing, independence and central to quality of life in old age; local authorities, NHS Boards , and community planning partnerships should be accountable for providing and supporting ‘low level’ services and interventions; monitoring and evaluation should be a shared responsibility; older adults should be involved in this.

**Communities:** the inclusion and participation of older adults is fundamental to ‘cohesive, strong communities’

**Objectives and actions:** resources are required at **grassroots** level to ensure the inclusion of older adults in community life; mental health and well-being in later life should be put on the agenda of community initiatives and plans; **communities** should be encouraged and supported in proactively designing their communities to adapt to an older age profile, and specifically consider housing, transport and community support services for people with dementia; prevention and early diagnosis of dementia should be included in health strategies; the mental health and wellbeing needs of older adults with mental health problems and/or dementia should be considered in all older people’s programmes

**Progress and Performance :** community planning partners and community projects should be required to demonstrate a commitment to action; national indicators around age equality/community engagement should be standard.

## **Participants**

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Jean Muir, Strategic Planning and Commissioning Manager, Older People/Mental Health  
Morag Musk, Lead Occupational Therapist, DG Mental Health Services  
Philip Myers, Health Improvement Programme Lead, Healthy Working Lives (Notetaker)  
Penny Nowell, Planning and Commissioning Manager, Adult Mental Health (Chair)  
Judith Proctor, Planning and Commissioning Manager, Adults with Learning Disability  
Jocelyn Rose, NHS Health Improvement Programme Lead, Mental Health&Well-being  
Ann Stephenson, Senior Community Worker, Age Concern Scotland  
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**Report by Margaret Carlin 18/2/08.**