**Mental Health Foundation**

Promoting mental health and well-being in later life

A first report from the UK Inquiry into Mental Health and Well-Being in Later Life
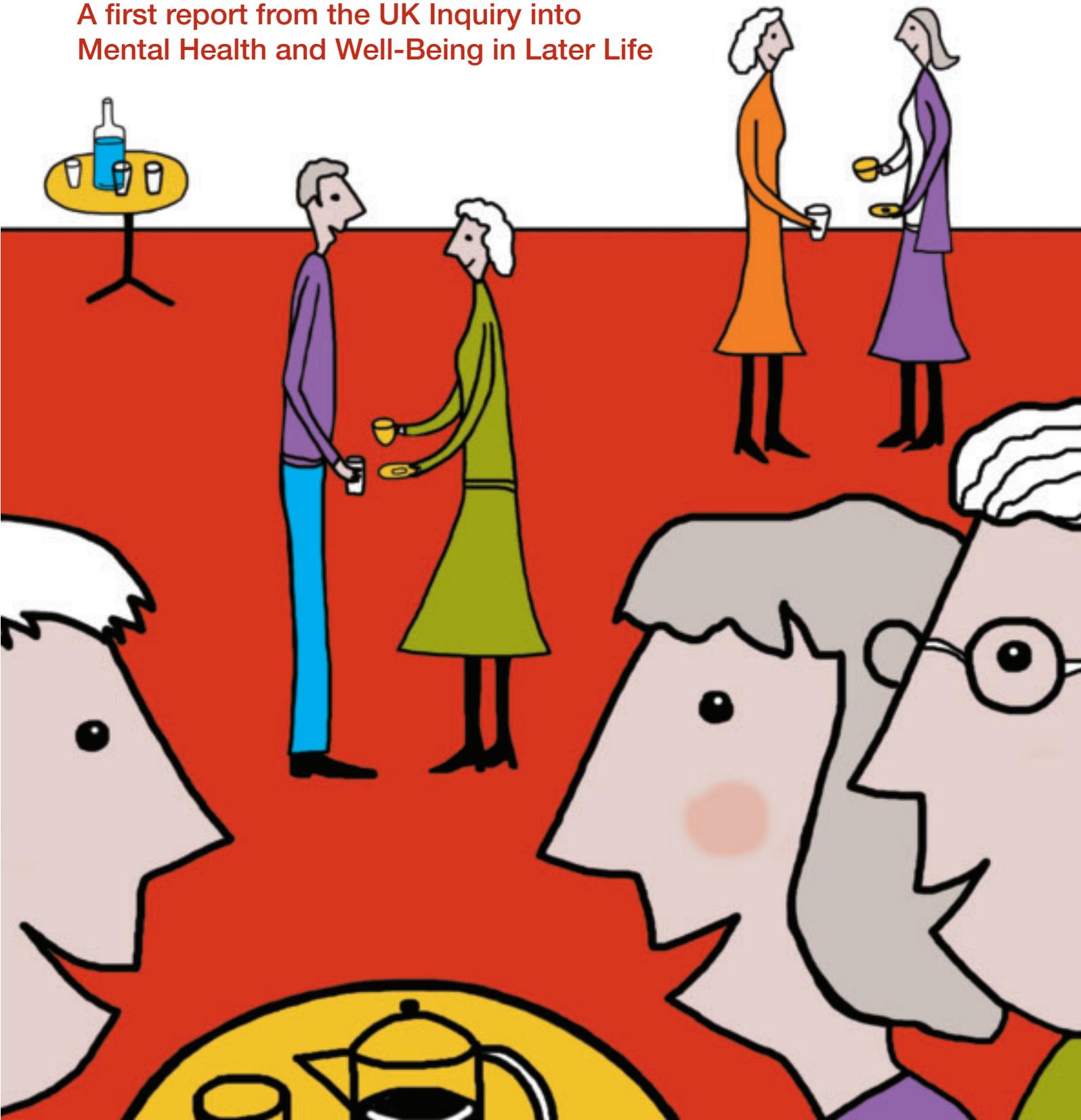
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Foreword

Mental health and older people's services have for many years been neglected by policymakers and given low priority in resource allocation. The combination of old age and mental health problems produces a double disadvantage and, within the broad spectrum of care, the promotion of mental health and well-being in later life has been the least visible area of activity.

In spite of this dismal history we think it is timely to draw attention to this issue and we feel optimistic that things may improve. Everyone is becoming more aware of demographic change. Individuals recognise that they are likely to live into their eighth or ninth decade and want their later years to be healthy and happy. Policymakers are beginning to understand the implications for the economy and the workforce. Research has provided sound evidence about the factors that influence health and the effectiveness of interventions to improve it. At present the main emphasis is on improving physical health. We hope that this report will encourage organisations and individuals to restore the balance and ensure that their programmes are designed to promote all aspects of well-being, including mental health.

Many people have contributed to the production of this report, which has been supported by Age Concern and the Mental Health Foundation. I would like to thank Sir William Utting CB, the Deputy Chairman of the Inquiry, whose wisdom and experience have been invaluable. The members of the Inquiry Board, our Government participants and the Advisory Group (see Acknowledgements) have given generously of their time, energy and enthusiasm and have done much to make my task easier.

On behalf of the Board I would like to thank all the older people, carers, organisations and professionals who have provided evidence and shared their feelings and experiences with us. They have greatly enriched our understanding of the problems and inspired us with their optimism and ideas.

We also wish to thank the researchers (see Acknowledgements) who have so ably reviewed the diverse literature related to mental health promotion in later life and undertaken detailed analysis of the submissions we received.

Finally, my heartfelt thanks go to our secretariat who have supported me and the Board throughout our work. Sonia Richardson from the Mental Health Foundation, and Philip Hurst from Age Concern England, have worked enormously hard to provide information from the two organisations and to sustain our links, often working to tight timetables and in difficult circumstances. Michele Lee, the project manager, has worked with enthusiasm and determination and met our often unreasonable demands effectively and with good humour. This report could not have been completed without her.

I hope that this report will play a part in generating confidence that people can be healthy and happy in later life, and in encouraging action across society that will improve life for us all.

Dr June Crown CBE
Chairman of the Inquiry

Executive summary

Age Concern and the Mental Health Foundation launched the UK Inquiry into Mental Health and Well-Being in Later Life in late 2003 because of a shared concern that mental health in later life is a much neglected area. It is often described as falling into the gaps between policies and services for mental health and those for older people.

> "It is widely acknowledged that the mental health and well-being of older people has been neglected across the spectrum of promotion, prevention and treatment services."[1]

This is the first of two reports that will be published by the Inquiry. It presents findings and recommendations from the Inquiry's work on promoting mental health and well-being in later life. The second report, to be published in 2007, will present the findings of the Inquiry's examination of services and support for older people with mental health problems and their carers.

What is the problem?

Demographic changes will result in dramatic increases in the number of older people in the UK over the next decades. At the same time, mental health is becoming an increasingly important issue. Depression is the most common mental health problem in later life. There are currently up to 2.4 million older people with depression severe enough to impair quality of life. This number will increase to at least 3.1 million over the next 15 years, unless action is taken[2].

Mental health problems are not a normal and inevitable part of the ageing process. The majority of older people enjoy good mental health and make valuable contributions to society. Many contribute to the economy; workers aged 50 and over contribute £230 billion per year to national economic output, around a quarter of the total economy[3]. Older people's unpaid contributions as volunteers, carers and grandparents are valued at £24.2 billion per year[4]. As consumers, older people boost the economy by an additional £239 billion a year[5].

Promoting mental health and well-being in later life will benefit the whole of society by maintaining older people's social and economic contributions, minimising the costs of care and improving quality of life. Evidence about the factors that affect mental health and well-being has increased. Activity to promote good mental health and well-being in later life could be integrated into current developments in policy and practice, nationally and locally, and add to the existing momentum for change.

Evidence in this report

The Inquiry reviewed existing evidence and gathered new information from a range of sources, including older people and carers. The findings in this report draw on a comprehensive literature and policy review and the views of nearly 900 older people

and carers on what helps to promote good mental health and well-being in later life, together with the views of nearly 150 organisations and professionals. This evidence was supplemented by the results of focus groups with older people from minority groups.

There is clear and consistent evidence that there are five main areas that influence mental health and well-being in later life.

Discrimination on the basis of age is the most common type of prejudice experienced by people aged 55 and over, and has a negative effect on their mental health. The stigma attached to mental illness multiplies the difficulties for older people with mental health problems.

"It is upsetting to feel like a second class citizen because I am above retirement age."

Ms A, retired charity worker, aged 71

Older people experience age discrimination from many different sources.

"Very little attention is given to our opinion, it's all parents and youngsters in the media and politics."

Mr A, retired manager, aged 79

What needs to be done?

- Promote age equality, particularly within mental health promotion
- Work with the media to improve portrayals of ageing and older people
- Educate and train all employees who have direct contact with the public to value and respect older people
- Promote intergenerational activities to strengthen understanding and respect between younger and older people
- Teach younger people about ageing so that they can prepare themselves for good mental health and well-being in later life

Participation in meaningful activity, staying active and having a sense of purpose are just as important for the mental health and well-being of older people as they are for younger people. Yet older people face barriers to participation in many areas of public and private life.

"[What makes things worse is] not having a sense of belonging. There needs to be a role for older people in society."

Mr D, management consultant, aged 62

What needs to be done?

- Recognise the skills and knowledge that older people have to contribute and provide opportunities for older people to share these with people of all ages

- Remove or reduce barriers to participation in later life
- Promote opportunities for lifelong learning for people of all ages
- Help people to take planned flexible retirement

Relationships that are secure and supportive are important for good mental health and well-being. They may be with other people, such as family and friends, or with pets. Spiritual faith and belief can also provide crucial support.

Social isolation is a strong risk factor for poor mental health and is experienced by one million older people in the UK. Strengthening positive relationships in later life will help to promote mental health and well-being for all of us.

"The main thing is love. Food, shelter and warmth are important but it's lack of someone caring that leads to despair."

Mrs W, retired bank secretary, aged 82

Older people hold conflicting views on the impact that family can have on mental health and well-being in later life. They also stress the importance of intergenerational contact.

"[What is important?] To bring understanding between age groups in all walks of life."

Mr A, aged 71

What needs to be done?
- Recognise and strengthen the existing positive relationships that older people have with friends, family, neighbours and "significant others"
- Tackle fear of isolation and loneliness for people of all ages
- Recognise and tackle abuse and violence that affects older people
- Provide support to people following bereavement
- Recognise the importance of pets and support pet ownership
- Recognise the importance of spiritual belief and faith communities and ensure that people are able to access them
- Promote social interaction between people of all ages
- Include older people in community development initiatives

Physical health and mental health are inextricably linked. Good physical health is associated with good mental health. Poor physical health is associated with poor mental health. Older people talk about health in a holistic way, combining both mental and physical aspects. Physical health is an important issue for many older people and improving it will improve mental health as well.

> "[Older people] must try and keep as active as possible. Remember, if you don't use it, you lose it!"
>
> Mr W, retired engineer, aged 90

What needs to be done?

- Promote holistic definitions of health which include mental as well as physical health
- Promote physical activity for people of all ages, including people with disabilities
- Provide information, encouragement and opportunities for older people to engage in physical activity and make other healthy lifestyle choices
- Promote a healthy diet and moderate alcohol consumption
- Improve access to fresh, affordable foods

Poverty is a risk factor for poor mental health. Nearly two million older people in the UK live in poverty. It is not money *per se* but the things it can provide that are important to making people feel included in society in later life. Older people want to have enough money to afford decent housing, heating, travel, social activities and occasional "treats" – for themselves and for others – that allow full participation in family and community life.

> "[What makes things worse?] Not being able to help my grandchild financially."
>
> Mr B, retired actor, age unknown

Feeling confident about financial security in later life will help to promote mental health and well-being for both current and future generations of older people.

> "[What makes things worse is] worrying about where money will come from when I stop working."
>
> Ms H, senior lecturer, aged 57

What needs to be done?

- Tackle pensioner poverty for older people
- Give people the choice to keep working in later life to maintain or increase their income
- Provide financial and practical assistance to help improve older people's homes

Conclusions

No further research is required to decide on the actions that are needed. However, the issues are complex and overlapping. For example, discrimination limits opportunities to participate in activities that would improve physical health, extend social contacts or improve income through employment. Poverty limits older people's opportunities to join in social activities, follow a healthy diet and maintain self-esteem. Poor physical health impacts on people's abilities to maintain relationships and participate in meaningful activity. There is no single, simple solution. Energy and imagination need to be put into co-ordinated efforts. Decision makers at all levels should guarantee that priority is given to initiatives to improve mental health and well-being in later life.

Some matters can only be dealt with by central Government or in national media campaigns. However, the majority of the changes that older people identify as important to their mental health and well-being can most effectively be addressed by activities at the local, community level. Local authorities and the NHS, voluntary organisations, commercial and business representatives, faith and other community groups can collaborate in the development of healthy ageing programmes which explicitly promote mental health and well-being.

Many community development projects can be implemented by building on what is already in place and expanding existing programmes to include people of all ages. These projects often only need low levels of funding, but it is important that this funding is sustainable and secure. It would be useful to examine the possibilities of innovative sources of funding to support such activities.

Recommendations

The Inquiry makes 15 recommendations which are listed on page 9.

Implementation of these recommendations must involve older people in a meaningful way, take into account at all times the diversity of the older population, and promote the principles of fairness, respect, equality and dignity.

We recommend that Age Concern should lead an audit of responses to these recommendations in 2007 and report on progress in 2008.

List of recommendations

Who	No.	What
Local authorities	1	Establish "Healthy Ageing" programmes, involving all relevant local authority departments, in partnership with other agencies.
	2	Identify funding for and support community-based projects that involve older people and benefit their mental health and well-being.
	3	Introduce a duty on public bodies to promote age equality by 2009.
	4	Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme.
Government	5	Ensure that the 2007 Comprehensive Spending Review takes into account the findings of this Inquiry, and commit to setting a target date for ending pensioner poverty. Government should publish, by 2009, a timetable for achieving this and report on progress against milestones.
	6	Work to achieve consensus, both within Government and with external stakeholders, on long-term pension arrangements.
Health departments	7	Ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.
	8	Ensure that mental health promotion programmes include and provide for older people.
Education departments	9	Ensure that school programmes promote attitudes and behaviour that will lead to good mental health and well-being and healthy ageing.
	10	Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and well-being.
Public bodies	11	Abolish mandatory retirement ages and enable flexible retirement for older employees.
	12	Provide pre-retirement information and support for all employees.
Public bodies and businesses	13	Educate and train all staff who have direct contact with the public to value and respect older people.
Age Concern and the Mental Health Foundation	14	Work with other organisations, including the media, to improve public attitudes towards older people and promote a better understanding of mental health issues.
Voluntary organisations and local authorities	15	Encourage and support older people to take advantage of opportunities for meaningful activity, social interaction and physical activity; and provide information, advice and support to enable people to claim the benefits to which they are entitled.

Chapter 1   Introduction

In late 2003 Age Concern and the Mental Health Foundation launched the UK Inquiry into Mental Health and Well-Being in Later Life because of a shared concern about the neglect of these important issues:

■ **Demographic change**   The population is ageing. There are currently 9.7 million people aged 65 and over in the UK. This number is projected to increase by nearly 30 per cent by 2020, to 12.5 million.

■ **Mental health** is an increasingly important issue for people of all ages. For example, depression is the most common mental health problem in later life. One in seven people aged 65 and over has "major" depression which is severe and persistent and disrupts day-to-day functioning. The proportion rises to one in four if we include all depressions which are severe enough to impair quality of life[6]. This means that there are 1.4 million older people with major depression and 2.4 million older people with all types of depression in the UK. As the population ages, these numbers will increase to 1.8 million and 3.1 million over the next 15 years if rates of depression remain at current levels. There are indications that rates of depression are increasing so the actual numbers could be much greater[7].

■ **Mental health promotion**   Depression is not an inevitable feature of ageing. In 2020, an estimated 9.4 million older people will not have depression. We can maximise this number by promoting good mental health and well-being in later life for everyone. This report indicates what can be done.

■ **Impact**   The impact of improved mental health and well-being in later life will be felt in our personal lives, in increased contributions to society from older people and in reduced costs of care. There are thus humanitarian, social and economic reasons to act now.

■ **Co-ordination**   Action will need to be co-ordinated across agencies, services and departments. Mental health and well-being in later life often falls into the gaps between policies and services for mental health and those for older people. We welcome recent commitments from Government to deal with these issues and hope the recommendations in this report will be rapidly implemented.

In the first part of its work, the Inquiry has focused on the following questions:

■ What are the main issues relating to mental health and well-being in later life and why are they important? In what ways, if any, do they differ from mental health and well-being in other stages of life?

■ What can be done, and by whom, to promote mental health and well-being for all people and especially older people?

■   What should be done to give these issues the attention they deserve?

■   What will make a real difference?

To answer these questions, the Inquiry reviewed existing evidence and gathered new information from older people, carers, organisations and professionals. This report presents key findings and makes recommendations to a wide range of Government departments, the media, employers, professionals and others who have regular contact with older people, as well as to anyone who hopes to have a long and healthy life.

1.1   Demographic change and population ageing

We are all growing older and more of us are living longer, while having fewer children. As a result, the absolute and relative numbers of older people in the population are increasing. By 2020, one in five people in the UK will be aged 65 and over and nearly two in five will be aged 50 and over[8]. The oldest age groups (85 and over) are growing the fastest. As a proportion of the UK population people aged 85 and over will increase from 1.9 per cent in 2004 to 2.7 per cent by 2020[9].
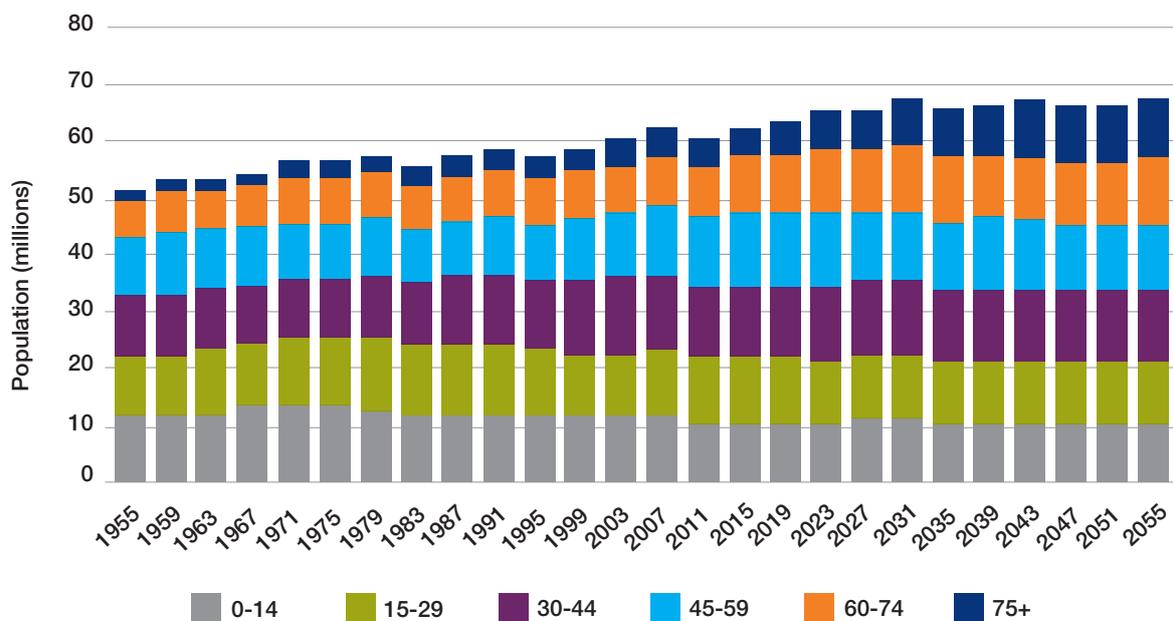
Source: Government Actuary's Department (2005)

These changes, together with other current changes in family structures, personal relationships and population mobility, mean that there will inevitably be changes in the availability of informal, family-based support. With fewer younger people, there will also be more pressure to retain older people within the workforce.

There is a range of strategies within the UK to respond to the effects of these demographic changes[10]. The first ever UK strategy on the ageing population, *Opportunity Age*, brings together policies on ageing and older people. It recognises the importance of healthy ageing and the contributions that older people make to society. It sets out a way forward for the next 10 to 15 years, based on policies that embed the values of active independence, quality and choice. The Government wants

public services to be focused on the promotion of well-being and independence, to be easy to access, customer-focused and aimed at tackling social exclusion.

1.2 Mental health and well-being

Mental health is a crucial component of overall health and well-being. It is important to all of us, no matter what our age. Mental health is the positive ability to enjoy life and cope with its difficulties[11]. It is a resource that enables us to grow and learn and experience life as enjoyable and fulfilling.

With good mental health, we can:

- ■   develop emotionally, creatively, intellectually and spiritually
- ■   initiate, develop and sustain mutually satisfying personal relationships
- ■   face problems, resolve them and learn from them
- ■   be confident and assertive
- ■   be aware of others and empathise with them
- ■   use and enjoy solitude
- ■   enjoy life and have fun
- ■   laugh, both at ourselves and at the world

Source: Mental Health Foundation

The term "mental health" is often used as a euphemism for mental illness but mental health and mental illness are not the same. In this report we use the words mental health *and well-being* to make clear that we are talking about the positive aspects of mental health.

Not everyone is able to enjoy good mental health all the time. Mental health problems range from the worries and grief we all experience as part of everyday life, to the most bleak, suicidal depression or complete loss of touch with everyday reality. One in four of us will experience a mental health problem each year[12], so it is not surprising that mental illness has been called "our biggest social problem – bigger than unemployment and bigger than poverty"[13]. Mental disorders are among the leading causes of disability in Europe[14] and depression is projected to become the second leading cause of disability worldwide by 2020[15]. Mental health problems can have a lifelong impact and are associated with poorer outcomes later in life, including shorter life expectancy[16].

Fortunately the majority of people who experience mental health problems recover or learn to live with them, especially if they are able to get help at an early stage. However, many people do not receive adequate care and may be shunned or discriminated against by their families, friends, the professionals who are meant to be helping them and others. Many say that the experience of discrimination is worse than the mental health problem itself[17].

1.3 Mental health promotion

1.3.1 What is it?

Mental health promotion is any activity or action that strengthens or protects mental health and well-being. It is just as important to people with mental health problems as to people who are mentally well. Having enough money, things to do, places to go, a comfortable place to live and people to turn to in times of trouble all play a role in strengthening mental health. Mental health promotion thus requires action across many different areas – income, housing, transport, communities, employment, volunteering, education, consumer affairs, arts, sport and media as well as health and social care.

Mental health promotion works at three levels: strengthening individuals, strengthening communities and reducing structural barriers to mental health[18]. At each of these levels, mental health promotion is relevant to the whole population, to individuals at risk, to vulnerable groups and to people with existing mental health problems.

Mental health promotion can:

■   Strengthen individuals – by increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills, such as communicating, negotiating and relationship skills.

■   Strengthen communities – by increasing social inclusion and participation, improving neighbourhood environments, developing a range of interventions which support mental health for people of all ages, including anti-bullying strategies at school, programmes to improve health in the workplace, community safety measures and self-help networks.

■   Reduce "structural barriers" to mental health – by tackling societal structures through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

Source: mentality (2001)

1.3.2 The current situation

Mental health promotion is a neglected area within the already neglected area of mental health services. Government policy has traditionally paid more attention to physical health than to mental health. Recent policies signal a shift in the balance towards mental health. For example, the public health White Paper in England *Choosing Health* (2005) stated:

"Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental well-being is equally important."[19]

Within mental health, there is increasing recognition of the importance of mental health promotion. At the EU level, the European Declaration and Action Plan on Mental Health (2005) has been endorsed by all Member States, which have committed themselves to adopt more holistic approaches to health promotion, illness prevention and illness treatment[20]. An EU Green Paper on mental health (2006) has extended this focus[21].

Within the UK, Standard One of the National Service Framework (NSF) for Mental Health in England (1999), which relates to mental health promotion, has been perhaps the most neglected of all the NSF standards. Action has been taken to support its implementation. The Department of Health published guidance in 2001 called *Making it happen: A guide to delivering mental health promotion in 2001*[22] and a further framework for guidance in 2005 called *Making it possible: Improving mental health and well-being in England*[23]. The Scottish Executive established the National Programme for Improving Mental Health and Well-Being in 2001. Raising awareness and promoting mental health and well-being is a major aim of the National Programme, which will continue until 2008[24]. Other developments in the UK include the *Promoting Mental Health Strategy and Action Plan* in Northern Ireland (2003)[25], a review of mental health promotion in Northern Ireland (2005)[26] and a mental health promotion action plan in Wales (forthcoming in 2006)[27].

The increased attention to mental health promotion is welcome, but the area remains severely under-resourced. In 2005/06, primary care trusts in England were estimated to have spent £4.9 billion on mental health services but only 0.06 per cent of this was earmarked for mental health promotion[28].

1.4 Ageing and later life

The process of ageing involves a combination of biological, psychological, and social factors. Although we each age differently, we all experience a combination of these three factors. Biological ageing comprises physical, physiological and cognitive changes which are affected by genetic make-up and lifestyle factors. Psychological ageing influences the way we deal with the biological changes and our capacity to adjust to different life events. It is affected by education, income, employment history, and social and support networks. Social ageing comprises the external changes imposed on individuals based on their chronological age, for example being forced to retire at 65.

In this report we emphasise a life course perspective on ageing, which takes into account all of these factors[29]. We acknowledge that experiences in early life have an effect on health and well-being in later life. The links are complex and mediated by biological, psychological and social factors, as well as aspects of identity such as gender. Disadvantage in childhood or early adulthood often leads to impaired physical and mental health in later life. Early vulnerability to mental health problems is predictive not just of mental health problems in later life but also of poor socialisation, criminality, lack of participation and relationship difficulties[30]. On the other hand, advantage in childhood or early adult life may result in better physical and mental health in later life. Any consideration of later life issues must therefore take account of earlier life experiences.

In this report we use the relative terms "later life" and "older people" to emphasise that ageing is a process. Chronological age is a poor indicator of biological, emotional, social or intellectual age. Despite this, it continues to be used to determine eligibility criteria for a wide range of goods and services. This report uses a broad definition of later life to emphasise the transitions and different life stages that we may experience from the age of 50.

1.5 Mental health and later life: The double disadvantage

An important aspect of healthy ageing is the promotion of good mental health and well-being in later life. It is often assumed that quality of life decreases with age but this is not necessarily true. Studies show that for many people, particularly women, life satisfaction increases as they grow older[31]. However, there has been little evidence of a "joined up" approach to mental health promotion for older people. For example, the mental health promotion framework for England *Making it possible* (2005) stated:

> "It is widely acknowledged that the mental health and well-being of older people has been neglected across the spectrum of promotion, prevention and treatment services".[32]

Within mental health policy, older people are often neglected. Mental health initiatives have tended to target "adults of working age" (meaning adults up to the age of 65)[33] and children and young people. This has resulted in uneven progress in mental health developments for people of different ages. This inequality is now starting to be recognised but more work is needed to ensure that mental health programmes address older people's needs and interests.

Within ageing policy, mental health and well-being is often neglected. Active ageing initiatives tend to focus on the promotion of physical health and well-being, although research suggests that depression can have greater impact on quality of life than other chronic illnesses[34]. An increasing number of programmes are starting to recognise the importance of mental health and well-being[35], reflecting the holistic view of health which older people themselves hold[36].

Mental health in later life: The situation in England

Since publication of the National Service Frameworks for Mental Health (1999) and Older People (2001), it has been widely felt that mental health in later life has fallen between the two.

■ The NSF for Older People sets standards for health and social care. Its first standard is to root out age discrimination. Yet the NSF for Mental Health focuses on mental health services for adults "of working age".

■ Although the NSF for Mental Health states that its standards should apply equally to adults of all ages, investment in mental health has not reflected this. An additional £1 billion was invested in mental health services after the publication of the NSF, but all was directed to services for adults "of working age" and none to services for older people[37].

■ The neglect of mental health and well-being in later life has been highlighted in numerous reports including *Forget me not* (2000, 2002)[38], *What CHI has found in: Mental health trusts* (2003)[39], *Better health in old age* (2004)[40], *Securing better mental health for older adults* (2005)[41] and *Making it possible: Improving mental health and well-being in England (*2005)[42]. Most recently, *Living well in later life* (2006) stated that "the organisational division between mental health services for adults of working age [sic] and older people has resulted in the development of an unfair system, as the range of services available differs for each of these groups"[43]. It is recognised that age discrimination in mental health needs further attention[44]. There has also been a lack of clarity about where responsibility for older people's mental health lies[45].

■ To co-ordinate a response to these challenges, the Department of Health established an older adult mental health programme and published a service development guide *Everybody's Business* in 2005[46] which pledged to promote age equality in mental health services. In 2006, *A New Ambition for Old Age*[47] re-affirmed this commitment to ensuring that access to services is based on need and not age. It also pledged to promote mental health and well-being as a part of active ageing.

■ We welcome these commitments and expect action to achieve improvements.

1.6 Why should we pay more attention?

Mental health and well-being in later life affect all of us. There are humanitarian, social and economic reasons why we should pay more attention to these issues.

1.6.1 Good mental health and well-being in later life benefit each of us personally.

We all want to live long and healthy lives and we are more likely than ever to live to an old age. As the population ages, the people around us are increasingly likely to be older. Maintaining good mental health and well-being is one way to ensure that we, and those around us, are able to lead long and healthy lives that are enjoyable and fulfilling.

1.6.2   Good mental health and well-being in later life benefit society by maximising the contributions that older people can make.

The majority of older people in the UK are healthy and happy and making valuable contributions to society and to the economy. As workers, people aged 50 and over contribute £230 billion, or around a quarter, of the total economy[48]. Their unpaid contributions as volunteers, carers and grandparents are valued at £24.2 billion per year, equivalent to 2.9 per cent of the nation's economic output[49]. As consumers, older people boost the economy by an additional £239 billion a year[50]. As our population ages, older people's contributions to the economy will become even more important, as will their contributions to their families and communities[51]. Promoting good mental health and well-being in later life is one way to ensure that these contributions are maximised to everyone's benefit.

1.6.3   Good mental health and well-being in later life benefit society by minimising costs of care related to poor mental health.

Approximately 0.5 per cent of people over 65 have a psychotic disorder such as schizophrenia, 5 per cent have dementia and 20-25 per cent experience symptoms of depression severe enough to warrant intervention[52]. Mental health problems among older people increase to 50 per cent in hospitals and 60 per cent in care homes[53]. As the size of the older population grows, the absolute numbers of older people with mental health needs will increase, with associated impact on quality of life. It is in society's interest to promote good mental health to prevent people from becoming unwell. The long-term positive effects of such action will be felt in the NHS and social care, consumer spending, rates of employment and other areas of concern. The benefits will also be felt by older people and those around them, including friends and family, in terms of reduced personal distress.

Action to promote mental health and well-being in later life is consistent with current developments in policy and practice in a wide range of areas at the national and local levels. We welcome initiatives being taken forward by central Government, local authorities, voluntary organisations and others. In spite of this, there is still a long way to go to ensure that all people are able to have good mental health and well-being in later life. We hope that this report will provide support for those who are currently active in this area, and inspiration to those who are just taking their first steps.

Chapter 2   Evidence in this report

2.1 Approach

This report presents findings and recommendations that have been developed by the Inquiry Board, with support from Government participants and a wider Advisory Group. The Inquiry Board's deliberations have been informed by a wide range of evidence:

- A detailed review of literature and policy[54]

- Evidence from older people and carers. Nearly 900 older people and carers responded to a questionnaire. All the responses were read by at least one member of the Inquiry Board and systematic reports were circulated to all members. The responses were also subjected to content analysis[55].

- The views of older people from black and minority ethnic groups, and older lesbians, gay men and bisexuals, elicited through focus groups[56]

- Evidence from organisations and professionals. Nearly 150 organisations and professionals responded to a questionnaire and the responses were dealt with as for the questionnaires from individuals.

- Information from individuals, organisations and professionals through consultation events, presentations and workshops across the UK

- The personal stories of older people who contacted the Inquiry to share their experiences of later life, which added to the richness of the pictures presented to us

The Inquiry's findings have been strengthened by the views of older people about what can be done to promote good mental health and well-being in later life. The Inquiry heard from people aged 50-99 in urban, suburban and rural areas across the UK. The majority were white British, but we sought the views of older people from minority ethnic groups, and heard from Asian and Afro-Caribbean older people. Some of the people we heard from said they enjoyed good mental health and others reported that they had current or previous experience of mental health problems such as dementia, manic depression and anxiety. They included retired cooks, secretaries, teachers, BT engineers, managers and civil servants. Most were living in the community but a few lived in sheltered housing or in a care home.

Although our respondents are not a representative sample of all older people in the UK, their views are consistent with existing research and other evidence[57]. The comments we received provide valuable insights into older people's experiences and feelings and enrich our understanding of the issues that are important to them.

2.2 Findings

Our analysis of the whole range of material before us provides clear and consistent evidence that there are five main areas that influence mental health and well-being in later life:

■   Discrimination

■   Participation in meaningful activity

■   Relationships

■   Physical health

■   Poverty

These themes are explored further in Chapters 3-7. Each chapter includes six sections:

1.   Introduction to the theme

2.   Discussion of the theme in relation to mental health

3.   What is different about later life?

4.   Evidence from older people

5.   Evidence from other sources, including organisations and professionals, policy analysis and research

6.   Making a difference: What needs to be done to promote mental health and well-being in later life?

Chapter 3
Discrimination

Key points

■ Discrimination is a risk factor for poor mental health.

■ Age discrimination is the most common type of prejudice experienced by people aged 55 and over.

3.1   Introduction

Age discrimination has a negative impact on mental health in later life. Eliminating it will help to promote good mental health and well-being in later life. Evidence also indicates that for older people who have mental health problems, the stigma attached to mental illness can make things worse. We thus need more positive attitudes towards older people and a better understanding of mental health and well-being.

This chapter focuses on discrimination against older people and discrimination against people with mental health problems. People may also experience discrimination because of their gender, race or ethnicity, physical disability, sexual orientation, religious belief or other aspects of personal or group identity, or any combination of these factors. The cumulative effect of multiple discriminations may impact significantly on mental health and well-being.

3.2   Discrimination and mental health

Feeling valued, respected and understood can contribute to good mental health and well-being. Being treated with respect and accepted for who we are can make us feel secure in ourselves. It can enhance our ability to cope with difficulties, while making it more likely that we will treat others with respect.

Discrimination and mental ill-health are closely linked. Experiencing discrimination can put us at risk of poor mental health. It can lower our self-esteem and our expectations of life. It can limit access to vital services such as health care and opportunities to get involved and participate in civic life[58]. It can lead to feelings of worthlessness and despair, with a devastating effect on how we feel, and it may become internalised, resulting in self-discriminatory attitudes. The result may be lowered expectations of rights and capabilities that prevent us from contributing to society and enjoying life to the full.

Poor mental health increases the risk of experiencing discrimination. People with mental health problems face stigma and exclusion which can have lasting effects on their lives. Discrimination has been identified as "the greatest barrier to social inclusion, quality of life and recovery for people with mental health problems" and is even associated with shorter life expectancy[59].

3.3   What is different about later life?

As we grow older we may experience poor mental health because age discrimination may make us feel under-valued, disrespected and misunderstood.

Age discrimination

Direct age discrimination is explicit unequal treatment that cannot be justified, for example mandatory retirement ages (where these are not justified by the public interest), recruitment practices that exclude people over 50, or offering inferior services to people over 65.

Indirect age discrimination is apparently neutral practice that disadvantages people of a certain age, for example designing services around the needs of young adults without taking older people's needs into account.

Source: Age Concern England

Age discrimination is the most common type of prejudice experienced in later life[60]. A person aged 55 or over is nearly twice as likely to experience age discrimination as racism, sexism or any other type of discrimination[61]. Upon reaching 65 we may be forced to retire from work and we become ineligible to apply for Disability Living Allowance, a more generous benefit available to adults under 65[62]. At 70 we are no longer allowed to serve as magistrates. At 75 we are often denied travel insurance or car hire.

Age discrimination is a particular problem within mental health services, which are often structured separately for adults up to the age of 65 ("adults of working age") and adults aged 65 and over ("older people"). It is acknowledged that this has resulted in the development an unfair system which disadvantages people as they grow older[63]. Upon reaching 65, for example, people may be required to move from one service to another. For some people, this means they are forced to leave the security of a system they may have been part of for many years, to join a new and unfamiliar one. Others may find that they no longer fit the criteria for support services once they are over a certain age.

For people experiencing mental health problems, this can be unhelpful to their recovery and diminishes their ability to cope with day-to-day life. This issue will be discussed in more detail in the Inquiry's second report which will be published in 2007.

> "[What makes things worse is] being kicked out of my drop-in centre because of my age. Mental illness does not go away at 65!"
>
> Ms A, aged 67

Older people with mental health problems suffer double discrimination. The effects of age discrimination compound the effects of discrimination already experienced as a result of their illness. This is an example of how age discrimination, experienced for the first time in a later stage of life, can make things even worse for people who have been disadvantaged throughout their lives.

3.4 Evidence from older people

Older people strongly state that feeling valued, respected and understood is crucial for good mental health and well-being in later life. Tackling age discrimination and improving public attitudes towards older people is therefore a top priority for action. The older people we heard from identified discrimination against people with mental health problems as a secondary issue although the need to improve public attitudes towards mental health was recognised.

Our respondents gave examples of feeling put "in the corner" or "out on the scrap heap", "dismissed as an oldie", or patronised or treated as unintelligent because of their age.

> "The only thing that's changed [as I've become older] is that when I was younger, people would listen to what I said. Now I'm older and they don't listen to a damn thing!"
>
> Mrs O, retired teacher, aged 73

> "It is upsetting to feel like a second class citizen because I am above retirement age."
>
> Ms A, retired charity worker, aged 71

> "The older you get the less respect you get and seniors are made to feel useless. This is *wrong*."
>
> Ms W, retired civil servant, aged 63

Some link this to aspects of their physical appearance.

"I think if you are older, people tend to speak as if you don't understand. Grey hair means being talked down to."

Mrs A, aged 77

For many, the solution is simple.

"Treat us as people."

Ms P, retired clerical worker, aged 73

"Older people should be treated in the same way as anyone else, after all we are only the same people only with more experience of life and a lot to offer still."

Mrs L, foster carer and housewife, aged 75

3.4.1 Media

Older people feel that the media have a responsibility to portray older people and report on ageing-related issues more positively. They cite many examples of ageism in press reporting and TV and radio programming and presenting. This is supported by public opinion, where over half of adults aged 18 and over agree that the media portray older people negatively[64].

"Very little attention is given to our opinion, it's all parents and youngsters in the media and politics."

Mr A, retired manager, aged 79

"The media should use older people as presenters so that we don't feel we are outside looking in on a world run by and for the younger generation."

Mrs B, retired office worker, aged 58

3.4.2 Advertising and marketing

Older people also feel ignored in advertising, marketing and product design. Although people over 50 account for two-thirds of annual expenditure on leisure goods and services, less than 10 per cent of all marketing expenditure is aimed at them[65]. The older people we heard from said that products should be designed, packaged and marketed with their wants and needs in mind. This may improve with growing appreciation of the "grey pound".

"[There is] much too much emphasis on youth! [What is needed is] more understanding regarding print size in publications. More fashion directed towards the 50-plus – not 'frumpy' but not 'tarty'!"

Ms B, company secretary, aged 60

3.4.3 People in contact with the public

Older people say that attitudes need to improve among all those who have contact with the public, including health care workers, receptionists, shop assistants, bus drivers – and politicians. They say that ageist attitudes with comments like "What do you expect at your age?" can have a very negative impact on how they feel. The older people we heard from called for employees, particularly those who have regular contact with older people, to be educated to value and respect older people.

"[What would help is] people being considerate out in the world, i.e. on the bus or in the shops."

Ms A, aged 83

"[What would help older people feel good?] Being respected as individual human beings by bureaucrats and officials."

Mr B, aged 63

3.4.4 Younger people

Older people feel that families and schools have important roles to play in instilling respect and understanding for older people from an early age, long before younger people enter employment.

"[What would help is] educating young people to have a better understanding and awareness of older people – what it's like to get older."

Ms A, aged 87

"This country does not value older people as they do in other countries. Perhaps schools could start teaching young people how important older people can be in their lives."

Mrs L, retired secretary, aged 71

3.4.5 Older people

Older people say that they themselves should take responsibility and play an active role in bringing about these changes. Older people say that they find it helpful to adopt more positive attitudes, maintain a sense of humour and demonstrate self-respect.

"Believe in yourself. Have dignity. Self-love and self-respect. Hold your head up high. Don't feel sorry for yourself. Stay young and fit. Don't think you have to act your age. Grow old disgracefully."

Ms E, manager, aged 58

Older people say that these are important lessons for younger people to learn as well:

"I think one needs to be positive from early on in life, certainly through one's working period, it therefore becomes commonplace and natural as one enters old age."

Mr D, retired manager, aged 73

With respect to discrimination against people with mental health problems, older people also think that there needs to be better understanding of mental health and well-being to counteract double discrimination. The older people we heard from suggested that workers and younger people should be trained and educated to have better awareness and understanding of mental health issues.

3.5 Evidence from other sources

The issues of human rights and equalities have risen up the public policy and political agendas but discrimination is nevertheless still widespread in many aspects of day-to-day living in the UK.

The Government recognises that the discrimination faced by people with mental health problems has a negative impact on their lives, and has taken steps to reduce it. We welcome more recent recognition of the discrimination faced by older people, and the negative impact that age discrimination has on their lives[66]. Further work is needed to remove the unnecessary barriers that prevent older people from enjoying life to the full.

3.5.1   Commission for Equality and Human Rights

A Commission for Equality and Human Rights (CEHR) will start work in 2007 and be fully established in 2009. It will have responsibility in England, Scotland and Wales for ensuring equal treatment across the six areas of equality: race, gender, physical and mental disability, age, sexual orientation, and religion and belief. Northern Ireland already has its own Equality Commission and Human Rights Commission.

The new CEHR will promote equality, human rights and good relations between communities. It will have responsibility for enforcing equality legislation and promoting the Human Rights Act. It will also be responsible for promoting awareness of good practice, holding inquiries and making recommendations to Government on issues where there is no existing law, for example age equality in public services.

The rights of people with mental health problems in accessing employment, goods, services and education are already safeguarded under the Disability Discrimination Act[68]. This legislation will continue to be enforced under the CEHR's remit.

The CEHR is expected to help put all equality issues on the same footing but there are concerns that age equality could be marginalised. The CEHR will need to set standards and monitor progress on equality of outcomes across all six strands.

3.5.2 Public sector duties to promote equality

Under existing legislation, public bodies have been required to "have due regard to the need to eliminate unlawful discrimination and promote equality of opportunity and good relations between persons of different racial groups"[67] since April 2001. Public bodies in the UK will be required to promote equality for people with disabilities, including people with mental health problems, starting in December 2006. A duty to promote gender equality will come into effect in April 2007.

> **Age equality** means securing the equal participation in society of people of every age, based on respect for the dignity and value of each individual. It aspires to achieve equality in citizenship, access to opportunities and outcomes, as well as respect for differences related to age.
>
> Source: Age Concern England

A public sector duty to promote age equality does not yet exist but will be considered in the Discrimination Law Review White Paper, expected in mid-2006. Public bodies in Northern Ireland have been required to promote age equality since 1998, but the requirement on public bodies in other parts of the UK varies. A duty has been introduced by the Greater London Authority but not in the rest of England. A duty also exists in Wales. In Scotland, the Parliament has the power but not the duty to promote age equality. This power has been used to include age-proofing of policy in particular pieces of legislation.

3.5.3 Discrimination in employment

The UK Government has taken action to outlaw discrimination in one of the most visible and symbolic areas – that of employment and adult learning. This will come into effect from October 2006 and bring the UK in line with an EU directive on banning discrimination in employment and vocational training. However the Government has provided for a default mandatory retirement age which allows employers to force people to retire at age 65. This will be reviewed in 2011.

3.5.4 Discrimination in the provision of goods and services

National Service Frameworks in England (2001) and Wales (2006) set out standards for health and social care services for older people. The first standard in both frameworks is to root out age discrimination. In England, this standard has been effective in some areas such as increasing access to heart surgery and hip and knee replacements for older people, but more work is needed to root out age discrimination in mental health services[69]. In Wales, analysis of impact is not yet possible.

Consideration is being given to the extension of legislative frameworks to make it unlawful for providers of goods and services to discriminate on the basis of age. Equality legislation that protects people from age discrimination in goods and services already exists in some other countries, including the Republic of Ireland. The Discrimination Law Review White Paper will set out proposals for action in the UK.

3.5.5   Other strategies to promote age equality

The Social Exclusion Unit, which covers England but whose remit has UK-wide implications, has published a report on ending social exclusion for older people[70]. The report emphasises the need to create a culture in which all older people are able to participate as equal citizens in families, the workplace and their communities. It also emphasises the need, at both national and local level, for strong leadership to make older people a priority, work across organisations and take a broad view of well-being. The report promises that "Government ministers from key departments will lead the process to join-up proposals from all departments on older people, ageing and exclusion as part of the 2007 Comprehensive Spending Review"[71] which will set Government expenditure for the period 2008-2011.

The Social Exclusion Unit report also promises a review of proposals to create an Office for Ageing and Older People which would include the planned Observatory on Ageing, which was first suggested in the UK strategy on ageing *Opportunity Age*. The review will consider how the Office might best provide effective leadership and co-ordinate policies, programmes and research on ageing and older people.

The Secretary of State for Work and Pensions is the appointed Government Champion for Older People. In Northern Ireland, there is a commitment to establish a Champion for Older People who will have strategic responsibility for co-ordinating actions to improve the lives of older people[72]. In Wales, the establishment of a Commissioner for Older People is expected in 2007[73]. The Commissioner will, among other functions, promote awareness of older people's interests and review the adequacy and effectiveness of the law affecting older people in Wales. In Scotland, a Member's Bill to establish a Commissioner for Older People has been proposed but not yet published[74]. The Scottish Executive will consider the need for a Commissioner in developing its strategy for an ageing population, which is due to be published in late 2006.

3.5.6   Media

Work with the media presents an opportunity to improve public attitudes towards older people. One model is provided by the work that has been done with the media to improve its representation of mental health issues, which is disproportionately focused on violence[75].

Two national anti-stigma initiatives exist in the UK. The key target audiences for both are the media, the public sector, private employers and young people. **see me** was launched in 2002 as a key component of the Scottish Executive's National Programme for Improving Mental Health and Well-Being[76]. It works closely with the media to improve the reporting of mental health problems and has developed codes of practice and feedback mechanisms that involve mental health service users. **Shift** is a five-year initiative that was established in 2004 as part of the National Institute for Mental Health in England[77]. It has commissioned research on media coverage of mental health issues[78] and, like **see me**, plans to work closely with the media and develop a speakers' bureau. Other organisations, like Mental Health Media, also produce material to combat stigma and support mental health service users who are willing to speak to the press.

The emphasis on stigma reduction is very much needed but these programmes largely ignore older people. **see me** publicises the experiences of children and young people,

and people in the workplace, but not older people. The research conducted for **Shift** only included focus group participants up to age 50.

Older people should be included in programmes that aim to reduce stigma and increase understanding. Older people with mental health problems have valuable insights to share about their experiences of both stigma and age discrimination. Evidence suggests that the wider population of older people would benefit from increased understanding of mental health issues. Older people are significantly less likely than other age groups to know what proportion of people in the UK might have a mental health problem at some point in their lives[79]. They are less likely to consult a GP about a mental health problem and more likely to agree that people with mental illness should not be given any responsibility, particularly in terms of taking public office.

3.5.7 Employees and workplace training

Workplace training presents an opportunity to educate all employees who come into contact with the public about ageing and older people. There is work being done to promote employee training on mental health issues.

Making it possible (2005), the mental health promotion framework developed in England, identifies the importance of "marketing mental health" to the wider public, with the workplace as a priority setting[80]. Such marketing is seen as the key to strengthening people's knowledge, skills and capacities to achieve positive mental health and create an environment where they are more able to take actions to look after their own mental health.

A mental health strategy document (2006), produced jointly by the Sainsbury Centre for Mental Health, the Local Government Association, the NHS Confederation and the Association of Directors of Social Services, called for the establishment of "well-being workplace" awards to recognise employers who promote staff well-being and recruit and retain people with mental health conditions[81].

In Scotland, the National Programme for Improving Mental Health and Well-Being has adapted a training programme called Mental Health First Aid, first developed in Australia, which teaches members of the public to recognise the signs of mental distress and provide initial help[82]. The course has been shown to give participants a greater understanding of mental health issues. An independent evaluation is planned for 2008. Mental Health First Aid has also been piloted with young people in Northern Ireland.

3.5.8 Young people and education in schools

In schools the Personal, Social and Health Education (PSHE) and Citizenship elements of the National Schools Curriculum provide an opportunity to influence children and young people in two ways. Firstly, by educating them about ways to maintain good mental health and well-being which they can carry through adult life into their later years. Secondly, by fostering respect and value for older people, including improving understanding of later life and how it compares to childhood and earlier adulthood.

An approach which focuses on the school setting as a whole rather than just on the curriculum will have maximum impact, especially if it includes extra-curricular activities that foster contact between generations. Positive face-to-face contact between people of different age groups can reduce stereotyping and prejudice and lay the ground for better relations[83]. Intergenerational activities take place in some schools but often not in a large-scale, co-ordinated way[84]. Evidence shows that direct social contact with people with mental health problems, as a form of experiential learning, can also reduce stigmatising attitudes[85].

3.6 Making a difference

This chapter shows that eliminating age discrimination, and instilling more positive public attitudes towards ageing and older people, will improve mental health and well-being in later life for current and future generations of older people. A better understanding of mental health and well-being would also have a positive impact.

What needs to be done to promote mental health and well-being in later life?

All of the following actions will be more effective if they directly involve the people who have experienced the discrimination themselves:

- Promote age equality, particularly within mental health promotion

- Work with the media to improve portrayals of ageing and older people, including portrayals of older people with mental health needs

- Educate and train all employees who have direct contact with the public to value and respect older people

- Promote intergenerational activities to strengthen understanding and respect between younger and older people

- Teach younger people about ageing so that they can prepare themselves for good mental health and well-being in later life

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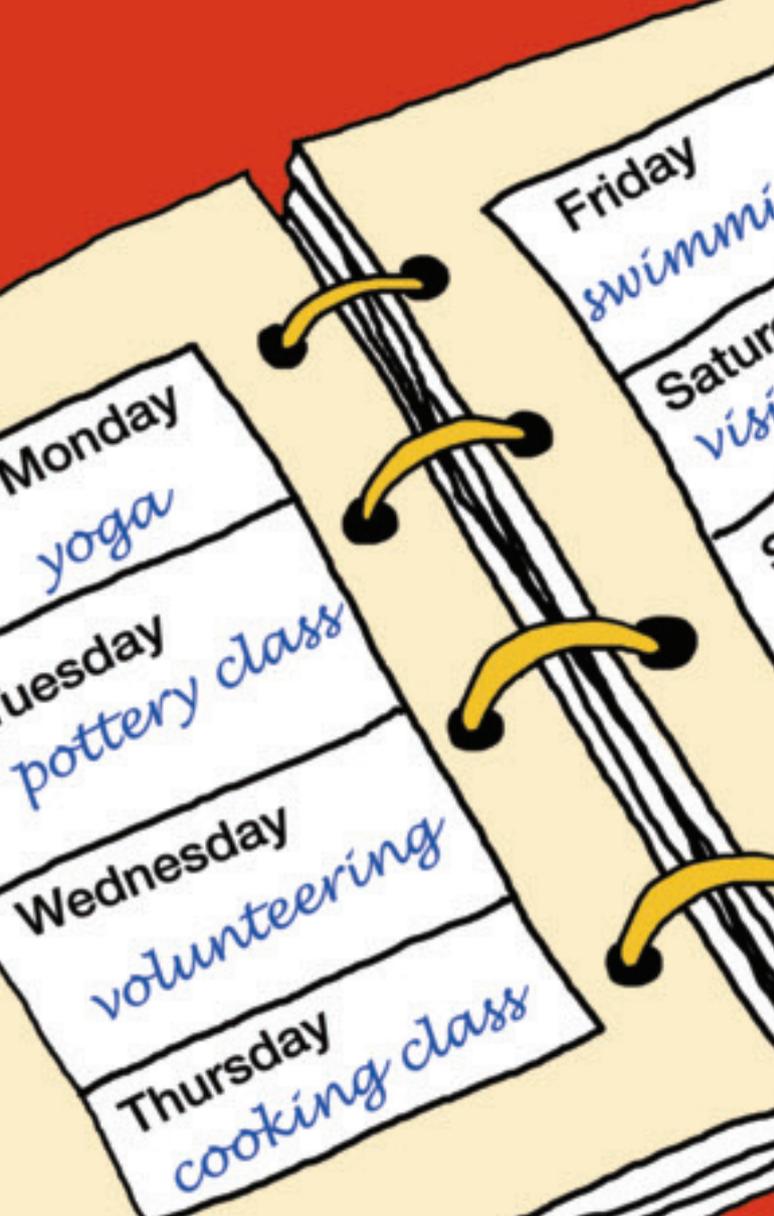
Chapter 4
Participation

Key points

■ Participation in meaningful activity is important for good mental health and well-being.

■ Older people want to make contributions to society but face barriers to participation in many areas of public and private life.

4.1 Introduction

Recognising the contribution that people can make to society, no matter what their age, will help to promote mental health and well-being for all of us. Most of us want to stay active and involved, and to continue to contribute to society in later life. Feeling needed and wanted helps to promote mental health and well-being. Older people have a lifetime of knowledge and experience to share but there are barriers to participation. We need to recognise the value of older people's contributions, provide encouragement and information about opportunities, and remove the barriers.

Participation can be in the public sphere through employment, volunteering and education and learning, or through personal interests, hobbies and everyday activities that keep us feeling stimulated and engaged, and give us a sense of meaning, purpose and responsibility[86].

4.2 Participation in meaningful activity and mental health

What we do has an impact on how we feel. Staying active and involved is associated with good mental health and well-being[87]. A meaningful role can provide a sense of purpose and identity, a reason to get out of bed in the morning and something to care about. It may ensure involvement in a wider community where we are needed and

recognised for the contributions we make. Belonging to community and voluntary organisations reduces the likelihood of experiencing depression[88].

Participation can reduce isolation, make us feel secure and increase our self-esteem, provided we maintain a balance and avoid the negative aspects, such as loss of control over demands on our time, which can be stressful.

Poor mental health may lead to periods of inactivity which may reduce self-esteem and abilities, leading to further deterioration in mental health. These effects may be lifelong and can result in difficulty in becoming involved in activities in later life, which may further prejudice mental health. Promoting meaningful activity *throughout* life, with appropriate support where needed, is important for good mental health and well-being.

4.3 What is different about later life?

Staying active and having a sense of purpose is just as important for the mental health and well-being of older people as it is for younger people.

Many older people are still in paid employment. Over the past 50 years there has been a trend towards early retirement but this has begun to reverse in recent years[89]. There are over 7 million workers in the UK aged 50 and over, and nearly 1 million others who would like to be working and whose contributions would increase economic output by £29 billion, around 3 per cent of the UK economy[90]. Only half of all retired people say they wanted to stop working and over a third say they felt forced to stop[91].

We now spend about one-third of our adult lives in retirement. With life expectancy rising faster than the average retirement age, the average number of years we live in retirement has nearly doubled over the past 50 years, from 11 to almost 20 years[92]. Life expectancies vary according to gender, geography and social class, being lower for men, people living in Scotland and people from lower social classes[93].

For many of us, employment is a defining aspect of our identity so retirement represents the end of the activities and routine we have engaged in for most, if not all, of our adult lives. Retirement may result in a loss of roles and social networks but it may also provide opportunities to develop new ones. Pre-retirement planning is offered by some employers to help employees prepare for the transition from work to retirement.

Interest in volunteering peaks in the years immediately following retirement. Nearly a quarter of people aged 50 and over are engaged in formal voluntary activity. Many also give invaluable informal support to friends and family as carers and grandparents (see Chapter 5). Participation in adult learning tends to decline with age but still more than a third of people in their 60s in England and Wales are involved[94]. Many older people stay involved in civic and political life as community leaders and activists. Older people are more likely to vote than other age groups and it is estimated that by 2025, people aged 55 and over will account for half of all votes cast in the UK[95].

4.4 Evidence from older people

Older people confirm that staying active and having a sense of purpose helps to keep them feeling mentally healthy and well.

"As you get older you need to be able to focus on hobbies, outdoor pursuits and staying positive-minded. You will feel less mentally strong if you start to sit about during the day and lose interest in life events."

<div align="right">Mrs F, retired receptionist, aged 62</div>

"[What motivates me?] Wanting to make full use of every day. There's always so much to do that I like to get an early start. I try to get out as much as possible particularly when I'm depressed. [My advice to others?] Try to get involved in activities – physical and mental. Otherwise boredom will set in."

<div align="right">Miss D, retired teacher, aged 76</div>

Many are keen to counter the myth that retirement is a time of slowing down. Some of the older people who contributed to the Inquiry said they were busier than ever.

"Retiring is not re-*tiring* or doing nothing! It's not 'getting tired'."

<div align="right">Mr P, aged 75</div>

"When I wake up in the morning I am happy to see another day, look in my diary and see what I have planned. I do a lot of voluntary work… I will never really retire."

<div align="right">Mr L, 'retired' quality checker, aged 70</div>

Some said that their approach to staying active has changed over time, with a growing sense of urgency as they have grown older:

"When you are young you think you are immortal. You are more optimistic [and] there are more opportunities for you. When you become old you have to try and seize the day more than you ever did. So your outlook on life definitely changes."

<div align="right">Ms A, retired civil servant, aged 65</div>

Others indicated that having a choice of what to do with our time is what will help to keep us feeling mentally healthy and well in later life.

"I have hobbies – interests. I don't have enough days in the week for all the things I want to do and learn… Initially I dreaded the thought of retirement but now I quite enjoy being free to do what I want."

Ms T, retired civil servant, aged 65

For others, a strong sense of purpose and direction is important.

"[Have things changed over time?] I am now happier and more able to meet the world. [When I was younger] I was too busy to think things through… Planning for fun and enjoyment [is important]. I always have a clear idea of what I am going to do in the next few months."

Mr M, retired headmaster, aged 75

4.4.1   Everyday activities

Older people say they keep busy with everyday activities such as reading, music, TV, radio, crossword puzzles, keeping up with current affairs, browsing the Internet, interesting conversations, cooking, gardening, driving, shopping and household chores. Older people also value opportunities to learn new skills and hobbies.

"Lifelong learning keeps the mind and spirit alive."

Ms B, retired teacher, aged 74

"[What motivates me?] Meeting friends, enjoying hobbies and pastimes, both in company and alone. I lead a full and active social life and I exercise my brain by reading, puzzles, computer work, etc. Having a particular skill or talent which one can use and enjoy gives a feeling of self-worth."

Ms B, retired office worker, aged 73

4.4.2   Recognising contribution

Older people want to contribute to society and to feel needed for the skills and knowledge they have gained over a lifetime of experience. The organisations and professionals we heard from tended to underestimate how important it is for older people to feel they are making a useful contribution.

"It is upsetting when your contribution to society is not valued and appreciated."

Ms A, retired charity worker, aged 71

Recognising the contributions that older people have to make would have a positive impact on their mental health and well-being.

"[What helps me feel good is] a sense that I have contributed through my career to the general good of society and that I am continuing to do so through my voluntary activities."

<div align="right">Mr C, retired teacher, aged 65</div>

"[What motivates me is] the desire to continue to be an active member of society, even though the opportunities to do so are practically nil. I still want to be of some value, so I hope that by contributing [to the Inquiry] I will be of some help to other older people – even if it is in the future."

<div align="right">Mr H, retired driving school instructor, aged 74</div>

Older people say they have many skills they could share with others, but this is often not recognised or appreciated so they feel discarded and ignored. Recognising these skills and providing opportunities for sharing them would have a positive impact on older people's mental health and well-being.

"Older people have a lifetime of experience and skills. This is a valuable asset to the community and where we are given the opportunity to use it, we shall feel better and the whole community will benefit."

<div align="right">Ms S, retired teacher, aged 80</div>

"Create the opportunity for older people to pass on their skills and knowledge to younger people. This can work both ways with the young people and the older people learning different skills."

<div align="right">Mr K, retired manager, aged 62</div>

4.4.3 Helping others

Staying active, for example through volunteering, helps people to manage worries in later life, by keeping them busy and distracting from negative thoughts. Older people say that giving to others not only makes them feel needed and wanted, but it also helps to keep their own problems in perspective.

"The best cure for the blues is activity. Do something – preferably for someone else."

<div align="right">Mr K, retired BT worker, aged 70</div>

"Being needed and giving of myself helps me to be positive."

Ms A, retired midwife, aged 72

"I have fought for the elderly for 19 years… [As I have grown older] my body has changed but my tongue is still sharp when I am fighting for the rights of others. When I think about other people's worries I forget my own. [It makes things worse] when I hear people complain [because I think] this is a wonderful world. I still have so much to do."

Ms S, aged 89

4.4.4   Barriers

Older people say that barriers to involvement should be removed. Many cite age discrimination in **employment** as an example and say they would like the right to continue to work past the age of 65. Being forced to retire against one's will has a very negative effect on people's mental health and well-being.

"My career as a librarian was an all important life line for me. I was devastated when I had to retire at 65… [What would make things better is] allowing people to work until they want to. I would feel better if there was someone who could understand my hell."

Ms P, retired branch librarian, aged 72

"[What makes things worse is] not having a sense of belonging. There needs to be a role for older people in society."

Mr D, management consultant, aged 62

"[What would help is] opportunities to remain in paid employment beyond pensionable age. The Government should set an example in this respect."

Mr M, retired customs and excise official, aged 82

Forcing people to retire against their will is not good for society either.

"[Forced] retirement can mean isolation and a waste of wisdom and experience. Feeling good is about feeling valued but there is a lack of willingness to give [older] people a place. The contribution that [they] can make will be released only when we stop seeing them as an expense and start seeing them for what they are – an instant pool of wisdom."

Mr D, retired social worker, aged 73

Other factors prevent older people from getting out and about and participating in their local communities. The older people from minority ethnic groups we heard from said they would like to go out in the evenings but do not because of fear of crime in their neighbourhood. Other older people, particularly those in rural areas, cite as barriers the lack of public transport and the cost of private transport such as taxis.

4.4.5 Preparing for later life

Older people want information and support to be able to take advantage of activities in later life. The transition from employment to retirement should be a managed process.

> "People should not be written off at 50 years old. [Leaving work] should be a choice. Full-time employment should become part-time employment and then organised retirement."
>
> Ms W, retired civil servant, aged 63

Older people say that younger people should take action to prepare themselves for the opportunities that later life can bring. Some say that this should start with people in their 50s.

> "I feel strongly that people in their 50s should prepare for old age by developing interests [earlier on] that will be accessible to them as they become older."
>
> Mrs L, retired director of nursing services, aged 74

Others say it should start even earlier.

> "Retirement should be about carrying on a passion you have started beforehand – not about suddenly taking up golf. Having the time to do all the things that had to be squeezed beside a full-time job. We don't have the work-life balance right. We should make opportunities in our 20s, 30s and 40s for people to develop leisure activities that they can then look forward to in retirement. We should *want* to retire. What is important is that you enjoy your life – nothing else matters much!"
>
> Mr C, retired police officer, aged 58

4.5 Evidence from other sources

Older people are actively involved in shaping our country as employees, business and community leaders, entrepreneurs, politicians, grandparents, volunteers, carers, consumers, activists and voters. They make huge contributions to the economy and society. As workers, people aged 50 and over contribute £230 billion, or around a quarter, of the total economy. Their unpaid contributions as volunteers, carers and grandparents are valued at £24.2 billion per year, equivalent to 2.9 per cent of the UK's economic output[96]. Without these contributions, it would be impossible for the public purse and other members of communities to fill the gaps. This will become even more

apparent as the older population grows and society becomes more dependent on the contributions they make as part of the workforce and the wider economy.

Government policies have started to recognise the need to expand opportunities for involvement in later life[97]. Community development initiatives that involve older people, as participants and as leaders, can effectively promote mental health and well-being in later life[98].

Local authorities have an important role to play. In England and Wales they have had wide-ranging discretionary power to promote well-being since 2000 and in Scotland since 2003. The power has also been considered in Northern Ireland. This enables them to take any action that will promote the economic, social and environmental well-being of their area[99]. Local authorities in Great Britain have a duty to maintain Community Planning processes that engage community members, including older people. Compliance with this duty is assessed in England by the Audit Commission and in Scotland by Audit Scotland.

The Social Exclusion Unit's action plan for excluded older people includes a commitment to pilot "Link-Age Plus", also referred to as a "Sure Start approach to later life"[100]. It is designed to provide a single point of access to the range of services which older people may need in the community, including housing, social care, financial benefits, transport and volunteering opportunities. Link-Age Plus will be piloted in eight local authorities in England in 2006 and 2007.

However, barriers to involvement still exist. The most obvious are age limits that prevent people from becoming and staying involved in meaningful activity to the extent that they would like.

4.5.1 Employment

The Government and others have indicated the need to encourage older people to stay in work for longer or return to work more quickly if they have been out of work[101]. People aged 50-65 have persistently higher redundancy rates than other age groups[102] but their employment rates are slowly improving[103]. Nine out of ten people think that workers should be able to retire when they want to[104]. Legislation outlawing age discrimination in recruitment, promotion and vocational training will come into force from October 2006. However, employers will still be legally allowed to force people to retire at 65.

Incapacity benefit is paid to people who are not able to work. Over half of all people receiving incapacity benefit are aged 50 and over[105]. The Department for Work and Pensions has piloted the Pathways to Work programme, which provides individualised support to people claiming incapacity benefit to move back into work. Pilots will be extended to a national programme by 2008. However, Pathways to Work has been found to be less effective for older people than for people of other ages[106].

4.5.2 Flexible working and retirement

A healthy work-life balance is an increasing concern for workers of all ages, and allowing flexible working is one way to achieve this. The right to request flexible working has been given to parents of young children[107] and will be extended to carers in 2007[108], but as yet has not been extended to the rest of the workforce.

The Government has stated its commitment to smoothing the "cliff edge" between work and retirement[109]. The need for flexibility in this transition is key. Many older people prefer to retire in stages, moving from full-time work into part-time, temporary or self-employed work instead of retiring completely[110]. Others choose to adapt the type of work they do to match their changing skills and preferences. Flexible pensions provision can help to facilitate flexible working in later life[111].

4.5.3 Planning for retirement

Pre- and post-retirement life planning has been shown to be effective in preparing people for the transition from work to retirement[112]. Evidence suggests that people benefit from having thought through all the aspects and implications of retirement, including how the loss of role, social networks, routine, continuity and familiarity may impact on intimate relationships and on mental health and well-being[113]. However, statistics suggest that pre-retirement planning opportunities are not widely available[114]. Providing information and support, and removing barriers to participation, would help more people to plan and to get the most out of retirement.

4.5.4 Education and learning

Participation in lifelong learning can be an important source of mental stimulation and social interaction for older people. Learning opportunities led by older people themselves are supported by groups like the University of the Third Age. The Government has taken the very positive step of abolishing upper age limits on new tuition loans for higher education, which were previously not available for people aged 55 and over[115]. However, severe funding problems across all adult education restrict the availability and affordability of courses, particularly those where older people are strongly represented[116]. Funding and priorities tend to focus on courses for 16-19 year olds and for people with low skills.

4.5.5 Volunteering

Volunteering is associated with increased life satisfaction, with some evidence that older people derive greater mental health benefits from volunteering than younger age groups[117]. Yet up to one-fifth of organisations place upper age limits on volunteering opportunities, or on specific tasks like driving, sometimes due to difficulties in securing insurance for people over a certain age[118]. The Government stated in *Opportunity Age* that everyone should have the opportunity to volunteer, and has established a two-year initiative called Volunteering in the Third Age[119] to promote volunteering in later life, with a view to abolishing these age limits.

Other barriers to participation include fear of crime and lack of transport in the local community.

4.5.6 Crime and fear of crime

The Government acknowledges the negative impact that crime, and fear of crime, can have on the quality of life of older people . The British Crime Survey shows that fear of crime amongst older people is broadly less than for the adult population as a whole and people aged 60 and over are the least likely group to be victims of crime . However, the experience of being a victim of crime can impact on older people more

seriously, reflecting factors such as physical frailty, living alone, social isolation and poverty. The impact of being a victim of crime (e.g. not wanting to go out after dark) can restrict activities and compromise the mental health and well-being of older people. It is therefore important that community safety programmes, crime policies, and planning and regeneration strategies take proper account of the needs and interests of older people.

4.5.7 Transport

Problems with transport are a key concern for many older people and an identified cause of social exclusion in later life[122]. Around 44 per cent of people aged 65 and over do not have access to a car[123], and 17 per cent do not use public transport due to poor health, inconvenience or because it is too expensive[124]. Government is taking action to meet the cost of older people's transport needs[125]. Still, the availability of appropriate transport remains an issue for many, particularly in rural areas, where older people make up a greater proportion of the population than in urban areas[126].

4.6 Making a difference

This chapter shows the importance of participation in a range of activities and community life. Recognising the contributions of people in later life will improve mental health and well-being for all of us, now and in the future.

What needs to be done to promote mental health and well-being in later life?

- Recognise the skills and knowledge that older people have to contribute and provide opportunities for older people to share these with people of all ages, for example through volunteering

- Remove or reduce barriers to participation in later life, such as mandatory retirement ages, upper age limits on volunteering opportunities, fear of crime and lack of appropriate transport

- Promote opportunities for lifelong learning for people of all ages

- Help people to take planned flexible retirement, for example by providing pre- and post-retirement life planning programmes

- Make provisions for flexible working available to people of all ages

- Support people of all ages to maintain a healthy work-life balance

- Encourage younger people to develop lifelong interests that they can continue to pursue in later life

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Chapter 5
Relationships

Key points

- Good relationships are important for good mental health and well-being. Social isolation is a risk factor for poor mental health.

- 1 million older people in the UK are socially isolated.

5.1   Introduction

Strengthening relationships in later life will help to promote mental health and well-being for all of us by providing support, developing stronger links between people of all ages and building stronger, more secure communities.

In this chapter we focus on relationships with a range of other people, including family and friends, as well as relationships with pets. We also consider the support that spiritual faith and belief can provide.

5.2   Relationships and mental health

Good personal relationships are vital for mental health and well-being. Relationships with friends, family and others may provide love, social support, someone to care for, and a sense of being needed, wanted and part of a community. Close relationships are associated with good mental health and well-being, and social participation is linked to reduced risk of common mental health problems[127].

Relationships however can also have a negative impact on mental health[128]. Being an informal carer for a friend, family member, spouse or partner can be particularly stressful

and put people at risk of depression. Relationships marked by abuse and violence, or the fear of it, are linked to poor mental health, particularly among women[129].

The absence of meaningful relationships can lead to social isolation or loneliness. Social isolation is defined by a lack of social contacts. Loneliness is related to a lack of satisfying or rewarding relationships in one's life. The two may be linked but are not necessarily the same[130]. In this chapter we are concerned with social isolation that results in loneliness.

Social isolation and loneliness are important risk factors for poor mental health and suicide[131]. Poor mental health in turn can lead to isolation[132] and social exclusion[133]. This can have negative effects which are retained into later life. It is thus important to promote good relationships throughout life.

The loss of a relationship through death, divorce or other reason is usually accompanied by grief. Everyone experiences bereavement differently but people often feel a range of emotions, including guilt, anger and sorrow. Most people are able to cope with bereavement with help from family and friends[134]. However, a minority of people experience more complicated reactions and have difficulty coming to terms with their loss. This may put them at increased risk of mental health problems.

5.3   What is different about later life?

Relationships are important to us all throughout life and inevitably change over time. Parenting roles shift as children grow up and move away. Retirement may allow for more time with friends and family and opportunities to engage in new activities and meet new people. However it can also mean the loss of social networks that were established in work environments and create strain on relationships with spouses, partners or children. Intimate relationships are just as important in later life as they are in earlier life.

Older people play diverse roles in family life, with varying levels of involvement. People aged 50 and over, particularly those aged 50-59, are more likely to be providing informal care than any other age group[135]. Three million older people provide care that is worth £15.2 billion a year. Older carers tend to be looking after their spouse or partner, but may also be caring for disabled children or grandchildren. The level of care provided by older carers increases with age. Around half of all carers aged 85 and over provide more than 50 hours of care each week, compared with around a quarter of carers aged 60-64[136]. Older people who are carers tend to be in poorer general health than people of the same age who are not carers.

As family structures change, smaller families and longer life spans mean that children typically have fewer aunts and uncles but are more likely to have grandparents or great-grandparents. Some older people play increasingly important roles as grandparents, providing the majority of childcare for more than two-thirds of families during the course of a year, saving the families £3.9 billion in childcare costs annually[137]. Others may have little contact. For some, contact with grandchildren is limited by lack of adequate or affordable transport, ill health or immobility and poor relationships with the grandchildren's parents or step-parents.

It is estimated that 1 million older people in the UK are socially isolated[138] and this number is projected to rise to 2.2 million over the next 15 years if the issue is not addressed[139]. As we get older, our risk of being isolated increases with the loss of friends and loved ones through illness and death. Poverty and poor health are also significant factors. The most severely isolated and lonely are those over 75, those who are widowed and those who live alone. Women are at greater risk of isolation because they live longer than men, with older women more than twice as likely as older men to feel trapped in their own homes[140]. Isolation and loneliness are also particular risks for older people from minority ethnic groups[141] and for people who live in rural areas[142].

Abuse and violence is a major problem for at least half a million older people in the UK who are regularly beaten, insulted and abused[143]. Abuse may be physical, psychological, financial, sexual or defined by neglect. Two-thirds of abuse happens in people's own homes, and nearly half of all situations involve a family member[144]. Risk factors include being socially isolated, having a history of a poor relationship with the abuser and having a pattern of family violence.

5.4 Evidence from older people

Relationships feature prominently in older people's views on what is important for good mental health and well-being in later life. Older people say that visits to or from friends and family motivate them to get out of bed in the morning. Having someone to talk things over with helps them to cope with worries. Many say that the most important thing is to feel wanted and needed by others.

"Being wanted and needed goes such a long way to permanent happiness."

Mrs F, retired clerical officer, aged 69

"Everyone needs to feel valued and understood and preferably loved – that's the case whatever age you are. It is a part of the human condition."

Ms D, retired academic researcher, aged 64

5.4.1 Family
The older people we heard from placed considerable emphasis on family relations and the importance of maintaining existing relationships that may carry on into later life.

"[I want] to feel that I am still needed and wanted. Not to be excluded from the family."

Mrs A, aged 92

"The main thing is love. Food, shelter and warmth are important but it's lack of someone caring that leads to despair. To be included in family events means so much."

Mrs W, retired bank secretary, aged 82

"[It is important] to know there is someone who cares about you. Your family's attitude can make a big difference to how you feel."

Mrs E, retired caterer, aged 81

In contrast, the organisations and professionals we heard from tended to underestimate the importance of family, focusing instead on the need for people to form new relationships in later life.

Older people hold conflicting views on the impact that family can have on mental health and well-being in later life. Many talk about family in positive terms and cite relationships with children and grandchildren as a source of personal strength and meaning.

"I have a good family who look after me so I'm lucky and feel valued. I looked after them when they were young and now they look after me."

Mrs H, aged 87

Others are very clear that family relations have a negative impact on how they feel. Some of the older people from minority ethnic groups we heard from spoke with great feeling about being isolated within their own families, excluded from key decision making processes and not even invited to major family events such as weddings and religious celebrations.

"You have everything – meals, somewhere to live – but you are not consulted, not included. You feel like you have no value, attachments, links with your community or even your family."

Mrs B, aged 75

The older lesbians, gay men and bisexuals we heard from often described family relations as something they had had to "survive" or "overcome", largely because of homophobic attitudes among relatives.

"Sixty per cent of my problem is the attitude of my father, what I have been prevented from doing because of prejudice in the past. He regarded my sexuality as a joke. I divorced my family. I survived my family."

Mr G, aged 65

5.4.2 Friends, neighbours and "significant others"
Older people often rely on friends, colleagues, neighbours, carers and a range of other people to supplement or substitute for support from families.

"The companionship of friends [is important] when one has been widowed – as I have for 50 years."

Mrs G, retired social worker, aged 75

"Those of us lucky enough to be part of a loving family have a head start but everyone can be part of a 'family' network of friends. The support given and gained is tremendous. It is sometimes necessary to take courage in both hands and talk yourself into bravely taking the first step in going out and joining a club or social circle."

Ms B, retired office worker, aged 73

The intensity of the social contact may be less important than its regularity. Many people just want some company, someone to talk to and help with tasks.

"Mixing with other people and having cheerful conversation and activities helps to combat loneliness and mental depression. Lack of company causes me genuine despair."

Ms K, retired voluntary worker, aged 71

"People feel good if they know there are others who care about them and are willing to spare a little time with them."

Ms A, retired local Government officer, aged 81

"A visitor to help with my shopping and [to give a little] company would be lovely."

Ms A, aged 79

For some, the benefits of social support are related to other needs.

"Being sober has given me a new lease on life. [What helps me feel better is] going to meetings and social activities with people who have an addiction like me."

Mr A, aged 53

5.4.3 Isolation and loneliness

Older people confirm that not having anyone to share problems with can make things worse. This may be due to lack of family nearby.

"I am alone in the town where I live. My daughter has moved further away and I miss everyone. Angry I can't do everything I used to do. Worried I'll be unable to cope."

Ms S, aged 89

Feelings of isolation may result from other people's behaviour.

"People say 'as long as you don't thrust it [homosexuality] down my throat' but they talk about their families all of the time. This makes me feel isolated."

Mr A, aged 72

Many people fear the possibility of being alone in the long-term without a partner or children.

"The prospect of being alone for the rest of my life [worries me]. I live in eternal hope that I might meet someone to spend the rest of my life with. I talk over matters with friends and that usually helps. [What makes things worse is] the feeling of isolation because of being alone and not having someone special to share various problems. One does not always want to burden friends."

Ms A, retired secretary, aged 66

Bereavement means that for some older people, particularly older women, the fear of being alone may become a reality.

"I have no family or relations so being alone with no help with any problems at all [worries me]. I have no one to ask for help with big problems which do occur. I can't see any help forthcoming. For people like myself with no family, there should be someone you could turn to. I don't know who that would be but what a comfort it would be… You have to try to find an inner peace somehow. Losing your husband takes an awful lot of time to come to terms with."

Mrs A, retired social services carer, aged 76

5.4.4 Pets

For some older people, loneliness may be alleviated by pets. Older people confirm that having pets helps to promote good mental health and well-being in later life. Pets provide companionship and reassurance, something to love, a reason to get out of the house and do some physical activity, and opportunities to initiate social contact with other pet owners.

"I think everyone needs someone or something to love and cuddle and feel responsible for. I am never at home alone because I have my dog."

Mrs K, retired nurse, aged 75

5.4.5 Spiritual faith and belief

Some older people cite spiritual faith and belief as a source of support in managing their worries through prayer and placing trust in a higher being. They also say that being part of a community of believers has a positive impact on their mental health and well-being.

> "I get a lot of upliftment from attending church each week and meeting other people with the same faith and interests."
>
> Mr H, retired local Government officer, aged 81

> "Having a second 'family' and support in one's church is very reassuring. You can't provide a blood family but encouragement to be part of a group of like-minded people is helpful."
>
> Dr T, retired GP, aged 69

5.4.6 Contact between or across generations

Older people have mixed views about the advantages and disadvantages of interacting with people of different ages. Some prefer to socialise only within their own peer group but many seek contact with people of different ages. Many of the older people from minority ethnic groups we heard from said that better relationships with younger people would reduce their fear of crime and make them feel more secure in their neighbourhoods.

Older people are clear that they have to take some responsibility for maintaining and developing relationships with younger people.

> "Respect the younger people and you will get [respect] back."
>
> Mrs E, aged 80

> "[What is important?] To bring understanding between age groups in all walks of life. Mixing well [with younger people], being interested and understanding that their opinion is as valid as our own."
>
> Mr A, aged 71

However some older people say that public suspicion of contact between older and younger people can make it difficult for them to initiate contact with younger people.

> "[What makes things worse is] not being able to speak to younger members of my congregation when in the street. A simple 'hello' will have a police car coming."
>
> Mr L, aged 62

5.5 Evidence from other sources

Policies relating to relationships in later life cut across many different areas.
One key issue is that older people's relationships are often not recognised in policy
and practice frameworks. This represents a major disconnection from older people's
own experiences of the importance of relationships in later life.

5.5.1 Families

Initiatives to support families tend to be framed in terms of "Children & Families",
while initiatives relating to older people are often separated under "Older People"
or sometimes "Communities". The inclusion of older people in the development of
communities is welcome, but more could be done to make clear that older people are
an important part of families too. For example, the Government's 10-year childcare
strategy acknowledges that grandparents provide the bulk of informal care which
is "frequently the 'glue' that holds different childcare arrangements together"[145] but
financial and other support for grandparents is still limited.

5.5.2 Carers

There is a range of policies to support carers, but the focus is often on supporting
them to return to work. More attention should be paid to older carers, who are often
providing care for other older people, usually spouses or partners. Numerous studies
show that carers often do not identify themselves as such but as "husbands" or
"sisters" or "partners" instead. This indicates that caring often takes place within
the broader context of ongoing relationships. There is a need for greater recognition
and understanding of these relationships in order to provide appropriate support
for older carers.

5.5.3 Tackling isolation and loneliness

The Social Exclusion Unit has acknowledged that tackling social isolation and loneliness
is not currently a priority for service providers but that this will need to change. Tackling
isolation and loneliness may require different approaches[146].

Isolation can become a major problem for people who do not have the help they need
to get out of the house. There are welcome proposals to improve the provision of "low
level" services, such as help to go shopping or help with household repairs, that can
provide "that little bit of help" to maintain mobility and independence in later life[147].
The emphasis is on helping older people to do things themselves rather than doing
things for them, wherever they live, including sheltered housing and residential care.

There are many projects that aim to alleviate loneliness among older people. Group
activities such as discussion, self-help and bereavement support groups have been
shown to be effective, particularly where older people have some level of control over
the activities[148]. One-to-one interventions, such as home visiting and befriending
schemes, require further evaluation. Innovative ways of strengthening existing
relationships and building new ones are needed to ensure that the services that are
available match what older people want.

5.5.4 Pets

Owning a pet is associated with good mental health and well-being[149]. Pets may alleviate isolation and loneliness by providing companionship and by acting as social "catalysts" to facilitate contact between people. Increasing attention is being paid to the benefits of pet ownership but there are no consistent policies about allowing pets in sheltered housing or residential care. Policies are left to the discretion of individual units or homes and many older people have to give up their pets at a time of often painful transition[150], which can further affect their mental health and well-being.

5.5.5 Spiritual faith and belief

Spiritual belief in a higher being and membership of an accepting faith community can have positive effects on mental health and well-being[151]. People with spiritual or religious affiliation are up to 40 per cent less likely to become depressed than people who do not have such affiliation, and if they do get depressed, they recover faster[152]. Faith communities can offer a range of support to older people including continuity of social contacts, opportunities to both give and receive informal care, additional sources of services and other forms of support over and above that provided by family, friends or formal services. They can also provide solace and support in times of loss and bereavement.

5.5.6 Abuse and violence

Government recognises that elder abuse is a problem but public awareness of the issue remains low. In a recent opinion poll, only two per cent of respondents identified tackling elder abuse as a priority[153]. Guidance on the protection of vulnerable adults was published in England and Wales in 2001 but there is no legal requirement for local authorities to follow this guidance. Older women who experience domestic violence face barriers to accessing support and their needs are largely neglected in policies on domestic abuse[154].

5.5.7 Intergenerational projects and community development

There are numerous policies for active communities, regeneration and neighbourhood renewal but these have tended not to include older people[155]. Initiatives often focus exclusively on youth and community development. A review of community development projects for older people found very few examples aimed specifically at people aged 50-65, suggesting that this particular age group needs special attention[156]. We welcome increased awareness of the benefits of intergenerational practice for sustainable communities[157], social inclusion and healthy ageing.

5.5.8 Information and communications technology (ICT)

 Advances in technology offer the potential to reduce isolation and improve mental health and well-being[158]. Rapidly increasing use of e-mail and the Internet opens up new opportunities to keep in touch with family and friends, make new contacts and stay connected with communities near and far. However, 14 million of the 19 million people aged 50 and over in the UK are considered "digitally excluded" and do not have access to ICT[159]. Only 19 per cent of people over 65 have ever used the Internet, compared with 69 per cent of all adults[160]. Older people who do not speak English are also excluded by the poor availability and high cost of keyboard equipment and software in other languages. The Government's *Digital Strategy* (2005)[161] aims to provide broadband and support access to other ICT equipment to help older people.

It emphasises the use of technology to help frail older people (for example via telecare), but more emphasis is needed on the benefits of technology to support active ageing for the wider older population.

5.6   Making a difference

This chapter shows that strengthening relationships will improve mental health and well-being for current and future generations of older people.

What needs to be done to promote mental health and well-being in later life?

- Recognise and strengthen the existing positive relationships that older people have with friends, family, neighbours and "significant others"
- Recognise and reduce the negative impact that family can have on mental health and well-being in later life
- Tackle fear of isolation and loneliness for people of all ages
- Recognise and tackle abuse and violence that affects older people
- Provide "low level" support to help older people who have trouble getting out of the house to maintain mobility and independence
- Provide support to people following bereavement
- Encourage the use of Internet and other technology for maintaining existing relationships and developing new ones
- Recognise the importance of pets and support pet ownership
- Recognise the importance of spiritual belief and faith communities and ensure that people are able to access them
- Promote social interaction between people of all ages
- Include older people in community development initiatives
- Integrate families into policies for older people and integrate older people into policies for families

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Chapter 6
Physical health

Key points

■ Good physical health is associated with good mental health. Poor physical health is associated with poor mental health.

■ Actions to improve health can be effective at any age.

6.1   Introduction

Improving physical health in later life will help to promote mental health and well-being for all of us. There are strong links between all the different aspects of health – physical, mental, emotional, social, spiritual and environmental. In this chapter we focus on the link between physical health and mental health and on evidence for interventions that will improve physical health.

6.2   Physical health and mental health

Physical health and mental health are inextricably interlinked.

■ Maintaining good physical health can keep us feeling mentally well. It has been shown to reduce mental health problems particularly depression[162]. Staying in good physical health can also keep us from feeling low and prevent mental health problems from developing in the first place.

■   Maintaining good mental health can help to keep us in good physical health. When we feel mentally well, we have greater capacity, capability and motivation to choose healthy lifestyles. Good mental health and a positive attitude have been shown to improve health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes[163].

■   Poor physical health is linked to poor mental health. Physical ill-health and disability are the most consistent factors relating to depression in later life[164].

■   Poor mental health significantly increases the risk of disability and poor physical health[165]. The life expectancy of people with schizophrenia is 10 years less than the average[166].

Experiencing poor mental health in earlier life can have long-term negative effects on physical health. The aim therefore is to promote good physical and mental health that can reinforce each other throughout life.

6.3   What is different about later life?

People of all ages want to maintain good health. Many older people identify good health as the most important determinant of a good quality of life[167].

The factors that contribute to good physical health include genetic make-up, lifestyles and choices, socioeconomic factors and environmental factors. Our situations in later life depend a great deal on what we have done earlier in life.

Decline from the physical peak of early adult life is a feature of ageing. Rates of disability increase with age. Older people from some minority ethnic groups have poorer health than older people from white majority groups[168]. Disability can contribute to social isolation, for example through immobility or sensory impairment. However, having a disability does not necessarily lead to poor mental health. Perception and expectations of our capabilities, and adjustment to limitations on them, are important.

Actions to improve health can be effective at any age. Many older people consider themselves to be in good health, despite having a limiting long-term illness which restricts their daily activities[169]. Many of the chronic conditions that affect people in later life can be prevented or delayed if people are able to adopt healthy lifestyles, for example through exercise, a healthy diet, not smoking and moderate alcohol intake. Health and social care services also play important roles in maintaining physical health and independence. For example joint replacements can restore the ability to take exercise, cataract operations can restore sight and dental care can enable people to continue to take a healthy diet. Provision of aids and adaptations can help people to keep mobile.

6.4 Evidence from older people

Older people consistently identify physical health as extremely important and inextricably linked to their mood and mental well-being. This was put most effectively by an older Asian woman who participated in one of the Inquiry's focus groups:

"If you are feeling physically fit you feel mentally better as well."

6.4.1 Holistic approaches to health

Older people talk about health in a holistic way, combining both mental and physical aspects. This is supported by research which suggests that as we get older, mental health plays an equal or even larger role than physical health in determining how we rate our own health[170]. In England, the consultation for the White Paper on community health and social care showed that people considered their mental health and emotional well-being to be as important as their physical health[171].

"The idea held by some people that a modicum of physical care is all that elderly people need must be replaced by the realisation that mental outlook is extremely important."

Ms M, retired teacher, aged 75

6.4.2 Worries about potential future physical decline

Worries, rather than the actual fact of being in poor physical health, often make people feel worse.

6.4.3 Physical activity

Older people say that keeping fit has a positive effect on mental health and well-being in later life. They give many examples of ways in which they keep themselves fit – walking, swimming, dancing, yoga, t'ai chi, fitness classes and gardening. They recognise that physical activity can be just as important for people with physical disabilities or limitations.

"Your health, or lack of it, is bound to affect your outlook. Physical activity, no matter to what degree, is very important to mental health."

Mr C, retired salesman, aged 63

"Older people must try and keep as active as possible. Remember, if you don't use it, you lose it!"

Mr W, retired engineer, aged 90

6.4.4 Food and diet

Older people say that good food and moderate alcohol intake help them to manage their worries and keep feeling mentally well. People from minority ethnic groups emphasise the importance of having access to culturally appropriate food. The Asian and Afro-Caribbean older people we heard from said they would like easier access to fresh, affordable ethnic foods.

6.4.5   Differences between views of older people and organisations and professionals

The older people we heard from tended to emphasise the importance of physical activity and food in maintaining overall health. Organisations and professionals tended to focus more narrowly on the importance of health and social care services.

6.5   Evidence from other sources

Government recognises that maintaining good health is a dominant concern for older people and that it is key to a good quality of life[172].

6.5.1   Emphasis on health promotion and maintaining independence

Government policy has traditionally prioritised the treatment of illness over the promotion of good health. Recent policies signal a welcome shift towards prevention[173], as well as increasing recognition that health departments must work with other areas of Government to achieve this. Individuals are also encouraged to take responsibility for choosing healthy lifestyles.

6.5.2   Exercise and physical activity

Physical activity improves both physical and mental health in people of all ages[174]. It can be tailored to meet individual needs, including those of people with disabilities, and the benefits soon become apparent. It is never too late to start.

> "The case for physical activity as a key element in the promotion of mental health in later life has been proven and no more research is required. In light of the cost effectiveness data that has been provided we would conclude that the emphasis should now be on implementation."[175]

Despite clear evidence of its benefits, participation in physical activity declines with age. Reasons for this include lack of knowledge about its direct benefits, lack of encouragement from others and lack of suitable opportunities or facilities[176]. There are a range of ways this is being addressed, for example in healthy ageing programmes which take physical activity as their cornerstone[177].

6.5.3   Food and diet

Good nutrition improves physical health and there is a growing body of evidence on its impact on mental health[178]. Older people are at risk of both obesity and under-nutrition but most of the initiatives to improve people's diets have focused on younger people. While there is increasing awareness of the problems of malnutrition among older people in care homes and hospitals, little attention has been paid to the nutritional needs of older people living in the community and the problems they experience in maintaining a good diet. These problems include lack of access to local supplies of fresh, affordable food and, for some people, difficulties with preparation, cooking and eating.

Older people are particularly vulnerable to dehydration which can cause confusion but is readily reversed by increased fluid intake.

6.5.4 Alcohol

Moderate alcohol consumption can also be beneficial to health, particularly if it takes place in a social context. On average, older people tend to drink more frequently but in smaller amounts than younger people[179]. More work is needed to gain a better understanding of both alcohol use and misuse in later life[180].

6.6 Making a difference

This chapter shows that improving physical health at all ages will have a direct benefit to mental health and well-being in later life for all of us.

What needs to be done to promote mental health and well-being in later life?

- Promote holistic definitions of health which include mental as well as physical health

- Promote physical activity for people of all ages, including people with disabilities

- Provide information, encouragement and opportunities for older people to engage in physical activity and make other healthy lifestyle choices

- Promote a healthy diet and moderate alcohol consumption

- Improve access to fresh, affordable foods

Chapter 7
Poverty

Key points

- Poverty is a clear risk factor for poor mental health. Poor mental health is a risk factor for poverty.

- Nearly 2 million older people in the UK live in poverty.

7.1   Introduction

Ensuring confidence about financial security in later life will help to promote mental health and well-being for both current and future generations of older people. This chapter focuses on income poverty, which is defined as having a household income that is less than 60 per cent of the median income[181]. We also consider other aspects of poverty which can impact on mental health and well-being in later life and contribute to social exclusion, such as lack of adequate housing. It is not money per se but the things it can provide that are important to making people in later life feel included in society.

7.2   Poverty and mental health

Having enough money can have a positive impact on our mental health and well-being in many ways. It provides a decent standard of living, a degree of comfort and the means to take advantage of opportunities to feel safe, supported and optimistic about life and its possibilities. An adequate income is necessary for participation in social activities such as going to the cinema or having a meal out, travel, holidays and other pursuits that most would agree are important for mental health and well-being in the UK.

Living in poverty is a risk factor for poor mental health, provoking stress, worry, insecurity, fear of not being able to make ends meet and loss of control over our lives. Poor housing is associated with poor mental health and mental health problems are more common in deprived areas[182]. People living on low incomes have to adopt long-term strategies to cut back on "non-essential" items such as household items, clothing, newspapers and magazines, and social activities, thus restricting their opportunities to be socially included[183]. The stress of avoiding or living with debt can also put people at risk of poor mental health.

Poor mental health is consistently associated with unemployment, poor education, poor housing and low income or material standard of living[184]. Poor mental health in early life can have cumulative lifelong negative effects, leading to increasing inequalities between rich and poor[185]. People who experience this may enter later life at increased risk of poverty, which exacerbates their mental health problems.

7.3 What is different about later life?

Income and other material resources are important to most of us all throughout life. Getting older may bring particular financial challenges. Income from paid work falls after changes to part-time work or retirement. Income from pensions and savings depends largely on choices made earlier in life but is often not sufficient to maintain earlier lifestyles. Older people's incomes have risen steadily over the last 25 years but nearly 2 million older people remain in poverty[186]. Two-thirds of pensioners rely on state pensions and benefits for at least half of their income[187].

Poverty is greater among some groups of older people than others. The pension system works to the disadvantage of some groups, particularly women and carers, often compounding pay inequalities they have endured throughout their working lives[188]. Older people from minority ethnic groups are also more likely to be living in poverty[189].

Debt has usually been seen as a problem for younger people, partly because older people have traditionally been reluctant to use credit, but it may start to become a problem as people who are more familiar with using credit grow older[190].

Older people make up more than two-fifths of all households in the UK[191]. Older people spend 70 to 90 per cent of their time in their homes[192] and are more likely to have difficulty keeping their houses warm than the rest of the population[193]. In England, nearly one-third of people aged 60 and over live in "non-decent" homes[194]. This means over 2.3 million older people live in homes that lack reasonably modern facilities and services, lack a reasonable degree of warmth, are in disrepair and do not meet minimum housing standards. Other difficulties may include inappropriate layout (such as not having downstairs toilets or bathrooms) or lack of equipment which could reduce the risk of accidents (such as stair-rails). Unsuitable housing can lead to older people becoming, for all practical purposes, confined to one room, resulting in isolation and exclusion and poor mental health. Relatively modest services provided at the right time can have a major impact on older people's quality of life and well-being[195].

7.4 Evidence from older people

The importance of income to mental health and well-being is reflected in what older people told the Inquiry.

7.4.1 "Treats"

Income is not just about being able to afford the basic necessities of shelter, food, clothing and heat. It is also about affording things that can help us to maintain mental health and well-being and feel included in society, such as holidays or the simple pleasure of choice.

"[What helps?] Having sufficient funds to enable one to enjoy a few treats."

Mrs R, tourist information officer, aged 74

"[What helps?] Having money to afford a little break now and again – not necessarily abroad. Using your money to benefit yourself, like paying for taxis or for a cleaner."

Mrs E, retired catering manager, aged 81

These "luxuries" are just as important for older people as they are for the rest of the population. They can be important for maintaining self-esteem and providing something to look forward to.

"[What else is important?] Adequate finance to allow people to lead an *interesting* retirement."

Mrs R, head teacher, aged 60

For some older people from minority ethnic groups, visits back "home" to their country of origin are an important luxury that has major positive impact on mental health and well-being. Financial independence is one important variable that can make such visits possible.

"When you go, you feel absolutely free! You can wear what you want, say what you want, do what you want, without having to worry. And when you come back you feel absolutely fresh."

Mrs S, older Asian woman

"My father spends six months in Jamaica and six months in England. He is happy and very excited when he's going to Jamaica. And then he's excited about coming back."

Ms P, younger Afro-Caribbean woman

7.4.2   Providing for others

Older people want not only to provide materially for themselves, but also to provide for others. Older people find it painful not to be able to buy gifts or participate fully in social activities.

"[What makes things worse?] Not being able to help my grandchild financially."

<div align="right">Mr B, retired actor, age unknown</div>

Older people from minority ethnic groups in particular, who are more likely to be living in low-income households, recognise that their financial contributions are often vital to their extended families.

7.4.3   Worries about future security

People feel worse when they are worried about the possibility of not having enough money to live on in the future. This worry affects people in their 50s and 60s more than people in their 70s and 80s who tend to say that social relationships are more important than income to their mental health and well-being. People in their 50s and 60s are distressed about the prospect of an impoverished old age despite having worked and saved all their lives.

"[What makes things worse is] worrying about where money will come from when I stop working."

<div align="right">Ms H, senior lecturer, aged 57</div>

7.5   Evidence from other sources

The Government is committed to tackling pensioner poverty and has made progress since 1997, but it has not yet taken the bold step of setting targets for the abolition of pensioner poverty, as it has for child poverty.

The issue of poverty in later life requires both short and longer term solutions. It is essential that the current generation of older people is supported but at the same time it is important that younger people are encouraged and given incentives to make provision for their future.

7.5.1   Pensions

Older people who are dependent on state pensions are not sharing in the increasing wealth of the rest of the population. The value of the Basic State Pension, which is linked to prices rather than to earnings[196], is falling relative to living standards. Additionally, people are increasingly expected to provide for themselves, rather than rely on the State, for income security in later life.

The report of the Pensions Commission in 2005 concluded that we will be poorer in the future unless we save more, pay more tax or work longer[197]. It recommended increasing the state pension age and linking the value of the Basic State Pension to earnings, improving state pensions for carers and those with interrupted working lives, and establishing a National Pensions Savings Scheme.

We welcome the wide debate that the Pensions Commission's report has generated. The Government has accepted many of the Commission's recommendations and proposed changes which will benefit future generations of older people[198]. More work is needed to improve the financial situation for today's pensioners.

7.5.2   Benefits

Action to address pensioner poverty to date has focused mainly on the provision of means-tested benefits. In spite of concerted efforts to increase the uptake of these benefits, latest figures show that up to 40 per cent of pensioners entitled to Pension Credit do not make claims, leaving £2.1 billion a year unclaimed[199]. Nearly 40 per cent of pensioners entitled to Council Tax Benefit are also missing out[200].

7.5.3   Paid employment

There are fewer opportunities in later life for people to increase their incomes through paid employment. This may change in October 2006 when legislation comes into effect, outlawing age discrimination in recruitment, promotion and vocational training. However, the Government has maintained mandatory retirement ages so that employers will still have the right to force people to retire at 65 (see Chapters 3 and 4).

7.5.4   Definitions of poverty

The Department for Work and Pensions is starting to re-examine definitions of pensioner poverty to consider wider aspects of material poverty and changing spending patterns. The Department will consider with the Treasury whether and how these should be incorporated into the 2007 Comprehensive Spending Review[201].

7.5.5   Social exclusion

Much needed attention has been drawn to the wider issue of social exclusion in later life, with the publication of the Social Exclusion Unit report on excluded older people in 2006[202]. The report estimated that 20 per cent of older people are socially excluded on at least one of the following dimensions: social relationships, cultural activities, civic activities, access to basic services, neighbourhood exclusion, financial products and material consumption. A "Sure Start to later life" approach has been proposed and will be piloted in England in 2006 and 2007.

7.6   Making a difference

This chapter shows that ensuring adequate income in later life will improve financial security and mental health and well-being for current and future generations of older people.

What needs to be done to promote mental health and well-being in later life?

■ Tackle pensioner poverty for older people currently living in poverty, for example by:

– Providing information, advice and support to improve the uptake of benefits

■ Give people the choice to keep working in later life to maintain or increase their income, for example by:

– Outlawing mandatory retirement ages

– Encouraging flexible working and pensions arrangements

■ Provide financial and practical assistance to help improve older people's homes

Chapter 8   Conclusions

The evidence presented in Chapters 3-7 from older people, research and policy analysis is remarkably consistent. It is encouraging in that it shows that the mental health and well-being of present and future generations of older people can be improved. The main determinants described in Chapters 3-7 are all amenable to change and much could be achieved within a relatively short time and without significant extra resources.

In this chapter we draw out the connections between the key themes and seek to identify the actions that could make the differences that older people wish to see. We recognise that these themes may impact differently on different groups of older people and a targeted approach is therefore needed.

- Removing discrimination is central to success and initiatives must tackle the double discrimination experienced by older people who have mental health problems. This discrimination limits opportunities to participate in activities that would improve physical health, extend social contacts or improve income through employment.

- Poverty among older people limits their opportunities to maintain decent housing, pay for heating and a healthy diet, join in social and family activities, travel and support the standards of living necessary to maintain self-esteem.

- Good physical health enables people to maintain relationships, get out and about and engage in meaningful activity.

- The inequalities in health and well-being within society are striking among the older population. Improving the experience of disadvantaged people to be closer to that of more fortunate citizens should be a key policy objective.

The evidence about the improvements that can be achieved is compelling. No further research is required to decide on the actions that are needed. However, the issues are complex and overlapping, so there is no single, simple solution. Improvements in mental health and well-being can only be achieved by the co-ordinated efforts of society. The synergy generated by collaboration will speed the achievement of common goals.

Some matters, such as pensions and legislation against discrimination, can only be dealt with by central Government. The Cabinet Sub-Committee on Ageing Policy has a role to play in drawing together action that spans several Government departments. The representation of older people and those with mental health problems in the media is probably also best addressed by national campaigns. Other issues, such as financial planning and the adoption of a healthy lifestyle, depend on the behaviour of individuals throughout their lives.

However, the majority of the changes that older people identify as important in making a difference to their mental health and well-being can most effectively be addressed by activities at the local, community level. Here, local authorities and the NHS, voluntary organisations, commercial and business representatives, faith and other community

groups can collaborate in the development of healthy ageing programmes which explicitly promote mental health and well-being. For example, they can influence:

Discrimination, by

- Involving older people in the development, implementation and evaluation of these programmes and other areas of civic planning

- Ensuring that local services are provided on the basis of need rather than chronological age

- Ensuring that all staff who have direct contact with the public are trained to treat older people with understanding and respect

Participation in meaningful activity, by

- Providing opportunities for older people to continue in work or volunteer activities, and supporting them with relevant training and education

- Encouraging all local employers to support a healthy work-life balance in their workforce, for example through opportunities for flexible working and flexible retirement, and to offer pre-retirement planning programmes as a contribution to mental health and well-being in later life

Relationships, by

- Providing venues and other support for group activities that can be used by people of all ages, including older people

- Encouraging activities that foster contact between and across generations, for example in schools and colleges

Physical health, by

- Ensuring that local facilities and services support healthy lifestyles and are accessible to people of all ages, for example by:
- Ensuring that they are promoted in ways that do not deter older people or those with disabilities
- Ensuring that they are well served by public transport, particularly in rural areas
- Incorporating urban design features that encourage walking and cycling and help people with reduced mobility
- Providing healthy food at all venues, if possible at subsidised prices
- Providing information, advice and support to older people to encourage them to take advantage of opportunities that will promote their physical and mental health and well-being

Poverty, by

- Mitigating the effects of poverty which have an impact on the mental health and well-being of older people, for example by:
- Providing information and advice in venues such as GP practices, places of worship and social clubs, to encourage the uptake of benefits
- Providing assistance with housing maintenance and adaptations which enhance mobility and independence
- Providing free or subsidised access to sports, educational and leisure facilities
- Encouraging employment of older people in local businesses and services

Many community development projects can be implemented by building on what is already in place and expanding existing programmes to include people of all ages. Progress often depends more on recognising the problem and using imagination and empathy rather than extra financial and human resources. Some of the most effective activities at local level that make the most difference to the lives of older residents, arise from informal neighbourhood initiatives. Sustainability may depend on the development of a simple supportive infrastructure for which relatively low levels of funding are needed, in order to provide for such things as photocopying, hire of rooms, postage and telephones.

It can be extremely difficult for organisers to obtain sustainable funding and local authorities often do not have systems or money to support such schemes. It would therefore be useful to examine the possibilities of innovative sources of funding to support local groups. For example, people who are eligible for winter fuel payments could be allowed to indicate their wish for their payment to be made directly into a special, ring-fenced fund to support small schemes which aim to improve health and well-being among less well-off older people. People aged 60 and over are eligible for payments of up to £200 and people aged 80 and over are eligible for up to £300. In 2004/05, 11.6 million payments, amounting to more than £1,776 million, were made[203]. If just 1 per cent of recipients decided to donate their payments to a scheme of this kind, the annual revenue would be nearly £18 million.

We believe that a broad approach can bring about lasting humanitarian, social and economic benefits through improvements in the mental health and well-being of older people. The actions that are needed could easily be integrated into the current direction of policy development and add to the existing momentum for change. If we do not act now, we run the risk of neglecting the mental health of a growing segment of the population, resulting in decreased economic and social contributions and increased costs of care. This is a risk that we cannot afford to take. We therefore make recommendations, based on these conclusions, which are listed in Chapter 9.

Chapter 9   Recommendations

We believe that our recommendations can be successfully implemented only if they:

■   Involve older people in a meaningful way in planning and carrying out the relevant actions,

■   Recognise and take into account the diversity of the older population, and

■   Promote the principles of fairness, respect, equality and dignity.

In making these recommendations, we seek to build on existing developments. Only limited investment is needed to implement many of these recommendations which often just need a change of emphasis in existing activities. Progress often depends more on imagination, creativity and willpower than on extra financial and human resources.

Measuring and evaluating progress will be key to ensuring that these recommendations are successfully implemented. We therefore recommend that Age Concern should lead an audit of responses to these recommendations in 2007 and report on progress in 2008.

All of these recommendations aim to increase the number of older people who enjoy good overall health and well-being, and decrease the number who experience mental health problems. Short-term measures of success may include increased numbers of programmes that explicitly promote mental health and well-being in later life and increased numbers of people taking part in such programmes. Other measures could include increased rates of participation in meaningful activities such as volunteering, increased social contacts with people of all ages, reduced fear of crime, and removal of policies and practices which restrict pet ownership. Longer-term measures of success could include decreased numbers of older people who experience age discrimination or live in poverty, and increased numbers of older people who feel included in society and feel confident about their future financial security.

The greatest impact on mental health and well-being in later life comes from activities at local and community level where partnership working is increasingly encouraged and expected. Therefore,

Local authorities should:

1. Establish "Healthy Ageing" programmes, involving all relevant local authority departments, in partnership with other agencies.

Partner agencies could include the NHS, voluntary organisations, religious and faith groups, and business and commercial sector organisations, for example through Local Area Agreements The programmes should involve older people in their design, delivery and evaluation. They should explicitly address mental health promotion and the life course approach to ageing. This would give local authorities a greater role in mental health promotion which is consistent with their role in promoting economic, social and environmental well-being.

One measure of success would be an increase in the number of local authorities in the UK with multi-sectoral healthy ageing programmes that include mental health promotion.

Local authorities should also:

2. Identify funding for and support community-based projects that involve older people and benefit their mental health and well-being.

Some important changes can be addressed only at a national level so,

Government should:

3. Introduce a duty on public bodies to promote age equality by 2009.

Government must uphold its promise to introduce, within the lifetime of the current Parliament, a Single Equality Act which is expected to include a duty on public bodies to promote age equality. An age equality duty would be consistent with duties to promote equality for race, disability and gender.

4. Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme.

The CEHR will start working in 2007 and be fully operational by 2009. One measure of this recommendation's success would be the extent to which the CEHR disseminates good practice examples related to tackling age discrimination in its first years of operation.

5. Ensure that the 2007 Comprehensive Spending Review takes into account the findings of this Inquiry, and commit to setting a target date for ending pensioner poverty. Government should publish, by 2009, a timetable for achieving this and report on progress against milestones.

Ending pensioner poverty will help the Government to achieve its stated goal of reducing inequalities and exclusion. The 2007 Comprehensive Spending Review provides an opportunity for Government to demonstrate a firm commitment to ensuring that older people are not excluded from society due to poverty, in the same way that it did for younger people in 1997 by making a commitment to end child poverty.

Confidence in the sustainability of financial provision and security in later life is essential for the mental health and well-being of people of all ages so,

Government should also:

6. Work to achieve consensus, both within Government and with external stakeholders, on long-term pension arrangements.

A key challenge and a key measure of success will be the achievement of consensus across all political parties. If successful, this will yield great dividends and public reassurance, reducing insecurity and improving mental health and well-being for people of all ages.

Specific Government Departments have a part to play.

Health departments should:

7. Ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.

8. Ensure that mental health promotion programmes include and provide for older people.

Mental health promotion programmes would enhance their effectiveness if they included people of all ages. Targeted work with older people may be needed initially. This should include national and local programmes and anti-stigma campaigns like **see me** and **Shift.**

Education departments should:

9. Ensure that school programmes promote attitudes and behaviour that will lead to good mental health and well-being and healthy ageing.

This can be addressed through the Personal, Social and Health Education (PSHE) programme. Attitudes towards ageing and respect for older people can be included in the Citizenship elements of the National Curriculum. Schools programmes should promote both mental health and well-being and healthy ageing in wider activities.

Public bodies should acknowledge their responsibilities as exemplar organisations so,

National administrations, Local authorities, the National Health Service and other public bodies, as major employers throughout the UK, should:

10. Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and well-being.

11. Abolish mandatory retirement ages and enable flexible retirement for older employees.

12. Provide pre-retirement information and support for all employees.

Direct contact with members of the public is a particularly important area where discrimination can be shown. Therefore,

All public bodies and businesses should:

13. Educate and train all staff who have direct contact with the public to value and respect older people.

Education and training programmes will be more successful if they involve older people in their design, delivery and evaluation.

The public image of older people contributes to discrimination so,

Age Concern and the Mental Health Foundation should:

14. Work with other organisations, including the media, to improve public attitudes towards older people and promote a better understanding of mental health issues.

Models of working with the media have already been established by anti-stigma programmes working on mental health issues to good effect. Activities include running public information campaigns, producing guidelines for journalists and building up a "bank" of speakers who are willing to speak to the media on mental health issues. Similar models could be developed to improve public attitudes towards ageing and older people.

The improvements we seek cannot be achieved solely by the efforts of external agencies. Individuals themselves must play their part so,

Voluntary organisations and local authorities should:

15. Encourage and support older people to take advantage of opportunities for meaningful activity, social interaction and physical activity; and provide information, advice and support to enable people to claim the benefits to which they are entitled.

Notes

1   National Institute for Mental Health in England (2005).

2   One in four people aged 65 and over have depression which is severe enough to impair quality of life. There are currently 9.7 million people aged 65 and over in the UK. This number is projected to increase to 12.5 million by 2020.

3   Age Concern England (forthcoming in 2006).

4   Meadows, P. and Volterra Consulting (2004).

5   Office for National Statistics (2005). Based on household expenditure by age of household reference person.

6   Godfrey, M. et al. (2005).

7   Sainsbury Centre for Mental Health (2003).

8   Government Actuary's Department (2005).

9   Ibid.

10   These are: *The strategy for older people in Wales* (2003) and *Ageing in an inclusive society: Promoting the social inclusion of older people in Northern Ireland* (2005). A strategy for a Scotland with an ageing population will be published in late 2006.

11   The World Health Organisation defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". See WHO fact sheet: *Mental health: Strengthening mental health promotion*, available from: <http://www.who.int/mediacentre/factsheets/fs220/en>.

12   Goldberg, D. and Huxley, P. (1992).

13   Layard, R. (2005).

14   WHO Regional Office for Europe (2003).

15   Ibid. The leading cause of disability will be heart disease.

16   Social Exclusion Unit (2004).

17   National Union of Journalists Scotland (2005).

18   mentality (2001).

19   Department of Health (2005).

20   WHO European Ministerial Conference on Mental Health (2005).

21   European Commission (2005).

22   mentality (2001).

23   National Institute for Mental Health in England (2005).

24   Scottish Executive (2003).

25   Department of Health, Social Services and Public Safety (2003).

26   The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2006).

27   The action plan was due to be published for consultation in May 2006.

28   Mental Health Strategies (2006).

29   Also called the life cycle approach. See International Longevity Centre-UK and World Health Organisation (2000) *The implications for training of embracing: A life course approach to health*, Geneva: World Health Organisation.

30   Mental Health Foundation (2005a).

31   Carstensen, L.L. (1992); Diener, E. et al. (1999); Netuveli, G. et al. (2006).

32   National Institute for Mental Health in England (2005).

33   "Adults of working age" is itself an ageist concept. It assumes that people over 65 are not working and does not recognise older people as adults. Throughout this report we use the term in quotes to indicate its ageist nature.

34   Noël, P.H. et al. (2004).

35   For example, Ageing Well projects promote mental as well as physical health through the provision of a range of activities, such as IT training and T'ai Chi.

36   Age Concern England (2006a).

37   House of Commons Hansard (21 November 2005).

38   Audit Commission (2000) and Audit Commission (2002). In Wales, the Audit Commission published *Losing time: Developing mental health services for older people in Wales* in 2002 and a follow-up report in 2004.

39   Commission for Health Improvement (2003).

40   Philp, I. (2004).

41   Philp, I. and Appleby, L. (2005).

42   National Institute for Mental Health in England (2005).

43   Healthcare Commission, Audit Commission and Commission for Social Care Inspection (2006).

44   Appleby, L. (2004); Philp, I. (2004); Healthcare Commission, Audit Commission and Commission for Social Care Inspection (2006).

45   Care Services Improvement Partnership (2005) stated that "there has been a lack of clarity about whether responsibility for older people's mental health lies with those who lead on older people or on mental health".

46   Department of Health and Care Services Improvement Partnership (2005). More information is available from: <http://www.everybodysbusiness.org.uk>.

47   Department of Health (2006a).

48   Age Concern England (forthcoming in 2006).

49   Meadows, P. and Volterra Consulting (2004).

50   Office for National Statistics (2005). Based on household expenditure by age of household reference person.

51   Department for Work and Pensions (2005).

52   Godfrey, M. et al. (2005).

53   Department of Health and Care Services Improvement Partnership (2005).

54   mentality (2004).

55   Third Sector First (2005).

56   Vahid, S. (unpublished) available from: <http://www.mhilli.org>; O'Corra, S. (unpublished) available on request from inquiry@ace.org.uk.

57   See, for example, Bostock, Y. and Millar, C. (2003); Gabriel, Z. and Bowling, A. (2004).

58   Social Exclusion Unit (2004); Disability Rights Commission (2005).

59   Social Exclusion Unit (2004). The life expectancy of people with schizophrenia is 10 years less than the average.

60   Age Concern Research Services and the University of Kent (2005).

61   Ibid.

62   People aged 65 and over with a new claim for illness or disability are entitled to receive only the Attendance Allowance, which pays up to £62.25 per week. People who make disability claims before the age of 65 are entitled to the Disability Living Allowance, which pays up to £105.70 per week. More information is available from: <http://www.ageconcern.org.uk/AgeConcern/Documents/rights.pdf>.

63   Healthcare Commission, Audit Commission and Commission for Social Care Inspection (2006).

64   Age Concern England (2005a).

65   Sudbury, L. (2004).

66   Social Exclusion Unit (2006).

67   *Race Relations (Amendment) Act 2000*, London: The Stationery Office.

68   A new definition was introduced in December 2005 which widened the scope of mental health problems that count as disability. See <http://www.drc.org.uk> for more information.

69   Philp, I. (2004); Healthcare Commission, Audit Commission and Commission for Social Care Inspection (2006).

70   Social Exclusion Unit (2006).

71   Ibid, p.16.

72   Office of the First Minister and Deputy First Minister (2005), Annex C: Action plan 2005-2006. At time of publication, the establishment of a champion for older people was being considered as part of the broader equality policy of the OFMDFM's Promoting Social Inclusion initiative. See <http://www.ofmdfmni.gov.uk/index/equality/age/age-ageing-in-an-inclusive-society.htm>.

73   For more information see <http://www.wales.gov.uk/subicommolderpeople/index.htm>.

74   The Bill has been proposed by Alex Neil MSP. See <http://www.scottish.parliament.uk/business/bills/pdfs/mb-consultations/Commissioner-for-Older-People-consultation.pdf>.

75   Philo, G. (2006).

76   For more information, see <http://www.seemescotland.org.uk>.

77   For more information, see <http://www.shift.org.uk>.

78   Shift (2006).

79   Taylor Nelson Sofres for Department of Health (2003). The correct answer is one in four. Only 6 per cent of respondents aged 55 and over, and 1 per cent of respondents aged 75 and over, chose the correct answer, compared with 15 per cent of younger respondents.

80   National Institute for Mental Health in England (2005).

81   Local Government Association, NHS Confederation, Sainsbury Centre for Mental Health and Association of Directors of Social Services (2006).

82   For more information, see <http://www.healthscotland.com/smhfa>.

83   Age Concern Research Services and the University of Kent (2005).

84   Granville, G. (2002).

85   Thornicroft, G. (2006), p.29.

86   See <http://www.lifestylematters.info> for examples of other potentially beneficial activities.

87   mentality (2004).

88   Godfrey, M. et al. (2005).

89   Department for Work and Pensions (2005).

90   Age Concern England (forthcoming in 2006).

91   Department for Work and Pensions (2005), Volume 2, p.22.

92   Ibid, p.8. In 1950, the average male retired at 67 and could expect to live for another 11 years.

93   Office for National Statistics (2005).

94   Department for Work and Pensions (2005), Volume 2, p.25.

95   Age Concern England (2005b).

96   Meadows, P. and Volterra Consulting (2004).

97   Department for Work and Pensions (2005).

98   Howse, K. (2003).

99   See *Local Government Act* (2000); *Local Government in Scotland Act* (2003).

100   Social Exclusion Unit (2006).

101   See for example Department for Work and Pensions (2005); Pensions Commission (2005); Department for Work and Pensions (2006a).

102   Age Concern England (2006b).

103   Ibid.

104   Age Concern/ICM (2004) Poll conducted July 2004. For more information see <http://www.ageconcern.org.uk>.

105   Department for Work and Pensions Information Directorate (2005).

106   The rise in the share of claimants coming off the benefit within six months in Pathways to Work areas is under half as great for over-50s compared to younger people. For more information see Age Concern England (2006) *Response to 'A new deal for welfare: Empowering people to work'*, London: Age Concern England.

107   See *The Flexible Working (Procedural Requirements) Regulations 2002*, SI 3207, London: The Stationery Office.

108   At time of publication, amendments to the The Flexible Working Regulations that would extend the right to request flexible work hours to carers of adults are in the second reading in Parliament as the Work and Families Bill. The regulations are expected to be implemented in 2007.

109   Department for Work and Pensions (2005).

110   Hirsch, D. (2003).

111   See for example <http://www.flexibility.co.uk>.

112   Health Development Agency (2002).

113   Ibid.

114   Gilbert, H. and Walker, J. (eds.) (2004).

115   Department for Work and Pensions (2005).

116   The University and College Lecturers' Union (2006). In 2006/07, funding for adult education was cut by 4 per cent.

117   Howlett, S. (2004); mentality (2004).

118   Institute for Volunteering Research (2006).

119   For more information, see <http://www.vitavolunteering.org.uk>.

120   Department for Work and Pensions (2005); Social Exclusion Unit (2006).

121   Age Concern England (2006b).

122   Social Exclusion Unit (2006).

123   Age Concern England (2003). This figure is likely to change substantially in the future due to the increased number of women holding drivers licences who will reach pensionable age.

124   Age Concern England (2005c).

125   For example, people aged 60 and over in Scotland are eligible for free national bus travel as of April 2006. In England, the current local system will be replaced by a national system from April 2008.

126   Department for Work and Pensions (2005), Volume 2, p.12.

127   mentality (2004); Social Exclusion Unit (2004).

128   mentality (2004).

129   Centre for Research on Families and Relationships (2004); National Institute for Mental Health in England (2005).

130   Townsend, P. (1957); Weisz, J.R. and Stipek, D.J. (1982); Cattan, M. (2002).

131   National Institute for Mental Health in England (2005).

132   Mind (2004).

133   Social Exclusion Unit (2004).

134   Worden, J.W. (1991).

135   Department for Work and Pensions (2005), Volume 2, p.35. In 2001, more than 1 in 5 people aged 50 and over in the UK were carers.

136   Carers UK and Sheffield Hallam University (2004).

137   Meadows, P. and Volterra Consulting (2004).

138   Mori (2000).

139   McCarthy, H. and Thomas, G. (2004).

140   Mori (2000).

141   Age Concern England (2002a).

142   Scharf, T. et al. (2002); Social Exclusion Unit (2006).

143   Action on Elder Abuse (2005).

144   Ibid.

145   HM Treasury (2004).

146   Cattan, M. (2002).

147   Joseph Rowntree Foundation (2005).

148   Cattan, M. (2002).

149   mentality (2004); McNicholas, J. et al. (2005).

150   Ormerod, E.J. et al. (2005).

151   Mental Health Foundation and the National Institute for Mental Health in England (2003); mentality (2004).

152   The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2006).

153   Help the Aged (2006).

154   Centre for Research on Families and Relationships (2004).

155   Age Concern England (2002b).

156   Howse, K. (2003).

157   Pain, R. (2005).

158   mentality (2004).

159   Age Concern Research Services (2004).

160   Office for National Statistics (2006a).

161   Prime Minister's Strategy Unit and Department of Trade and Industry (2005).

162   Mental Health Foundation (2005b).

163   National Institute for Mental Health in England (2005).

164   Godfrey, M. et al. (2005).

165   mentality (2003).

166 Social Exclusion Unit (2004).

167 Department of Health (2004a); Gabriel, Z. and Bowling, A. (2004).

168 Office for National Statistics and the Department for Work and Pensions (2005). Older people of Bangladeshi and Pakistani origin tend to be in poorer health. Older Chinese people tend to be in better health.

169 Ibid.

170 Noël, P.H. et al. (2004); Schnittker, J. (2005).

171 Department of Health (2006b).

172 Department for Work and Pensions (2005).

173 Department of Health (2004a; 2004b; 2005; 2006b).

174 mentality (2004). Andrews, G.R. (2001) stated that "The most substantial body of evidence for achieving healthy active ageing relates to the beneficial effects of regular exercise".

175 mentality (2004).

176 Age Concern England (2006a).

177 For example, Ageing Well UK recruits and trains volunteers aged 50 and over as Senior Health Mentors. See <http://www.ageconcern.org.uk/stayingactive>.

178 Mental Health Foundation (2006a).

179 Department of Health (2004c); NHS National Services Scotland (2005).

180 Mental Health Foundation (2006b); Alcohol Concern (2002).

181 This is the standard measure used by the European Commission.

182 National Institute for Mental Health in England (2005).

183 Age Concern England (2006c).

184 Social Exclusion Unit (2004).

185 National Institute for Mental Health in England (2005).

186 Department for Work and Pensions (2006b). After housing costs there are 1.8 million older people in poverty (17 per cent of pensioners) and before housing costs there are 2 million (19 per cent of pensioners).

187 Department for Work and Pensions, Pensions Analysis Directorate (2006).

188 Adams, L., Carter, K. and Schäfer, S. (2006).

189 Age Concern England (2004b), p.23.

190 Personal Finance Research Centre (2006).

191 Office for National Statistics (2006b). In 42 per cent of households, the chief economic supporter was aged 54 or older.

192 Social Exclusion Unit (2006).

193 Department for Work and Pensions (2005), Volume 2, p.17. Fuel poverty is defined as not being able to afford to keep warm at a reasonable cost. The UK Fuel Poverty Strategy defines this as where a household must spend more than 10 per cent of its income on fuel use.

194 Office of the Deputy Prime Minister (2006).

195 Social Exclusion Unit (2006).

196 Prices rise more slowly than earnings. Linking pensions to earnings would therefore be more favourable than linking them to prices.

197 Pensions Commission (2005).

198 Department for Work and Pensions (2006c).

199 Department for Work and Pensions (2006d).

200 Department for Work and Pensions (2006e).

201 Social Exclusion Unit (2006).

202 Ibid.

203 Personal communication, Department for Work and Pensions, 30 May 2006.

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UK Inquiry into Mental Health and Well-Being in Later Life

www.mhilli.org

The UK Inquiry into Mental Health and Well-Being in Later Life was launched in 2003. It aims to:

- raise awareness of mental health and well-being in later life,
- involve and empower older people,
- create better understanding,
- influence policy and planning, and
- improve services.

The Inquiry is led by an independent board and supported by a wider advisory group and by Government participants from across the UK.

The Inquiry is working in two stages. The first stage has focused on what helps to promote good mental health and well-being in later life. The findings and recommendations are presented in this report.

The second stage will look into the prevention of mental illness in later life and the provision of support and services to older people with mental health problems and their carers. Findings and recommendations from this stage will be presented in the Inquiry's final report in 2007.

The first stage of the Inquiry's work was supported by Age Concern and the Mental Health Foundation. This report represents the work of the Inquiry Board and does not necessarily represent the views of the two organisations.