

Mental health in older people

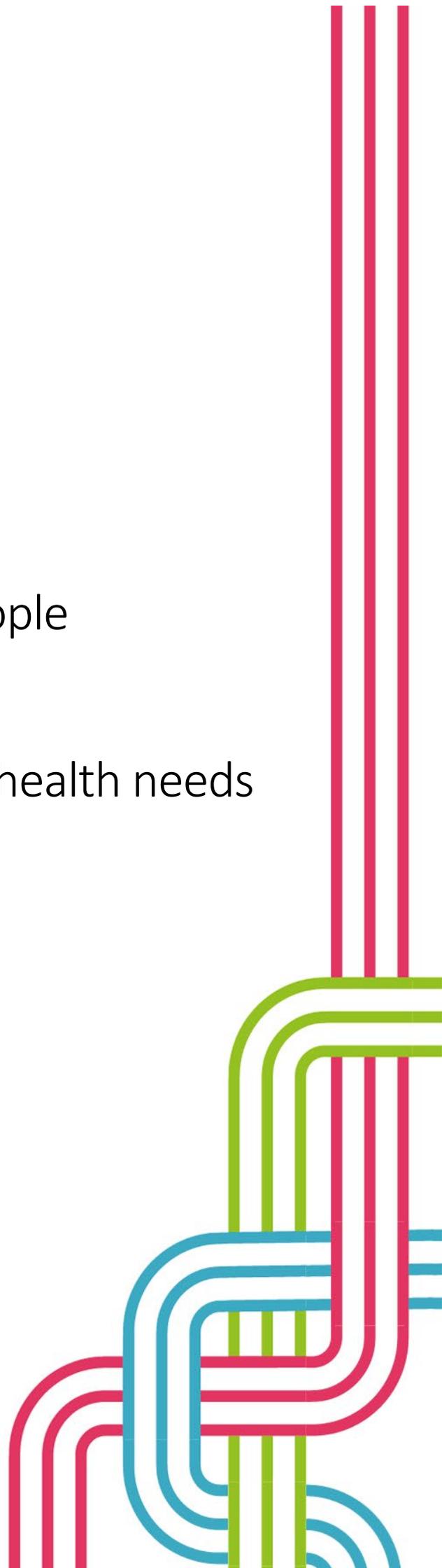
Part of the Suffolk mental health needs assessment

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Suffolk County Council Public Health & Communities

Knowledge, Intelligence and Evidence team

knowledgeandintelligence@suffolk.gov.uk



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Five key points

1. By 2042, nearly a third (30.7%) of Suffolk's population will be aged 65 or over, statistically significantly higher than England (23.8%). There will be nearly twice (1.8 times) as many people aged 85 and over living in Suffolk in 2042 compared to 2022. (See section below on The older population)
2. Most older people are not depressed and often are less dissatisfied than younger people. (See section below on Context)
3. In 2021, people aged 65 and over made up nearly a quarter of Suffolk's population, but less than 10% of referrals to Improving Access to Psychological Therapies (IAPT) services in the Clinical Commissioning Groups (CCGs) that cover Suffolk were for people in this age band. (See section below on Access to and use of mental health services)
4. Reducing loneliness and social isolation, addressing frailty, and supporting carers can help prevent poor mental health in older people. (See section below on Risk factors for poor mental health in older adults)
5. Older people with poor mental health are more likely to also have long-term physical health conditions, and older people with chronic physical health conditions are 2 to 3 times more likely to have poor mental health (such as depression) than older people with good physical health. (See section below on Mental health and physical health in older people)

Context

Type of report

This report is part of a mental health needs assessment in the Suffolk Joint Strategic Needs Assessment (JSNA). "A health needs assessment is a systematic approach to understanding the needs of a population that can be used as part of the commissioning process to ensure that the most effective support is provided for those in greatest need."¹

Background - geography

The report covers the Suffolk County Council geography.

[Clinical Commissioning Groups \(CCGs\) ceased to exist on 1 July 2022](#), when Integrated Care Boards (ICBs) were legally established. "Sub-ICB areas" match the geography of CCGs for data analysis. Suffolk is covered by two ICBs: Suffolk and North East Essex (West Suffolk and Ipswich and East Suffolk CCGs or sub-ICB areas), and Norfolk and Waveney (ICB or CCG). These areas are different sizes in terms of geography and population (March 2023)²:

- 1,088,258 Norfolk and Waveney CCG/ICB
- 1,058,560 Suffolk and North East Essex ICB
- 422,283 Ipswich & East Suffolk CCG/sub-ICB
- 265,688 West Suffolk CCG/sub-ICB

Where possible, health information on the Waveney part of Suffolk (including Lowestoft) is given at Primary Care Network (PCN) level. PCNs are groups of GP practices that cover smaller areas than an ICB or CCG.

Note: East Suffolk Lower Tier Local Authority (LTLA) includes the Lowestoft and Waveney area, which is in the Norfolk and Waveney ICB.

Introduction

“Most older people are not depressed and often are less dissatisfied than younger people. However, mental health problems in older people tend not to have the same level of priority compared to that of their younger counterparts, and yet are distressing for individuals and their families. Mental health problems in older people, contrary to popular belief, are as treatable as mental health problems in younger people.”³

Productive healthy ageing

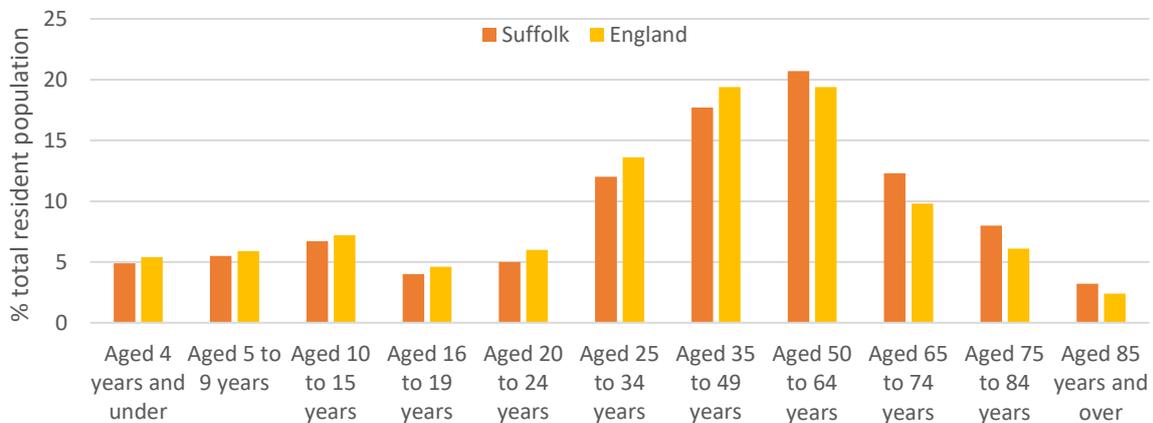
Productive healthy ageing is about enabling improved health and wellbeing, increasing independence, and resilience to adversity. It also includes having the ability to be financially secure, engaging in social activities, being socially connected with friendships and support, and enjoying life.⁴

Mental health and wellbeing of older people should be seen within the context of the whole person. The ageing process can start over a long period of time and that there are opportunities to intervene across the life-course to maintain functional ability in older age. The National Institute for Health and Care Excellence (NICE)⁵ and the World Health Organization⁶ have guidelines on integrated care for older people which outline evidence-based recommendations to prevent, slow or reverse declines in the physical and mental capacities of older people.

The older population

Older age is generally considered to be 65 years and older⁵, and can then be subdivided into young-old (65 to 74), old (75 to 84) and old-old (85 and over)³. In 2021, nearly a quarter (23.5%) of Suffolk’s population was aged 65 or over, compared to 18.3% England (Figure 1).

Figure 1: Population by age band, Suffolk compared to England, 2021 Census



Source: [2021 Census](#)

By 2042, nearly a third (30.7%) of Suffolk’s population will be aged 65 or over, statistically significantly higher than England (23.8%). There will be nearly twice (1.8 times) as many people aged 85 and over living in Suffolk in 2042 compared to 2022. There will be some local variation – for example, just over one in five people in Ipswich are projected to be aged 65 or over in 2042 (statistically significantly lower than England and Suffolk), while in East Suffolk the proportion is projected to be 35.6% (statistically significantly higher than England and Suffolk)⁷.

Although ‘older age’ does not necessarily reflect ‘functional ability’, understanding the size of older population provides some basis for commissioners to plan services that meet the needs of older people now and in the future⁸.

Mental health in older people

The 2014 Adult Psychiatric Morbidity Survey covering England found “older people suffer much lower rates of mental disorder than their younger counterparts, despite the increasing social isolation and poorer physical health that ageing may bring”: 8.8% people aged 75 and above have a common mental disorder, half that of adults aged under 65 (“around 18% to 19%”)⁹.

It is estimated that one in ten (10.2%) people aged 65 and over in England are affected by a common mental disorder, and 9.4% of Suffolk residents (16,285 people – estimate computed by Public Health England in 2017)¹⁰.

In 2017, the estimated prevalence of common mental disorders in the population aged 65 and over for Suffolk (9.4%, n=16,284), and for each of the three CCGs that covered the county at that time, was statistically similar to England (10.2%)¹⁰. [CCGs ceased to exist on 1 July 2022](#), when Integrated Care Systems (ICBs) were legally established. “Sub-ICB areas” match the geography of CCGs for data analysis.

In early 2021, about 10% of people aged 70 and over in England experienced some form of depression, up from 5% before the pandemic¹¹.

Depression and older people

Depression is the most common mental health condition in older people. Depression is associated with:¹²

- personal suffering
- high level of physical health problems, including frailty
- social isolation
- risk of suicide
- increased health and social care costs

Concentrating on depression can help to identify and address anxiety that is another common mental disorder in older people¹².

2021 data for sub-ICB and Primary Care Network (PCN) areas covering Suffolk suggest a higher percentage of people aged 65-84 have depression in the Lowestoft PCN area (7.7%) and in Ipswich and East Suffolk sub-ICB area (7.4%) than England (7.1%). Prevalence of depression in people aged 85 and over is higher than England (7.3%) in Ipswich and East Suffolk sub-ICB area (8.1%) and West Suffolk (7.9%) (Table 1)¹³. Statistical significance could not be calculated.

Table 1: Prevalence (%) of depression by age band, people aged 65 and over, Suffolk health geographies, June 2021 (PAPI)¹³

Area	People aged 65-84	People aged 85 & over
Ipswich & East Suffolk sub-ICB	7.4%	8.1%
West Suffolk sub-ICB	7.2%	7.9%
Lowestoft PCN	7.7%	7.2%
South Waveney PCN	6.9%	5.9%
England	7.1%	7.3%

Source: PAPI

Note: confidence intervals not available.

Severe mental illness (SMI)

Severe or Serious Mental Illness (SMI) includes schizophrenia, bipolar affective disorder and other psychoses¹⁴.

2021 data for sub-ICB and PCN areas covering Suffolk suggest all have a lower percentage of people aged 65-84 with SMI than England (1.3%), although it is not possible to calculate whether this is statistically significant. Prevalence of SMI in people aged 85 and over is higher in Lowestoft PCN (1.3%) than England (1.2%) (Table 2)¹³. Statistical significance could not be calculated.

Table 2: Prevalence (%) of Serious Mental Illness (SMI) by age band, people aged 65 and over, Suffolk health geographies, June 2021 (PAPI)

Area	People aged 65-84	People aged 85 & over
Ipswich & East Suffolk sub-ICB	1.1%	1.2%
West Suffolk sub-ICB	1.0%	1.1%
Lowestoft PCN	1.2%	1.3%
South Waveney PCN	1.1%	0.7%
England	1.3%	1.2%

Source: PAPI

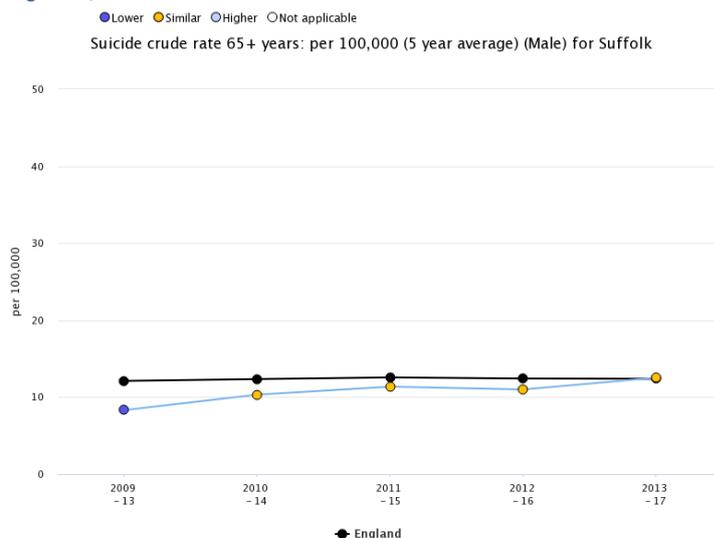
Note: confidence intervals not available.

Suicide and self-harm

Older people who self-harm are at increased risk of dying by suicide compared to other age groups¹⁵. In the three years 2019/20 – 2021/22, there were 345 admissions for intentional self-harm or poisoning in people aged 60 or over in Suffolk¹⁶. Overdosing may be more common as a form of self-harm in older people¹⁷.

The Suffolk suicide rate for men aged 65 and over is statistically similar to England; female crude mortality rates could not be calculated for local authorities and counties due to small numbers (Figure 11: Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)).

Figure 2: Suicide crude rate 65+ years: per 100,000 (5 year average) (Male), Suffolk compared to England, 2009-13 to 2013-17



Source: Office for Public Health and Disparities (was Public Health England). Mental Health, Dementia and Neurology. Public Health Profiles¹⁸.

Further information on local suicide prevention and statistics is available in other sections of this needs assessment.

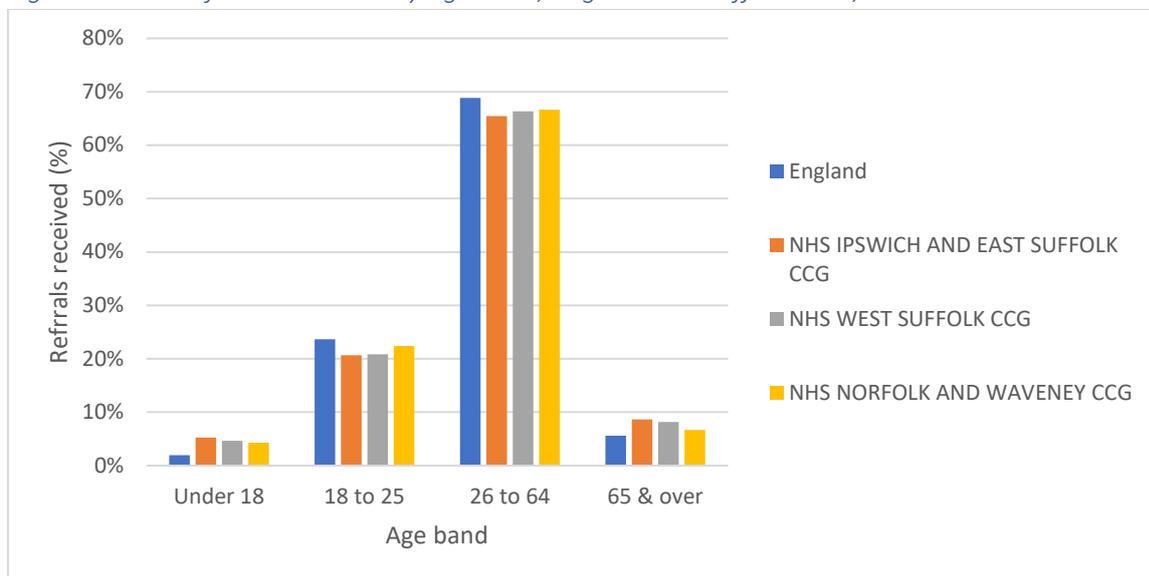
Access to and use of mental health services

There is concern that poor mental health in later life is under-identified by health professionals and by older people themselves¹⁹. Older people are also often under-treated.

Older people with poor mental health are likely to respond to psychological treatments as well as or better than the younger population³. However, people “aged 75 or more had the lowest rates of psychological therapy. Despite being more at risk due to medication side effects, those aged 75 or more were ten times more likely to receive medication than psychological therapy.”²⁰

In 2021, people aged 65 and over made up nearly a quarter (23.5%) of Suffolk’s population (Figure 1), but for each CCG covering Suffolk, less than 10% of referrals to IAPT services were for people in this age band (Figure 2).

Figure 3: IAPT Referrals received by age band, England and Suffolk CCGs, 2021-22

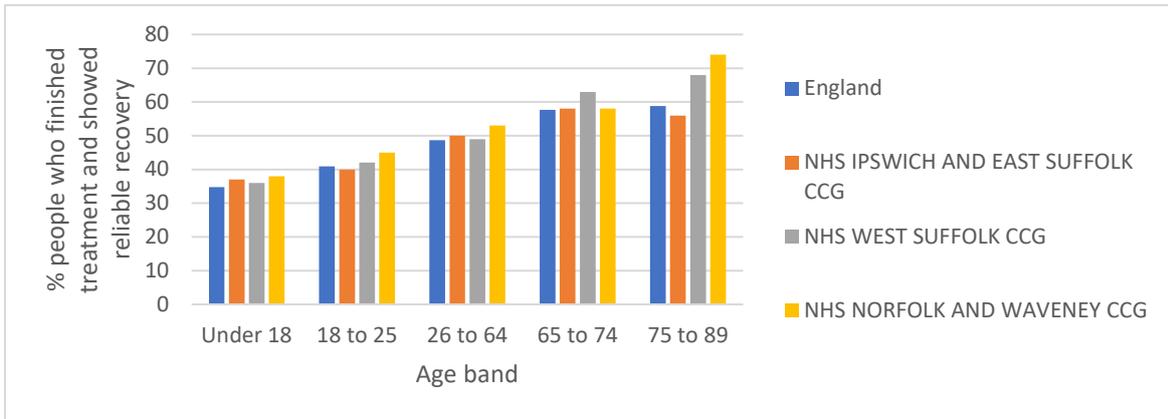


Source: Psychological Therapies, Annual report on the use of IAPT services, 2021-22²¹.

Note: confidence intervals not available.

Older people achieve good outcomes from Improving Access to Psychological Therapies (IAPT) treatment, sometimes better than people under 65. For instance, in 2021/22, in England, 57.7% of people aged 65-74 showed ‘reliable recovery’ after receiving psychological therapies compared with 48.7% of people aged 26 to 64²¹. It has not been possible to check the statistical significance of the figures (Figure 3).

Figure 4: Percentage of referrals to IAPT that finished a course of treatment that showed reliable recovery (has moved to recovery and showed reliable improvement) England and Suffolk CCGs, 2021-22

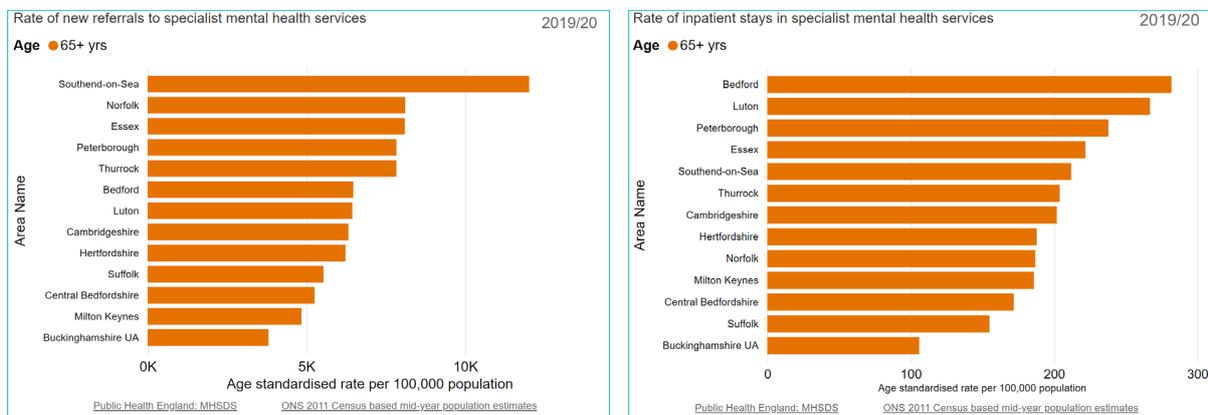


Source: Psychological Therapies, Annual report on the use of IAPT services, 2021-22²¹.

Note: confidence intervals not available.

The rate of new referrals to specialist mental health services for people aged 65 and over in Suffolk is lower than the England rate (for the all-age comparison, a higher rate than England is seen as “better”) (Figure 4). The rate of inpatient stays in specialist mental health services for people aged 65 and over in Suffolk is the second lowest in the region (for the all-age comparison, a lower rate than England is seen as “better”) (Figure 4).

Figure 5: Specialist mental health services for people aged 65 and over - Rates of new referrals and of inpatient stays, county and unitary authorities in the East of England, 2019/20²²

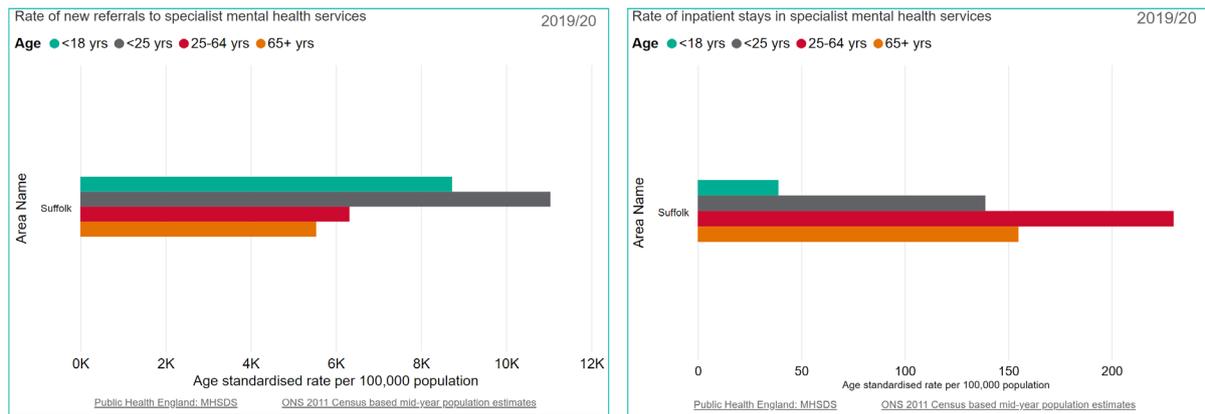


Source: Office for Health Improvement and Disparities. Public Mental Health Dashboard²².

Note: data is incomplete.

In Suffolk, “aged 65 and over” was the age group with the lowest rate of referrals to specialist mental health services. The rate of referrals of people aged 65 and over was also lower than England as a whole (Figure 5). The rate of inpatient stays for people aged 65 and over in Suffolk was better than the rate for England as a whole, and ranked second to the rate for people of working age (25-64 year olds) in Suffolk (Figure 5).

Figure 6: Specialist mental health services (new referrals and inpatient stays) by age band, Suffolk, 2019-20²²



Source: Office for Health Improvement and Disparities. Public Mental Health Dashboard²².
 Note: data is incomplete.

What works?

The NHS Long Term Plan (January 2019)²³ outlines measures for the NHS to improve the provision of mental health support for older people with a range of needs and diagnoses, including common mental disorders and severe mental illness. This applies across all mental and physical health services and settings, including IAPT, community, crisis, and liaison mental health care as well as new models of integrated care for older people living with frailty. The publication of the NHS Mental Health Implementation Plan 2019 to 2020 up to 2023 to 2024 (July 2019)²⁴ follows the NHS Long Term Plan, outlining a framework of delivery to transform mental health care, including specific guidance on older people’s mental health.

The Joint Commissioning Panel for Mental Health recommends that planners and commissioners should ensure the full range of services for mental ill health are available for older people²⁵.

Risk factors for poor mental health in older adults

Older people experience complex social, psychological, and physical factors that influence the pattern, cause, diagnosis, treatment, and prognosis of mental health conditions. The **Mental health: environmental factors** and **Mental health: population factors** chapters consider risk and protective factors that will be of relevance to the mental health of older people.

Reducing loneliness and social isolation, addressing frailty, and supporting carers can help prevent mental ill health in older people. More detail on each of these factors is set out later in this section.

Older people who have any of the following are also at a greater risk of a decline in their independence and wellbeing³.

- Dementia**
 In Suffolk 7,200 people aged 65 and over had a record of dementia in 2020 (3.84%), statistically significantly lower than England (3.97%). 2022 figures suggest 58.3% of people in Suffolk with dementia have a recorded diagnosis, statistically significantly lower (worse) than England (62.0%) and below the Government target of 66.7%)²⁶
- Alcohol and substance use**
 In Suffolk, the rate of admission episodes for alcohol-related conditions in people aged 65 and

over is statistically significantly lower (better) than England (645 per 100,000 compared to 692 per 100,000 for England, 2020/21)¹⁰

- **Aged 80 or older**
49,290 people in Suffolk (6.5%) are aged 80 or over (2021 Census)²⁷. This is a statistically significantly higher proportion of the population than England (5.0%). East Suffolk is the Suffolk LTLA with the highest number (19,073) and percentage of people aged 80 or over (7.6%)
- **Unemployed in later life**
In March 2023, around 380 people in Suffolk aged 50 and over were in receipt of Jobseekers Allowance. Around 2,255 people in Suffolk aged 50 and over were in receipt of universal Credit and searching for work.²⁸
- **Polypharmacy**
East Ipswich and Orwell have higher percentages of patients aged 75 and over who are prescribed ten or more medicines (around one in five) (Table 3).

Table 3: patients aged 75 and over prescribed 10 or more unique medicines, average per PCN, Suffolk, 2021-22

PCN	Patients aged 75 and over prescribed 10+ unique medicines (average) %	Patients aged 85 and over prescribed 10+ unique medicines (average) %
Barrack Lane & Ivory Street	17.2%	20.1%
Blackbourne	16.5%	20.7%
Bury St Edmunds	16.4%	19.7%
East Ipswich	20.1%	23.4%
East Suffolk	15.9%	20.1%
Forest Heath	17.1%	18.6%
Haverhill	18.4%	20.7%
Lowestoft	12.4%	14.1%
North East Coastal	12.3%	14.2%
North East Ipswich	16.7%	19.8%
Orwell	21.5%	22.9%
South Rural	15.9%	20.3%
South Waveney	14.3%	16.0%
Sudbury	17.7%	21.2%
The Deben Health Group	14.8%	19.1%
WGGL	13.6%	18.9%

Source: NHS RightCare packs

Other contributing factors, for which it has not been possible to obtain Suffolk information:³

- death of partner in the past 2 years
- having delirium
- have recently experienced or developed a health problem
- have had to give up driving
- have an age-related disability
- if they are subject to different levels of discrimination
- recently separated or divorced
- recently retired (particularly if involuntarily)
- they have been subject to abuse

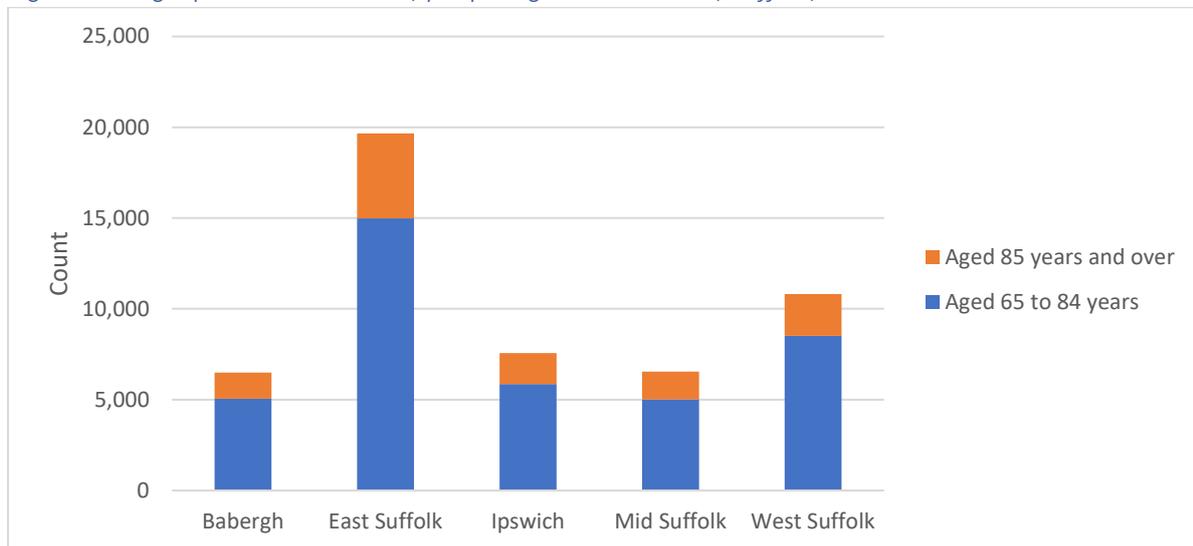
Loneliness and social isolation

Although linked, loneliness and social isolation are not the same. People can be isolated yet not feel lonely, equally they can be surrounded by others and feel lonely. In older people, being lonely or isolated can lead to deterioration in health and wellbeing and is a symptom of common mental disorders.

The Health Survey for England²⁹ (2021, loneliness and wellbeing tables) estimates that 16% of people aged 65-74, and 17% people aged 75 and over “some of the time/ often or always feel lonely”. If these percentages were applied to the Suffolk population (2021), there might be around 218,200 people aged 65 and over in Suffolk who “some of the time/ often or always feel lonely”.

Older people are at risk of poor mental health if they live alone and have little opportunity to socialise³. 51,067 people in Suffolk aged 65 and over live alone, according to the 2021 Census²⁷, however not all of these people will feel isolated or lonely. The highest number of single-person households, in people aged 65 or over, is in East Suffolk (Figure 6).

Figure 7: Single person households, people aged 65 and over, Suffolk, Census 2021²⁷



Source: 2021 Census

What works for social isolation and loneliness?

Initiatives which aim to address social isolation and loneliness are particularly important in older age and can have important benefits. Mental health services: cost-effective commissioning guidance³⁰ provides details of cost-effective group activity and signposts interventions which address loneliness to improve the mental health of older people.

Important challenges in addressing loneliness in older people include:

- reaching lonely individuals
- understanding their needs
- supporting lonely individuals in accessing services

Interventions to address loneliness should consider the above. Direct interventions often focus on supporting and maintaining existing relationships and may also concentrate on improving access to transport and technology. Support should also be given to help build new social connections, which may include both group-based and one-to-one approaches. There should also be some focus on psychological approaches that support individuals to change their thinking about relationships³.

Examples of how to deliver the above interventions effectively include:

- neighbourhood approaches
- asset-based community development
- volunteering which can give older people a sense of purpose and self-esteem and assist in meaningful interaction with others
- age positive approaches which focus on understanding ageing and leading an active lifestyle as well as ending stigma around old age. Volunteering can give older people a sense of purpose and self-esteem and assist in meaningful interaction with others

Social prescribing schemes in Suffolk employ community connectors (or link workers) can help address loneliness and isolation, as well as other factors that affect people's health and wellbeing. Each area delivers them slightly differently:³¹⁻³³

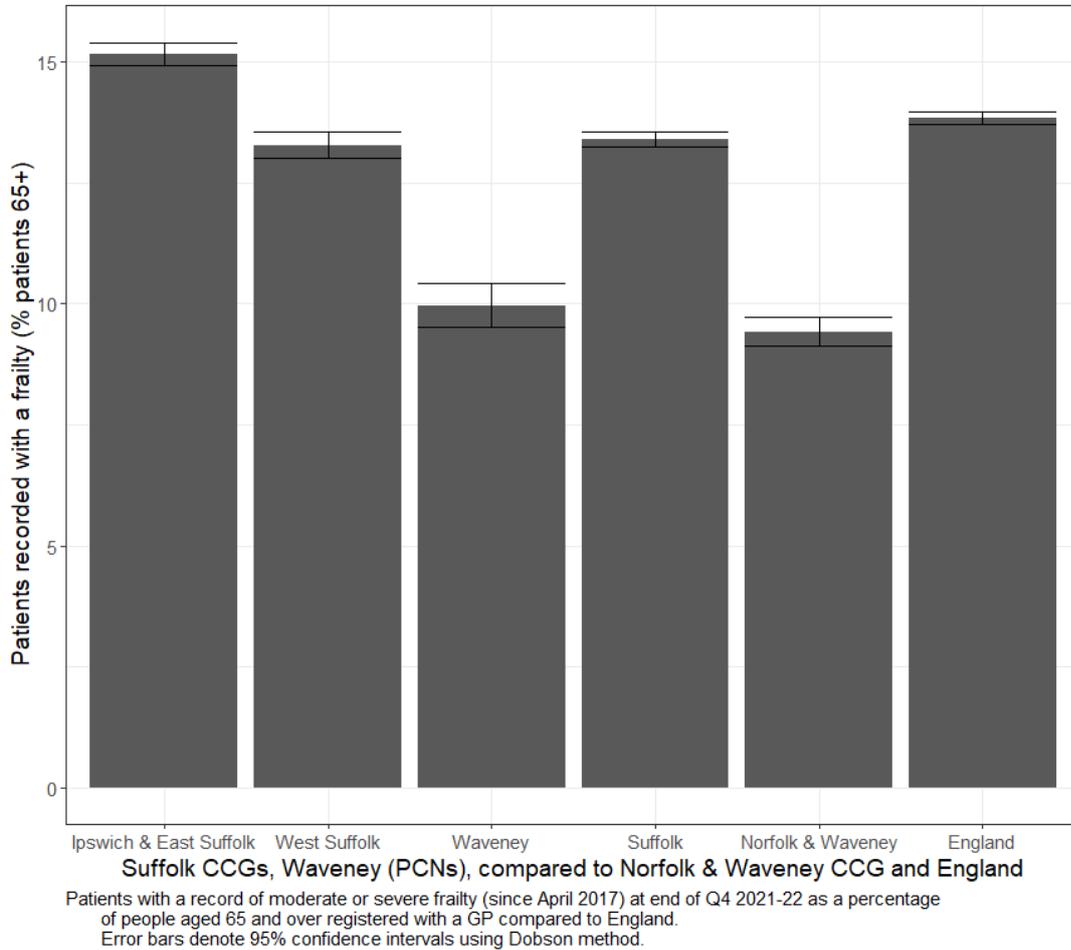
- Lifelink (West Suffolk)
- Connect for Health (Ipswich and East Suffolk)
- Solutions (Lowestoft)
- Social prescribing (South Waveney)

Frailty

Frailty is a distinct health state related to the ageing process in which multiple body systems gradually lose their in-built reserves thus individuals are less able to cope with and recover from illness and accidents. It increases with age but is not inevitable. It is estimated 1 in 10 people aged 65 and over are defined as frail, and 25-50% people aged over 85³⁴.

Frailty is closely associated with depression; each condition may be a risk factor for the development of the other. Prevention and early identification is imperative in frailty, prevention can be achieved through exercise and health behaviours³⁵.

Figure 8: Patients with a record of moderate or severe frailty as a percentage of registered patients aged 65 and over, at Quarter 4 2021-22, Ipswich and East Suffolk CCG, West Suffolk CCG, Waveney (South Waveney and Lowestoft PCNs), Suffolk as a whole, Norfolk and Waveney CCG, England³⁶



Source: GP contract services data, 2021-22

Ipswich and East Suffolk had a statistically significantly higher percentage of patients aged 65 and over with a recorded frailty compared to England. West Suffolk, the PCNs covering Waveney, Suffolk as a whole, and Norfolk & Waveney CCG were statistically significantly lower than England. In total, around 24,400 older people in Suffolk had a frailty recording.

Falls are a common concern in older people and can negatively affect mental health outcomes.

Figure 9: Emergency hospital admissions due to falls in people aged 65 and over (directly standardised rates per 100,000), Suffolk local authorities compared to England, 2020/21¹⁰

		Better 95%		Similar		Worse 95%		Not compared	
Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk	
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	2023	1704	1810	1382	2081	1833	1924	
Emergency hospital admissions due to falls in people aged 65-79	2020/21	937	735	651	645	1004	668	843	
Emergency hospital admissions due to falls in people aged 80+	2020/21	5174	4513	5174	3520	5205	5210	5062	

Source: Productive Healthy Ageing profile (Fingertips, regularly updated)

What works for frailty?

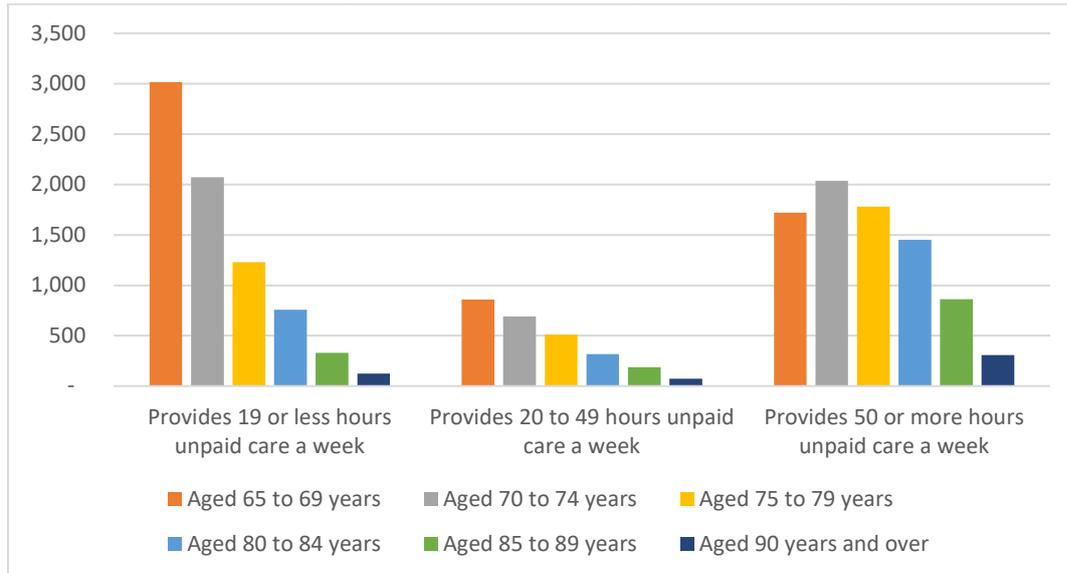
Falls are not inevitable: improving muscle function and balance may not only reduce the risk and fear of falling, but also improve self-confidence, help maintain mobility and independence, and have beneficial effects on social connectedness³⁷.

Carers

Older carers are at increased risk of their mental health needs being missed or not given the right attention which can have detriment effects on their health and wellbeing. In 2019, older carers (aged 65 or older) were nine times more likely than the general population of older people to say they often or always felt lonely (28% compared with 3% of the population of people aged 65 years or older)³⁸.

According to the 2021 Census, 18,336 people in Suffolk aged 65 or over provided unpaid care, of which 8,165 provided 50 or more hours of unpaid care a week.²⁷ This total is lower than the 2020 estimate from POPPI³⁹ based on the 2011 Census (25,560), and is likely to reflect the impact of lockdowns to control the spread of COVID-19, when contact between households was restricted. The percentage of people aged 65 or over in Suffolk providing any unpaid care (10.2%) was statistically significantly lower than England (10.4%), as was the percentage of people aged 65 or over providing 50 or more hours of care (4.6% compared to 4.9%) (Figure 9).

Figure 10: Count of people aged 65 and over providing unpaid care, Suffolk, 2020 Census



Source: 2021 Census

A survey of Suffolk carers, in which over a third of respondents were aged 65 or over (n=72), found that two of the top three key areas of help and support wanted were emotional support, and help or support to maintain health and wellbeing.²⁵

What works to support carers?

NHS England’s Carers toolkit⁴⁰ includes a template memorandum of understanding designed to support health and social care organisations to work together to support carers.

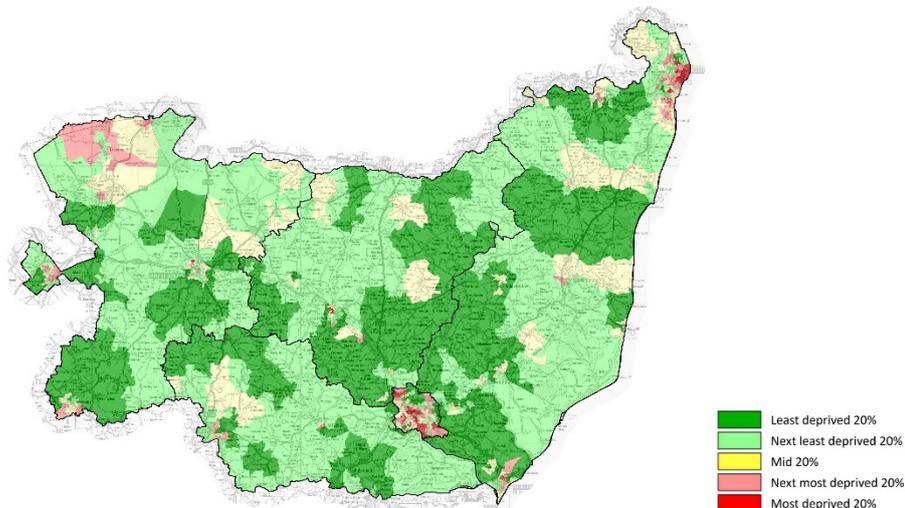
Low income

14,408 people in Suffolk were in receipt of pension credits in August 2022²⁸.

The Income Deprivation Affecting Older People Index (IDAOPi) measures the proportion of all those aged 60 or over who experience income deprivation.⁴¹

Suffolk is ranked 121 out of 151 upper tier local authorities (where 1 is highest, worst) in the Income Deprivation Affecting Older People Index (IDAOPi) (from the Indices of Deprivation 2019). Ipswich was the highest ranked (more deprived) lower tier local authority in Suffolk (95 in 317), followed by East Suffolk (ranked 202). All were ranked as slightly less deprived than in 2015, but had improved by no more than 7 places (West Suffolk, ranked 214 in 2019). Suffolk LSOAs with higher levels of IDAOPi deprivation are mainly found in urban areas (south and west Ipswich, Lowestoft, Felixstowe, Sudbury, Stowmarket, Haverhill, Newmarket), and the northwest of the county (around Lakenheath). For more information on economic and environmental impacts on mental health see other sections of the mental health needs assessment.

Figure 11: Income Deprivation Affecting Older People Index (IDAOP) (Indices of Deprivation 2019)⁴¹



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Source: English indices of deprivation 2019

Protective factors

Life expectancy

Life expectancy is statistically significantly higher (better) at 65 for males and females in Suffolk compared to England. Healthy life expectancy and disability-free life expectancy at 65 for males are also statistically significantly better than England, and similar to England for females. Life expectancy at 65 for both sexes is statistically similar to England in Ipswich; other Suffolk lower tier local authorities are statistically significantly better (longer) than England.¹⁰

Other local information on risks and protective factors

More information is given in the **mental health needs assessment environment chapter**, and other reports in the Suffolk **Joint Strategic Needs Assessment**:

- homelessness (figures from [the place-based needs dashboard](#), see also the [Suffolk cost of Living Dashboard](#)) - 1,530 households were assessed as homeless in 2022-2023, and 2,297 households were threatened with homelessness.
- socio-economic deprivation (**Mental health needs assessment: environment** and [Suffolk reports on the Indices of Deprivation 2019](#)) - Although the most deprived areas in Suffolk are concentrated in towns and other urban areas, highly localised rural deprivation occurs when small pockets of deprivation are masked in the data by areas of relative affluence. Very small areas of deprivation are difficult to identify and may mean people do not receive the same levels of resource and intervention that a larger and more defined area would.
- housing quality and security – **Mental health needs assessment: environment**, [Housing and health needs assessment](#), and [housing and environment dashboard](#).
- debt and low income - **Mental health needs assessment: environment**. There is no specific local information on debt, but in Quarter 3 2022, the national debt-to-income ratio for household debt was 133.8%. It has been declining since Q3 2008 (155.6%).⁴² The [Suffolk cost of Living Dashboard](#), part of Public Health and Communities Suffolk's work to tackle poverty, can give local context.
- Poor physical health - **Mental health needs assessment: population factors**
- Wellbeing – **Mental health needs assessment: environment**.

- Physical activity– **Mental health needs assessment: environment** and the [Health Behaviours Needs Assessment](#)
- use of outdoor space – Survey data from Natural England (2009-2019)⁴³ shows that more than half of older respondents (aged 55 and over) from Suffolk visited the natural environment (not their own garden) at least once a week, with more than one in ten (12.13%) visiting daily. The main motivations were health and exercise and fresh air, while the main barriers to time in the natural environment were poor health and old age.
- quality of indoor space – [Housing and health needs assessment](#), and [housing and environment dashboard](#)

Local data collection

Suffolk Mind carries out research with residents to survey emotional needs. Recent findings (quoted from Suffolk Mind website, accessed January 2023)⁴⁴ include:

- *Mental health in Suffolk is the lowest it's been since we started measuring in March 2020. That's even worse than at any point during the pandemic*
- *The biggest factors are people's finances, their relationships and their work (or lack of)*
- *Most affected are those who are unemployed or unable to work, people of colour, and LGBT+ individuals*
- *Since the war in Ukraine, people who report a religious belief are much more likely to be well*
- *Since the cost-of-living crisis, respondents are reporting that their relationships are a much greater barrier to their wellbeing*

Based on findings from the Suffolk Mind Emotional Needs Met surveys, Suffolk Mind Public Health and Communities Suffolk, Healthwatch and other stakeholders started a "Suffolk Says Thanks" campaign.

National information

The following documents and supporting materials provide some evidence of what works, policy direction and guidance with a focus on prevention.

- [NICE guidance: dementia, disability and frailty in later life: mid-life approaches to delay or prevent onset](#)⁴⁵ - guidance covering mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. It aims to increase the amount of time that people can be independent, healthy and active in later life.
- [NICE: older people: independence and mental wellbeing](#)⁵ - covers the commissioning of services by local government and other local providers to help encourage and protect mental wellbeing and independence of older people.
- Age UK: Loneliness in later life evidence review (2018)⁴⁶ - on loneliness in the community.
- Combatting loneliness one conversation at a time (Jo Cox Commission on Loneliness, 2017)⁴⁷ - focuses on national leadership, measuring progress and catalysing action. It also highlights the roles of local authorities, businesses, public sector, and local communities.
- Living with frailty⁴⁸ - resources from NHS England for families, carers, community and voluntary organisations, health and care services to support individuals living with frailty.
- Caring about older carers (2015)⁴⁹ – Carers Trust toolkit to help commissioners to identify carers in need and what support they require, offering examples of good practice.

- Age UK falls prevention⁵⁰: information and advice relating to falls prevention.
- Better mental health for all: a public health approach to mental health improvement (2016)⁵¹ - Faculty of Public Health report on how to enhance the mental health of individuals, including mental health interventions targeting later life to reduce isolation, improve mental wellbeing, and prevent onset of mental ill health in older people.

Mental health and type of accommodation

Mental ill health in older people is often more apparent in settings such as hospitals and care homes. It has been estimated that, in a 500-bed general hospital on an average day, 330 beds will be occupied by older people, of whom 220 will have a mental disorder, 100 will have dementia and depression, and 66 will have delirium³.

Some priority areas to focus on in the identification of poor mental health in older people include care homes and safeguarding.

Care homes

Nationally, 40% of older people living in care homes are affected by depression⁵¹, and around 1 in 10 residents of nursing homes have psychotic symptoms such as delusions and hallucinations⁵². Internal data (Optum population health management dashboard, reporting Jul22-Jun23) for the Suffolk sub-ICB areas shows 47.0% (n=2,078) residents in care homes aged 65 and over have low mood, anxiety, depression, or serious mental illness. Around 26.4% care home residents aged 65 and over have a record of depression. 55.9% residents in care homes aged 65 and over had a record of “anti-depressive prescription” (87.3% of residents with recorded depression).

Depression in care home residents may go unidentified, and care needs in relation to this group are often not met.¹⁹ According to the 2021 Census, 2.6% (n=4,608) of people in Suffolk aged 65 and over lived in a “care home”, statistically significantly similar to England (2.5%).⁵³

The [British Geriatrics Society and the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists](#) outline best practice measures and how to overcome barriers to providing integrated care to treat depression in older people in care homes¹⁹. NICE have published specific guidance on the mental wellbeing of older people in care homes, concentrating on improving mental wellbeing and leading healthy, independent lives⁵⁴.

Safeguarding

Safeguarding refers to protecting people’s right to live in safety, free from abuse and neglect. Older adults who are frail or are physically disabled and/or living in a residential care home are at risk of harm⁵⁵. Abuse in older adults can occur in different forms including sexual, physical, psychological, domestic, financial, and discriminatory abuse.

The highest rates of applications for Deprivation of Liberty Safeguards are for people aged 85 and over (4,595 per 100,000 in Suffolk, 5,393 per 100,000 East of England and 6,515 per 100,000 England, 2021-22). In 2021-22, around 2,000 applications were made in Suffolk for people aged 65 or over⁵⁶.

Understanding local population: data sources

The Projecting Older Person Population Information website (POPPI) predicts that by 2030, 18,889 people aged 65 and over will have depression in Suffolk, and that 6,166 will have severe depression³⁹.

Mental health and physical health in older people

Many older adults have poor physical health or are living with long-term conditions that can lead to poor mental health⁵⁷. They may also be prescribed several medications, leading to concerns of polypharmacy. This matters because older adults experiencing mental ill health and physical disorders often need more health and social care services and have poorer outcomes³. The interaction of physical and mental health is described in more detail in the chapter on **mental health and working age adults**.³

Sometimes poor mental health may be a sign of a physical illness, or a side effect of medication. Guidance for GPs comments “hidden infections are very common and any new mental health problem in a frail older person should be considered an infection until proven otherwise.”¹² Low mood may be a side effect of prescription drugs including anticholinergics (prescribed for conditions including chronic obstructive pulmonary disorder and overactive bladder).¹⁷

Older people with a chronic physical health problem are 2 to 3 times more likely to have depression than older people with good physical health. One in five (20%) people with a chronic physical health problem have depression⁵⁷. Depression and anxiety in older people are associated with long-term conditions including diabetes, heart disease, dementia, Parkinson’s Disease, Chronic, Obstructive Pulmonary Disease (COPD), musculoskeletal conditions and frailty. Depression can also be associated with conditions such as pain, hypothyroidism, vitamin deficiency, hypercalcaemia and constipation.¹⁷

An older patient experiencing poor mental health may report physical symptoms rather than comment on their mood directly¹².

Older people with poor mental health have an increased risk of cognitive impairment, falls, incontinence, and delirium⁵⁸. Older people with mental illness may be more likely to have physical co-morbidities, including higher rates of hypertension, osteoarthritis, and diabetes⁵⁷.

The presence of depression strongly predicts outcomes in physical conditions such as hip fracture, stroke, and myocardial infarction. There is also evidence that depression is a risk factor for heart attacks and strokes.³

Depression can sometimes lead to dementia; treatment-resistant depression which can be associated with cerebrovascular disease³.

Depression and anxiety are often associated with alcohol use, which may be overlooked in older people.¹²

Other important data sources

- The Productive Healthy Ageing profile (Fingertips, regularly updated)¹⁰ provides comparative data and trends at local, regional or national level on a wide range of issues including many relevant to older people’s mental health. The content is grouped into 5 domains, with the following particularly relevant to prevention of mental ill health: Optimise health and reduce risks early; Improve wellbeing and wider determinants of health.
- Fingertips Mental health, Dementia and Neurology¹⁸ includes sections on [Dementia](#), and on [Severe Mental Illness](#) (data on rate of people aged 65 and over detained under the Mental Health Act)
- The ‘[Adult Psychiatric Morbidity Survey](#)’⁵⁹ provides national data on the prevalence of mental health conditions in the English adult population (aged 16 and over), often including a sub-section for those aged 65 and over. The sampling frame for the survey covers only

those living in private households, therefore older people living in care homes are not included.

- The public mental health dashboard²² – PowerBI report aggregating data published elsewhere to support health needs assessments.
- The Health Survey for England²⁹ (2021, social care for older adults) estimates the percentage of adults aged 65 and over who need help with one or more activities of daily living (ADLs or instrumental ADLs) with ADLs. If these percentages were applied to the Suffolk population (2021), there might be around 56,000 – 58,000 people aged 65 and over in Suffolk who need help.
- POPPI³⁹ uses data from the 2011 Census to estimate that, in 2020, around 25,560 people in Suffolk aged 65 and over were providing at least an hour of unpaid care to a partner, family member or other person in 2020. It is useful to compare this with the 2021 Census, that reported 18,336 people in Suffolk aged 65 and over were providing any amount of unpaid care. “Census 2021 was undertaken during the coronavirus (COVID-19) pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond”.⁶⁰
- The Age UK heatmap of risk of loneliness in people aged 65 and over (2016)⁶¹, referenced in the Healthy Ageing Needs Assessment, “found that there is a higher risk of loneliness for the over 65’s in urban areas of Suffolk, such as Ipswich and Mid Suffolk compared to other LAs”⁶².
- The PHE: mental health promotion return on investment tool³⁰ provides cost-effectiveness assessment of interventions to address loneliness and to protect the mental health of older people.
- The older people’s mental health data catalogue (2018)⁶³

What to do: evidence and further information

- [NICE: older people with social care needs and multiple long-term conditions](#) Guideline covering planning and delivering social care and support for older people who have multiple long-term conditions. It encourages an integrated and person-centred approach to delivering effective health and social care services.
- [NICE: mental wellbeing of older people in care homes](#) This quality standard covers the mental wellbeing of older people (65 years and over) receiving care in all care home settings, including residential and nursing accommodation, day care and respite care.
- [Supporting older people living with frailty](#) A toolkit for general practice to support GPs, practice nurses and the wider primary care workforce with case finding, assessment and management of older people living with frailty.
- [NHS RightCare frailty toolkit](#) It is designed to support systems to understand the priorities in frailty identification and care, and important actions to take.

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