

Mature Minds Matter: Enhancing and improving access to Mental Health Support for Older People 15:30-16:30

#AgeFriendlyFutures

Do I need -

Older People in Greater Manchester – Mental Health Needs

Dr Kathryn Dykes

Consultant Clinical Psychologist

Clinical and Care Professional Lead for Older People's Mental Health in Greater Manchester "Adults over 65 do not have the same access to specialist mental health services as those under 65. Old age services have been excluded from investment and have seen reduced resources"

(Royal College of Psychiatrists, 2018).

Chief Medical Office Annual Report

Nov 2023 Executive summary and recommendations -GOV.UK (www.gov.uk)

- Our population is ageing and changing
- Multimorbidity is increasing; medical science and the health and care professions must respond
- Resources should be directed towards areas of greatest need
- Renewed focus on mental health improvement interventions and services for older adults are key to improving overall quality of life in people's later years.
- NHS, ONS and central and local government need to systematically collect and share data on the health and care needs of older adults
- Research often excludes older adults; they should be the main focus of much of our research.
- It should be unacceptable to have exclusion criteria based on older age or common comorbidities.
- Research into OPMH should be accelerated

Mental Health in Later Life report Centre for Mental Health, March 2024

CentreforMH_MentalHealthInLaterLife-1.pdf (centreformentalhealth.org.uk)

The report focuses on:-

- the discrimination that older people face both interpersonally and systemically – which has major impacts on their care and support
- **ageist assumptions** and approaches to mental health in later life
- the **importance of early intervention** as well as holistic responses to meeting older people needs
- the **complexity of older adults' mental health**, including their varied roles (for example as carers) which need to be reflected in treatment
- the **importance of social connections** and tackling isolation to support older people's mental health (particularly more vulnerable people)



Older people's needs

The same but different

- Many similar needs but also significant differences..... For example,
 - Multiple co-morbid health difficulties
 - Poly-pharmacy and different responses to medication
 - Changes in role / functioning / relationships / caring for others
 - Differences in risk presentation and conceptualisation
 - Increased somatization of distress
 - Less likely to receive psychological therapy but do better!
 - Different language and perceptions of "trauma"
 - Adaptations to interventions content, time frame, rigidity
 - Sensory adaptations required
 - Differences in presentation in CERN, eating disorders, substance use
 - Inclusion of mental health needs in care homes (higher than general community)
 - Aims and attitudes of older people themselves
 - Stigma, ageism
 - Different screening tools and assessments
 - Different social and relational needs (different VCSE)
 - Cognitive impairment
 - Less research, less evidence, less data about outcomes and access
 - Different NHSE competency guidance for staff
 - In the context of an ageing population!

Opportunities in Greater Manchester

• Increasing involvement of older people themselves in service design and delivery in Greater Manchester

- Funding of Mature Minds Matter as well as other groups in Greater Manchester
- Pilot project to develop paid peer roles for older people in mental health services
- Explicit expectations of parity of access
 - Recommendations for new Living Well services
 - Recommendations for older people and CERN
- Greater Manchester wide older people's mental health clinical reference group
- "Don't brush it under the carpet" campaign awareness raising about suicide and self-harm among older people
- Greater Manchester wide project to better understand needs and service offer for older people with eating disorders
- Greater Manchester wide work to scope the needs of older people living with complex emotional and relational needs and create specific care pathways, access to which is based on need not diagnosis
- Initial discussions about crisis pathways and older people

Age Friendly Futures Summit 26 March 2025

Mature Minds Matter: Enhancing and improving access to mental heath support for Older People

Key Principles of Outsider Witness Practice

- enabling people to tell their stories in ways that make them stronger;
- enabling people to make a contribution to others who are also experiencing hard times;
- recognising that the experience of making a contribution sustains and generates hope;
- recognising that there is always more than one story;
- recognising that people are always responding to the difficulties they are facing
 - Michael White & David Epston, (1990);

Outsider witnesses: consider these points as you listen

- What captures my attention?
- What images are evoked for me?
- How do these images relate to my life/my experience?
- What have I learnt?
- What does it encourage me to do as a result of hearing these stories ?



References

<u>Carter H (2025)</u> Working alongside service users with narrative therapy practices (Chapter 7 In Offord, R., Field, E., & Kaiser, P. (Eds). (in press). Narrative therapy and older people: Challenging stigma, supporting connection and building hope. Jessica Kingsle

Denborough, D. (2008) Collective Narrative Practice, Dulwich Centre Publications, Adelaide

Myerhoff, B. (1986) *Life Not Death in Venice: Its Second Life*. In V. Turner & E. Bruner (Eds), The Anthropology of Experience (pp. 261-286). Chicago: University of Illinois Press

White, M. and Epston, D. (1990) Narrative Means to Therapeutic Ends, Norton & Co, London

White, M. (1995) <u>*Re-Authoring Lives: Interviews and Essays*</u>. Adelaide, South Australia: Dulwich Centre Publications

White, M. (2007) Maps of Narrative Practice. W. W. Norton London