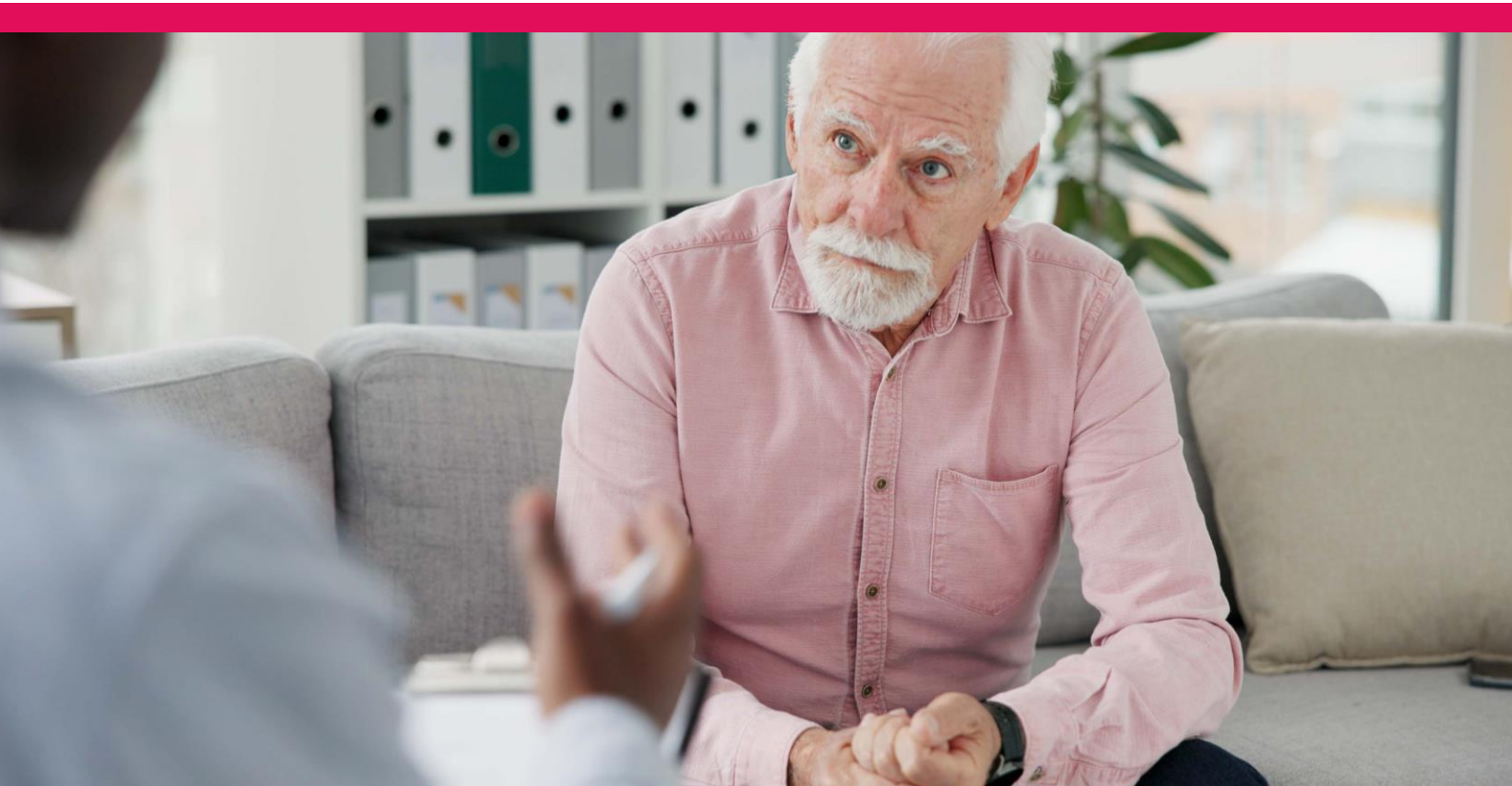


Counselling and older people

Improving access to therapy in later life



Counselling and older people

The UK's ageing population

Increases in life expectancy, and patterns in birth rates over time are contributing to a rise in the average age of the UK populationⁱ Yet this is not reflected in the age profile of clients accessing talking therapies in the UK.

The older we get, the less likely we are to recognise, seek help, or be offered support for common mental health problems. However, recent evidence suggests that poor mental wellbeing is common among older people,

A 2024 report by Age UK found two in five people aged 50 and over felt more anxious in the previous year, and one in five had more difficulty looking after themselves. One in eight respondents said they rarely or never had contact with another person in person, over the phone, or through social media.

75% of older people report experiencing low mood or anxiety at least once since their 65th birthday, while 40% of those in care homes report experiencing depressionⁱⁱ.

In England and Wales in 2023, the highest rates of suicide were found to be amongst people aged 45-64ⁱⁱⁱ.

Factors such as isolation, declining physical health and stressful life transitions are a significant driver of poor mental health in the older population. Despite this, older people are less likely to be offered access to Talking Therapies, even though they have a greater likelihood of recovery compared to other age groups.

Ageist assumptions that worsening mental health is an inherent part of growing older normalise suffering and discourage help-seeking. However, with access to the right support, older people can enjoy good mental health and wellbeing.

This briefing considers the role of counselling in supporting wellbeing in later life. It identifies and explores barriers to older people accessing talking therapies, considers the value of therapy through later life transitions, and the importance of autonomy and choice in making talking therapy accessible to older adults.

Life milestones come at different times for different people. As such, in this briefing we do not specify an exact age range when talking about “older people”, unless citing specific research or age-linked milestones (such as reaching state pension age).

Ageing matters

Later life brings distinct challenges that can test resilience and contribute to the onset of distress. Counselling and psychotherapy can provide older people with a non-judgemental space to explore these feelings and feel confident in taking their next steps.

Family and caring

Increasing numbers of older workers are providing care, juggling the demands of work with meeting the physical, emotional and financial needs of elderly parents. Members of the “sandwich generation” may find themselves facing this pressure on both sides, also providing continuing financial or housing support to dependent children^{iv}. Equally, those without children may struggle with less informal care and support, in addition to any impact that social isolation may have on their mental health and wellbeing^v.

Retiring from work may bring a significant shift in our sense of purpose, particularly for people whose work is central to their sense of identity. Retirement can also lead to increased isolation as the natural social opportunities that come with work are lost. Viewing retirement as a process rather than an event provides opportunity for planning and preparing.

Meanwhile, some older people may be unable to retire at a time of their choosing. Ageist recruitment practices may make it challenging for a person in the later years of their career to find a job, while financial hardship may force others to continue working beyond their ideal retirement age.

Bereavement and grief

As we age, our proximity to death and dying grows. People of any age can suffer from grief, and it should not be assumed that bereaved older people require less support than those bereaved at a younger age. Intense loneliness can come from a bereavement and lead to increased isolation and in time, chronic loneliness.

Our own mortality also comes into sharper focus with age. The idea of a ‘good death’, one in which the wishes and preferences of the dying person are known and those bereaved have confidence and find comfort in knowing

what to do, relies on a willingness to talk about death and dying.

Older people are at increased risk of loneliness following bereavement, with the loss of long-term partner presenting a particular risk. In its 2020 report, The Campaign To End Loneliness reviews evidence of psychological interventions for alleviating loneliness and suggests that people with chronic loneliness, which may be part of a complex set of problems, or due to difficult life events such as bereavement, can be helped by one-to-one support directly focused on helping them alleviate loneliness using psychological techniques^{vi}.

Wider health concerns

There is growing use of illicit drugs amongst older adults, with older men at greater risk of developing alcohol and illicit substance use problems than older women. However, older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medications. Only 6-7% of high-risk people with substance misuse problems over 60 years of age receive the treatment that they require^{vii}.

The number of people living with dementia in the UK is increasing as life expectancy grows. Living with dementia commonly gives rise to feelings of depression, anxiety, and loss as people struggle to adjust to changes in their cognition, behaviour and personality. Studies suggest that prevalence of depression for people with vascular dementia may be 30%, while dementia associated with other conditions increases risk of depression to over 40%^{viii}. Counselling has been shown to help people living with dementia to make sense of living with the condition.

Accessing therapy in later life

BACP believes that the aim of counselling is to provide opportunity for a person to tell their story, help them to understand themselves better and make positive changes in their life. Counselling can support older people to navigate the milestones of later life with success and maintain good mental wellbeing.

Research and data analysis indicate that, despite significant prevalence of depression amongst people aged 65 and over, they are less likely to recognise symptoms of common mental health problems, and those that do are less likely to seek help from family, friends or a healthcare professional.

Data from the NHS Talking Therapies programme in England have consistently shown that, despite better average completion and recover rates for those who receive therapy, uptake of the service is low amongst older people. The NHS Talking Therapies annual report 2023-24 indicates that 6.65% of referrals were from people aged 65 and older, remaining well below the target of 12%.

BACP analysis of data from a small sample third sector counselling services across the UK shows that in services open to all adult ages, service use decreases with age, with only 4.1% of clients being aged 65 and older.

Despite barriers to access, older people can gain significant wellbeing benefits from mental health support, including counselling and psychotherapy. Research suggests that psychological therapies are effective in treating late life depression and anxiety disorders. Cognitive Behavioural Therapy (CBT), Problem Solving Therapy (PST) and life review are found to be especially effective with older people. Addressing these barriers, therefore, can make a significant improvement in the mental health and wellbeing of older people across later life.

Barriers to counselling

Barriers to older people accessing therapy can be attitudinal, structural and practical and will include varying knowledge, familiarity and understanding of what therapy is, attitudes to the concepts and language of mental health, and the willingness of others to suggest or recommend therapy.

The stigma of mental health and reluctance to talk about personal issues can impact older people of all backgrounds and particularly resonate in some communities. In her exploration of attitudes towards talking therapies amongst older African Caribbean women, Helen George found both a deep-rooted cultural norm to 'don't talk your business to people' as well as a fear and distrust of health services and the consequences of being labelled 'mentally ill'^{ix}.

Despite age being a protected characteristic in the Equality Act (2010), ageist attitudes and views remain common in daily life. Advertising promoting 'anti-ageing' products and negative portrayals of older people across all media reinforce the idea that old age is a time of decline and depression, and that older people are out of touch and separate from the mainstream. The Royal Society for Public Health reports that one quarter of young adults (18-34 years) believe that it is normal to be unhappy and depressed in old age^x.

Counsellors across the UK report a common experience of self-stigma being evident in some older clients. Often sessions begin with a client being apologetic for taking up therapy time that could be given to somebody else, someone more deserving.

The role of GPs is critical in responding to mental health needs of older adults and are critical in improving access to support services and therapy, but physical health is often prioritised over mental health and management of depression has been shown to depend on the skills and interest of healthcare professionals than on structured approaches.

Counselling in Care Homes

There were an estimated 410,000 older people living in care homes in the UK in 2023. Although many people live well within care homes, it is estimated that 60% of those living in residential care have poor mental health with an estimated 40% of care home residents living with depression. Further work is needed to increase understanding how counselling can be made accessible to care home residents.

Therapy and healthy ageing

How we view ageing impacts not only the quality of life experienced, but alarmingly, also its quantity, with those with a positive attitude to ageing estimated to live an average of seven and half years longer than people who view ageing negatively^{xi}. There is evidence to suggest that more people with physical health conditions recover more quickly and are better able to manage their disabilities and symptoms if they have good mental health and wellbeing, and that mental wellbeing confers protection from infection and disease (Faculty of Public Health, 2010).

“Human beings are works in progress that mistakenly think they’re finished” says psychologist Daniel Gilbert, whose research has demonstrated that people of all ages consistently underestimate the extent to which their preferences, personalities and circumstances will change in the future^{xii}. This suggests that the life transitions we anticipate as we

age - the ‘empty nest’ for those in their 50s with adult children and retirement from work a decade later, will be experienced very differently without fitting with the expectations of our younger selves.

Policy recommendations

- Increase the role of GPs and staff in General Practice in recognising and responding to mental health needs of older adults through: Proactive identification and screening; Referral to talking therapies; Consideration of mental health needs when managing long-term conditions.
- Increase funding for local third sector mental health services tailored to older adults, including counselling, peer support, and outreach programmes.
- In line with the protected characteristics in the Equality Act, employers should ensure that workers aged 50 and over have improved access to bespoke mental health screening and follow-up access to support, including the offer of counselling and therapeutic coaching.
- Access to talking therapies in the older population should be improved through awareness campaigns and training that address stigma and encourage help-seeking. In England, building on the evidence that older people achieve higher recovery rates, NHS Talking Therapies should retain its target of 12% of referrals being aged 65+ and this figure should be revised upwards as the population continues to age and psychological support needs increase.
- Residents in care homes must have access to therapeutic psychological support that includes talking therapies. More research is needed into the psychological wellbeing of care home residents to further understand psychological support needs and how these can be met.

About the British Association for Counselling and Psychotherapy (BACP)

BACP has over 75,000 members working to the highest professional standards in a range of settings. BACP is recognised by legislators, national and international organisations and the public as the leading professional body and the voice of counselling and psychotherapy in the UK.

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