

Older people roundtable meeting

Friday 23 March 2018

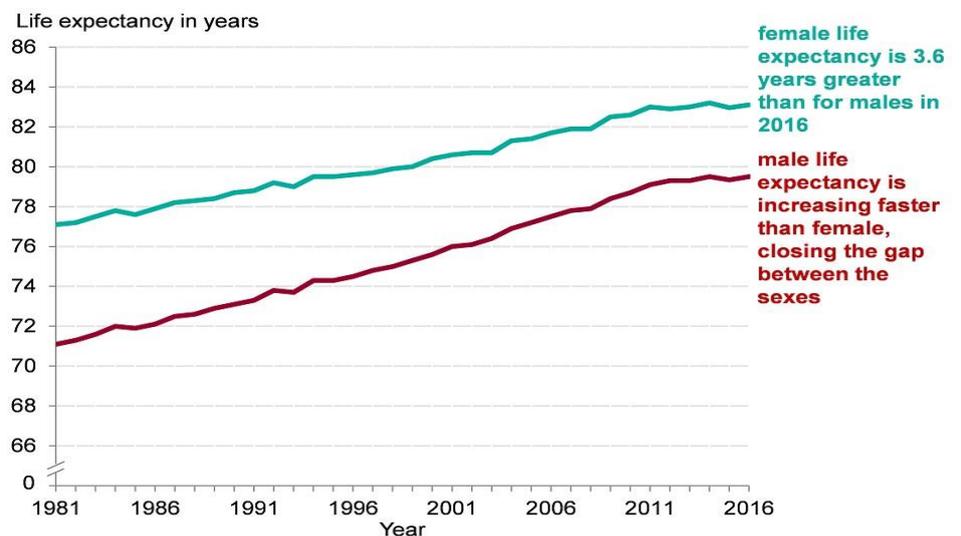
Overview

BACP members interested in working with older people met to share their experiences and consider how they are represented in our older people strategy. Workshops and discussions focussed on barriers and enablers to older people accessing therapy. The group also considered 'next steps' in relation to BACP member engagement with the strategy.



BACP Older People Strategy overview

The context for BACP's older people strategy is an ageing population, with people across the four nations of the UK living longer, but not living more healthily. There is consistent and worrying evidence that older people are less likely to recognise symptoms of anxiety and depression and more reluctant to seek help for mental health problems.



The older people strategy has two long-term objectives:

1. increase the numbers of older people who access therapy.
2. increase the availability and provision of counselling to older people.

A broad view of the definition of ‘older people’ is being taken and the strategy focuses on the life events and transitions that happen more frequently (though not exclusively) to people aged 50+ and the barriers that make it more difficult for older people to access help for their mental health.

Working across the various BACP roles (research, policy, campaigning, professional standards) the three key themes of the strategy are:

1. **Increasing knowledge and understanding of perceptions and efficacy of counselling for older people.**
2. **Calling for increased access to therapy for older people**
3. **Promoting working with older people to the BACP membership**

Issues relating to the mental health needs of older people have been identified as initial areas of interest where there is need for counselling:

Issue	
Long-term conditions	The prevalence of long-term conditions rises with age, affecting about 50 per cent of people aged 50, and 80 per cent of those aged 65 and many older people have more than one chronic condition - <i>The Kings Fund (2013) Delivering better service for people with long-term conditions.</i>
Depression	<p>Nearly half of adults (7.7million) aged 55+ say they have experienced depression and around the same number (7.3 million) have suffered with anxiety.’ <i>Age UK https://www.ageuk.org.uk/latest-news/articles/2017/october/half-aged-55-have-had-mental-health-problems/</i></p> <p>IAPT data shows that patients receiving treatment for anxiety and depression aged 65+ have better outcomes (60.4% recovery) than younger patients (45.4% recovery). <i>NHS Digital (2016). Psychological therapies. Annual report on the use of IAPT services 2015-2016.</i></p>
Work	<p>Over 30% of people in work in the UK are aged 50 and over - <i>CIPD (2015) Avoiding the demographic crunch</i></p> <p>There are 3.6 million people aged 50–64 who are not in work - <i>Centre for Ageing Better (2017) Addressing worklessness and job insecurity amongst people aged 50 and over in Greater Manchester</i></p>
Relationship breakdown/ divorce	An Ipsos/Mori poll commissioned by BACP in 2017 indicates that rates of depression are highest (31%) amongst older adults (55+) who had experienced divorce or relationship breakdown in the past five year

Loneliness	More than 1 in 3 people aged 75 and over say that feelings of loneliness are out of control - <i>Independent Age (2016)</i> https://www.independentage.org/news-media/press-releases/one-third-of-older-people-say-feelings-of-loneliness-are-out-of-their
Retirement	Retirement has been recognised as a risk factor for depression - <i>Gabriel H. Sahlgren (2013) Work longer, live healthier - the relationship between economic activity, health and government policy. Institute of Economic Affairs discussion paper no.46</i>
Drugs and alcohol	<p>Older men are 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 - <i>Royal College of Psychiatrists, London (2011) Invisible addicts.</i></p> <p>Only 6-7% of high-risk people with substance misuse problems over 60 years of age receive the treatment that they require - <i>Royal College of Psychiatrists London (2015) Substance misuse in older people - an information guide</i></p>
Bereavement	<p>Whatever the circumstances, the loss of a loved one is associated with intense suffering and can lead to serious mental and physical health problems - <i>Stroebe, Schut, & Stroebe, (2007) The health consequences of bereavement: A review. The Lancet.</i></p> <p>A 2017 research project suggests that community-based bereavement counselling may have long-term beneficial effects to people experiencing or at risk of complicated grief - <i>Newsom et al (2017) Effectiveness of bereavement counselling through a community-based organisation: A naturalistic, controlled trial</i></p>
Dementia	<p>There are over 40,000 people with early-onset dementia (onset before the age of 65 years) in the UK and in older adults, prevalence increases from 1.3% among those aged 65-69 to 32.5% among those aged 95 years and over. - <i>Alzheimer's Society (2014) Dementia UK update</i></p> <p>Counselling does not appear to have a significant effect on dementia symptoms, but it may contribute to improving the quality of life of people with the disease in the short and medium term - <i>Hill, A. and Brettell, A. (2005) The effectiveness of counselling with older people: Results from a systematic review Counselling and Psychotherapy Research</i></p>
Suicide	Whilst suicide rates in the older population are generally lower than for younger people, there is an increased risk of suicide amongst men aged 80+ - <i>The Samaritans (2017) Suicide statistics report 2017</i>

<p>LGBTQ</p>	<p>LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care facilities -<i>American Psychological Association (online) lesbian, gay, bisexual and Transgender Aging.</i></p> <p>Prevalence of depression in older gay men and lesbians is higher than the general population - <i>Institute of Medicine (US) (2011) The health of lesbian, gay, bisexual, and transgender people: Building a foundation to better understanding.</i></p>
<p>Care homes</p>	<p>There is an absence of specialised support, including counselling and assistance with communication in care homes - <i>Bowers H et.al (2009) Older people's vision for long-term care. Joseph Rowntree Foundation</i></p>
<p>Prisons</p>	<p>The numbers of older people in prison is rising. 15% of the prison population in England and Wales are aged 50 and over. <i>Allen, G and Watson, C (2017) UK prison population statistics. House of Commons library</i></p> <p>Some older prisoners have a physical health status of 10 years older than their contemporaries in the community. This can be due to a previous chaotic lifestyle, sometimes involving addictions and/or homelessness. <i>House of Commons justice committee (2013) Older Prisoners. Fifth report of session 2013-14: Volume 1</i></p>

BACP members with interest/experience of working on these issues with older people are invited to share their knowledge, learning and ideas:

- The benefits of counselling to older people.
- How barriers to access can be removed.
- The value to their practice gained from work with older people.

Workshop 1

Increasing understanding of efficacy of counselling for older people.

BACP research staff shared information on two recent projects:

Scoping Review of Effectiveness of Counselling for Older Adults

A systematic review of published research identified relevant papers, evaluated effectiveness, cost-effectiveness, feasibility and appropriateness of therapy for older adults.

Key findings:

- A range of counselling interventions were effective for older people with depression, especially with milder forms of depression.
- There was also evidence for psychological and pharmacological interventions in the treatment of anxiety in older adults.
- Counselling was not effective in the treatment of dementia; however, some evidence indicates quality of life can be improved with psychological therapy due to aiding persons with dementia to connect with others. Talking therapy is effective for clients with both dementia and anxiety and/or depression.
- A range of psychological therapies were found to be acceptable and feasible within the population, however cost effectiveness could not be clarified due to lack of research

Ipsos/Mori public perception survey

BACP commissioned a public opinion poll in the summer of 2017 aiming to increase understanding of the potential barriers to older people accessing therapy and exploring attitudes towards psychological therapy amongst older adults.

Key findings:

- 31% of respondents who had visited a healthcare professional for either depression or anxiety went on to attend counselling or talking therapy. This number reduces with age.
- Fewer men than women attended counselling and there was a direct relationship between income and attendance (people on lower income less likely to attend).
- 42% of respondents agreed that 'people of my generation know how to manage without counselling or talking therapy' and this increases to 51% of people aged 75+
- 68% said they would be open to counselling if it were recommended to them, and of those who had attended therapy, 87% would recommend to family or friends with symptoms of depression.

Research strategy

Increasing the understanding of perceptions and efficacy of counselling for older people is a priority area of research for BACP.

- Long term conditions and co-morbid mental health problems has emerged as a potential area of long term research that has relevance within the context of an ageing population, with an increased prevalence of chronic illness accompanying old age.
- A PhD studentship is being offered by BACP to undertake research into the delivery of counselling in care homes.

Workshop 2

Calling for increased service accessibility for older people experiencing mental health problems.

The BACP four nations lead presented an overview of work that the policy team do to promote the profession and make calls for increased provisions across the UK parliaments, with specific focus on engagement with the devolved administrations. The workshop discussion focussed on four questions:

What can we do together to influence change in public policy/commissioning priorities?

- A main driver in NHS is cost-saving. Can we demonstrate the value of therapy in terms of reduction in public spending?
- Set up a small-scale pilot project to increase uptake and measure impact.
- Identify 'older people champions'
- Encourage BACP members to join PPGs in their local NHS organisations.

Who could we partner with?

- Identify and work with organisations with shared interest in increasing access for older people (CCG/Health Board/Trust)
- The Carers Trust - focus on counselling as an intervention that avoids crises

Any further evidence you are aware of?

- *Bristol Ageing Better's* Carers Support Centre Wellbeing Pilot project demonstrates reduction in loneliness and increase in wellbeing amongst older carers.

How do we access living case studies?

- Partnership with counselling services to incorporate requests into their evaluations.

Discussion

Sharing experience of working with older people. '*Barriers*' and '*enablers*' to work with older people.

“Definitions of ‘older’ is tricky and very subjective. People should self-define and we tend to think of ourselves as young and ageing as *something that happens to other people.*”

“It’s very important not to have pre-conceived ideas about a client based on their age, whilst at the same time having understanding of ageing issues, knowledge about responses to them, and flexibility to share practical options and choices with clients.”

Attitudinal barriers

- Older generations are less aware of counselling and unfamiliar with the language of mental health, wellbeing etc. and therefore therapy has a ‘sense of mystery’ attached to it.
- Many older people seem to have unwritten codes that says, ‘Pull yourself together’, ‘Toughen up’. Often perceived as *stiff upper lip* this may reflect early life experiences of generations who accept ‘struggle’ as part of life.
- Many older people also believe that they should ‘Keep it in the family’ and that they should not ‘Air their washing in public’.
- Older people may not want to talk about feelings and do not believe in the efficacy of just talking. (They need more solution-focussed therapies.)
- There remains a stigma (particularly for older people) around mental health. They do not want a diagnosis (which they believe would be confirmed, and appear in their medical records if they attend counselling). ‘Asylums’ are part of their living memory and are where people with mental health issues who ‘went mad’ were locked away.
- Attitudes of GPs and healthcare professionals can lead them to believe that their older patients will not want, or won’t benefit from counselling and may not be aware of evidence to the contrary.

Practical barriers

- Many older people cannot afford (private) counselling and may resent the suggestion that they should pay for it. (The free NHS came into being in their living memory.)
- They know they do not have ‘all the **time** in the world’ to work on making changes. Neither do they have time to wait for an assessment and then to be allocated a counsellor. (Their situation may have changed substantially in a short time.)

- They may not be able to get to appointments without patient transport services.
- Many older people have caring responsibilities that prevent commitment to regular sessions of therapy.
- The practical implications of a diagnosis may keep people away from health care professionals, including counsellors. If people admit to having problems, they fear the consequences of this, e.g. 'They will put me in a home' or, 'They will take my driving licence away'.

Structural barriers

- In England the IAPT service was initially established with an upper age limit of 65 - healthcare professionals may not make connections between older people's needs and referral to these services.
- Many counselling services offer online counselling as a first point of access before, progressing to face-to-face counselling. This is a barrier for many older people.
- Group therapy is often another alternative offered which may be unfamiliar, and daunting for older people.
- Lack of co-operation from other agencies (e.g. refusal of care homes to take up offer of counselling provision).
- Advertising of services and imagery rarely features older people.

Practitioner barriers

- Counselling practitioners may not feel confident or competent in working with older clients (particularly clients with dementia) or may not appreciate that counselling changes the lives of older people as much as younger clients.
- Practitioners' attitudes/values about their own ageing and mortality may create a further barrier to them working with older people.

Enablers

Reflecting on a survey that showed high levels of older clients' satisfaction with counselling, there are adaptations to practice that enable clients to overcome initial reticence and fear of the unknown that awaits behind the door of the therapy room.

- Offering the option of being accompanied by a partner or friend, either for the first session or on an ongoing basis, may be the reassurance the client needs to take the first step.
- Being prepared to accept that an older client may wish to talk about practical issues first, before being able to discuss how they feel about them, supports the

development of the therapeutic relationship and gives the client assurance that what matters to them is the focus of their therapy.

- Adapt the ‘language of therapy’ so that it removes its mystery e.g. Adding ‘Family Support’ to a service name has helped to provide context.
- Flexibility is vital in all aspects of service delivery (time, location, etc.). This may result in a clash between the needs of a client and needs of a service or funder. For example, the service view might be that ‘you can see more clients if they come to you’ whereas the reality is that home visits are necessary.
- Primary care is the key to increasing uptake and access. Well-informed GPs who are willing to ‘prescribe’ therapy will reassure older people.
- Promotion of positive accounts of working with older clients through the pages of *Therapy Today* and other contact with BACP members.
- Increase the use of imagery of older people in promotion of counselling services and therapy.
- Work with agencies that are dedicated to working with older people.
- Locate counselling services within care homes.
- Consider recognising work with older people as a specialism within counselling training.

Training

- Counselling training includes a module on ‘diversity’ but this is very ‘top level’ and doesn’t focus much on exploring the challenges and barriers that older clients face.
- It is not uncommon to find students doubt the value of work with older people. This may relate to stigma. Built into training should be a clear counter to assumptions that counselling won’t be of benefit, or ‘won’t work’ for older people. Part of the education should be that ‘it is never too late for counselling to change lives’.
- Post-qualification practice can benefit from training to better understand some of the issues that older adults may be facing, such as common later-life illnesses (LTCs) or dementia; e.g. ‘dementia-friendly training’ delivered by *The Alzheimer’s Society* can be very helpful for services to use and it provides information that isn’t covered in counselling training.
- Whilst not feasible to provide detailed training as part of a college course, work with older people could instead be a specialism, offering practitioners an opportunity to develop knowledge and adapt practice to be more accessible and

- Assisting in shaping and overseeing of the older people research strategy.
- Providing information for case studies for use online and in the media.
- Signing up to receive a regular e-mail update on the older people strategy.



Reflections and next steps

The meeting was felt to be useful by all. It was agreed that it should be repeated, and that it would be beneficial to have many more BACP members in attendance to bring a wider range of experience and insight.

Next steps:

- Summary notes to be written up and circulated to include key facts and references.
- Expert Reference Group promoted to members and convened
- Regular e-bulletin to be distributed bi-monthly (first in May 2018)
- Older people 'landing page' on BACP web site to provide focal point and disseminate news and information.
- Annual older people round-table/networking day to be planned
- Research team will transcribe the recorded discussion session to inform the research strategy.



What was the most beneficial aspect of the meeting?

“Learning about the progress of the strategy.
Networking with others.”

“Open conversations with like-minded people”

“Meeting others who are as passionate as I am”

“Sharing experiences and learning”

“Tapping into potential strategies and learning
from others”

“It’s good to be part of this initiative and to have
the opportunity to influence the strategy”

“Excellent day. Very worthwhile. So pleased I attended”.



Thank you to all who attended on the day and to those members unable to attend but who contributed by sending their comments separately and which have been incorporated into these notes.