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.
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.”

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.

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. Older people’s unpaid contributions as volunteers, carers and grandparents are valued at £24.2 billion per year. As consumers, older people boost the economy by an additional £239 billion a year.

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

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<th>Who</th>
<th>No.</th>
<th>What</th>
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<tr>
<td>Local authorities</td>
<td>1</td>
<td>Establish “Healthy Ageing” programmes, involving all relevant local authority departments, in partnership with other agencies.</td>
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<td>2</td>
<td>Identify funding for and support community-based projects that involve older people and benefit their mental health and well-being.</td>
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<td>Government</td>
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<td>Introduce a duty on public bodies to promote age equality by 2009.</td>
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<td>Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme.</td>
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<td>5</td>
<td>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.</td>
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<td>6</td>
<td>Work to achieve consensus, both within Government and with external stakeholders, on long-term pension arrangements.</td>
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<td>Health departments</td>
<td>7</td>
<td>Ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.</td>
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<td>8</td>
<td>Ensure that mental health promotion programmes include and provide for older people.</td>
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<td>Education departments</td>
<td>9</td>
<td>Ensure that school programmes promote attitudes and behaviour that will lead to good mental health and well-being and healthy ageing.</td>
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<td>Public bodies</td>
<td>10</td>
<td>Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and well-being.</td>
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<td>11</td>
<td>Abolish mandatory retirement ages and enable flexible retirement for older employees.</td>
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<td>Provide pre-retirement information and support for all employees.</td>
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<td>Public bodies and businesses</td>
<td>13</td>
<td>Educate and train all staff who have direct contact with the public to value and respect older people.</td>
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<td>Age Concern and the Mental Health Foundation</td>
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<td>Work with other organisations, including the media, to improve public attitudes towards older people and promote a better understanding of mental health issues.</td>
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<td>Voluntary organisations and local authorities</td>
<td>15</td>
<td>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.</td>
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