Chapter Six: Older adults

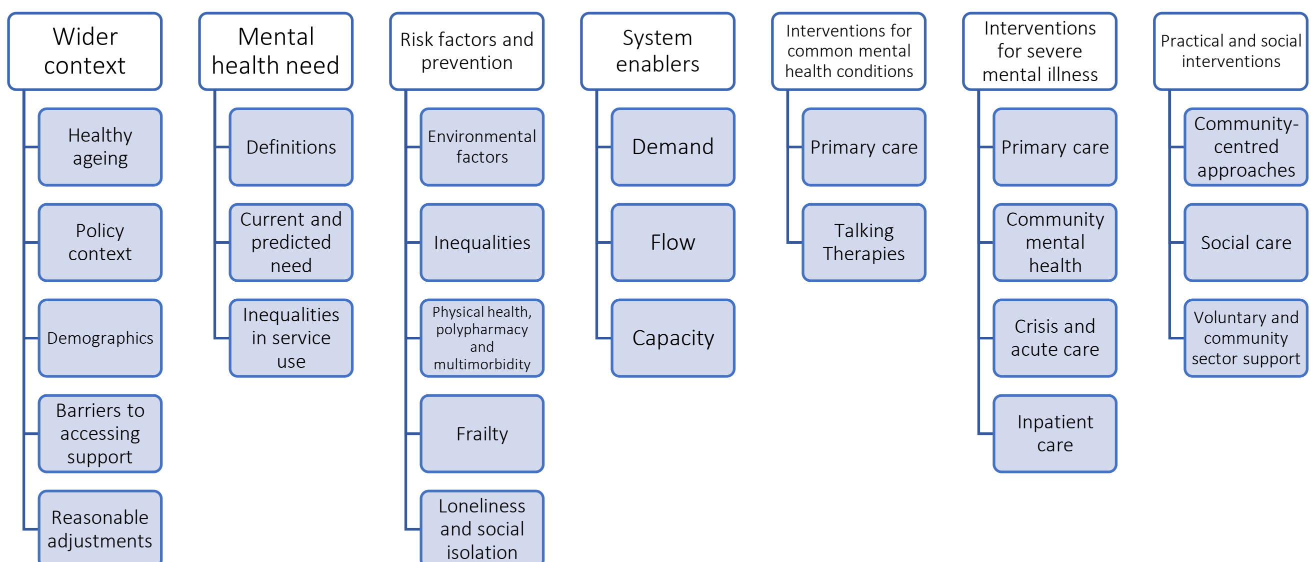
Summary

Scope

This chapter covers the mental health needs of older adults in Cambridgeshire and Peterborough. We have broadly defined 'older adults' as people aged 65 and over, though we recognise that there is huge diversity within this age group in terms of health, lifestyle and support needs, and that people aged 65+ may not identify themselves as being 'older'. This chapter of the mental health needs assessment will answer the following questions (Public Health England, 2019b):

- what is the local prevalence of mental illness among older adults and how does this compare against the local demographic profile?
- are there local inequalities in the prevalence of mental health problems among older adults?
- how many older adults have long-term health conditions, and how many have one or more physical health conditions alongside a mental health condition?
- how many older adults are in demographic groups that often have complex or extra mental health needs?
- what are the common risk factors among older adults and how do these compare with the local demographic profile?
- what community assets are available in the local area to improve older people's mental wellbeing and resilience?
- what local older adult mental health services are available and how does their use compare to need?
- does social care provision meet the mental health needs of older adults?

Figure 1: Outline of older adults' mental health chapter



This chapter focuses on common mental health conditions (anxiety disorders and depression), severe mental illness and mental health crisis. It will also cover dementia prevalence and diagnosis pathways.

Key findings

- Wider context: By 2031, almost 1 in 5 people in Cambridgeshire and Peterborough will be aged 65 or over (PHI team, 2023). It is predicted there will be an 88% increase in the number of people aged between 85+ from 2021 to 2041; and that the older adult population will be concentrated in Fenland, East Cambridgeshire and Huntingdonshire (PHI team, 2023).
- Mental health need: Around 14% of older adults are currently live with a mental illness (GHDx, 2023), some of whom will have developed this illness for the first time in older age (Raffertys, 2013). It is predicted that over the next 15 years, the number of:
    - Older adults with depression will increase by 26% in Cambridgeshire and 33% in Peterborough.
    - Older adults with dementia will an increase of 41% in Cambridgeshire and 47% in Peterborough.
- Overview of the mental health system: The mental health needs of older adults 'have historically been under-recognised and under-treated' in England (Mueller et al., 2017). Older people are less likely to access mental health support than other age groups, despite a similar proportion experiencing mental health conditions (Mueller et al., 2017; Stickland & Gentry, 2016).
    - The SUN Network reports that older adults in Cambridgeshire and Peterborough face multiple barriers to accessing mental health support (Sidney, 2023b).
    - Around 3 in 10 of patients registered with the Older People Mental Health Service in Cambridgeshire and Peterborough have a dementia diagnosis.
    - Further work is needed to understand the capacity of the mental health system to meet the needs of an increasingly ageing population, in terms of funding, workforce and the extent to which the health and social care systems work well together. These factors are key for ensuring the older adults receive high quality mental health support (Davidson, 2021).
- Common mental health conditions: Mental health conditions are as treatable in older people as they are for younger age groups (Raffertys, 2013; Rodda et al., 2011). There has been a recent focus on increasing the number of older people accessing Talking Therapies in Cambridgeshire and Peterborough (Cambridgeshire and Peterborough Integrated Care System, 2023).
- Severe mental illness: There are a range of services providing specialist support to older adults with severe mental illness in Cambridgeshire and Peterborough. However, there is unequal service provision compared to the support available for younger adults.
    - Over recent years, there has been increasing demand for older people's mental health services and longer waits for older adults who present to A&E due to their mental health.
    - More work needs to be done to listen to and record the experiences of older adults in relation to severe mental illness, particularly for older adults from marginalised groups.
- Practical and social interventions: We know from the SUN Network that 'getting out of the house' and connecting with others is often vital to older people's mental wellbeing. There are a range of voluntary and community organisations that support older adults in Cambridgeshire and Peterborough, including large organisations such as Age UK, to small community-based groups and activities.

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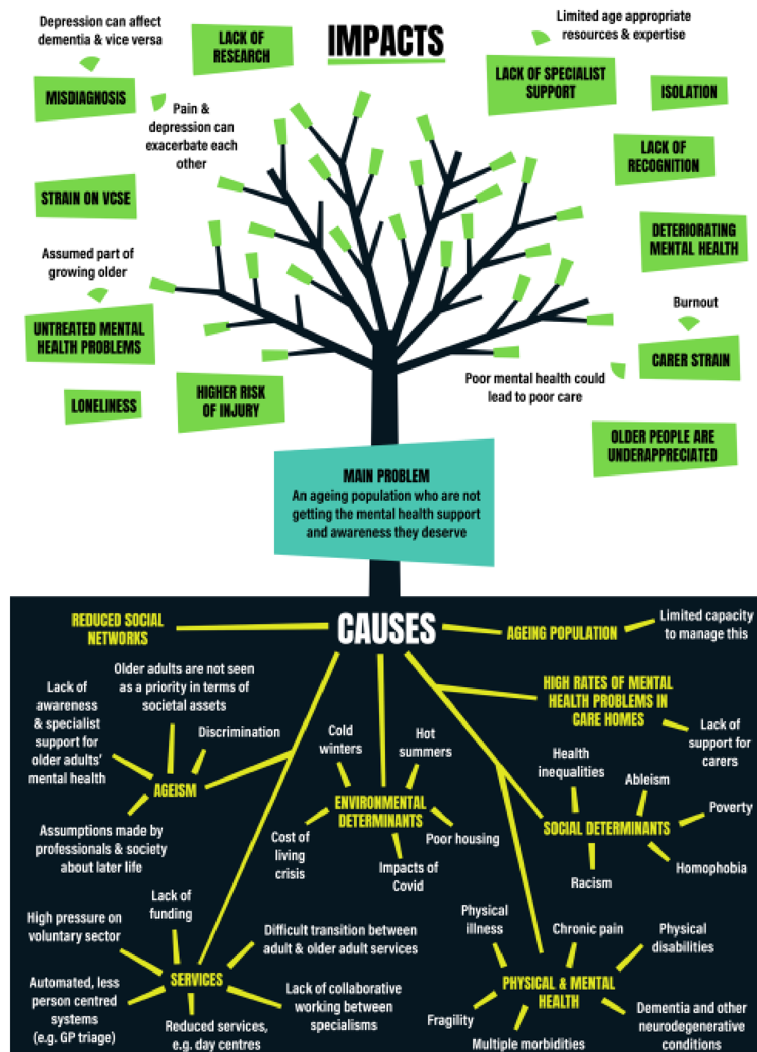
Wider context

An increasing proportion of our local population in Cambridgeshire and Peterborough consists of older adults aged 65+ (PHI team, 2023). As highlighted in the most recent Chief Medical Officer's report, life aged 65+ is a period of great happiness for many people. For others, it is a challenging time of discomfort, loss of independence and loneliness. The difference between these two outcomes is largely determined by physical and mental health: poor mental health is associated with considerable individual suffering, as well as social isolation, higher use of health and social care services and poorer outcomes for physical illness (Whitty, 2023).

This highlights the importance of a 'renewed focus on mental health' in this age group (Whitty, 2023). The Centre for Mental Health and Age UK has produced the following diagram which summarises the key issues impacting older adults' mental health:

Figure 2: Key factors and themes impacting older adults' mental health. Image source: Mental Health in Later Life



Healthy ageing

Healthy ageing is about enabling improved health and wellbeing, increasing independence, and resilience to adversity. It includes having the ability to be financially secure, being socially connected with friendships and support, and enjoying life (Public Health England, 2019b).

Public Health England has adopted the World Health Organisation's (WHO) definition of healthy ageing as '*the process of developing and maintaining the functional ability that enables wellbeing in older age*' (World Health Organization, 2020). Functional ability combines both the intrinsic capacity of the individuals, the environment they live in and how they interact with the environment (World Health Organization, 2020).

- Functional ability refers to the ability to meet basic needs, to build and maintain relationships, to learn, grow and make decisions, to contribute and to be mobile.
- Intrinsic capacity is the physical and mental strengths someone can draw on, such as locomotor capacity (physical movement), cognitive capacity and psychological capacity.
- Environments refers to both the environment someone lives in and how they interact with the environment, and includes services, the natural and built environment, technology and relationships.

Healthy ageing is a rights-based response to population ageing that aims to mitigate inequalities accumulated over the life course (World Health Organization, 2020). It recognises that ageing is a dynamic process impacted by these three domains, and that there are many opportunities to intervene to maintain functional ability in older age (Public Health England, 2019b).

Policy context

National policy

In the NHS Long Term Plan (2019), older people's mental health was embedded across all aspect of adults' mental health. The Plan proposed that all adult mental health services should remove upper-age cut offs; and stated that access to specialist older adults' mental health services should be needs-based (such as considering physical and mental health comorbidities) rather than use age as a threshold. It said that NHS services should provide integrated care and support for mental and physical health needs, which may include support from social care and voluntary and community sector organisations; and set out the development of community multidisciplinary teams to work with older people and those with frailty (NHS, 2019).

Specific aims in the Long Term Plan relating to older people's mental health were (NHS, 2019):

- NHS Talking Therapies: local areas should address inequalities in access for older people and translate findings from the expansion of the long-term condition (LTC) pathway into frailty pathways.
- Community mental health: older adults '*will be supported through new and integrated models of primary and community mental health care, which will enable them to have greater choice and control over their care, and to live well in their communities*'.
- Crisis and acute mental health: older adults should be embedded in all crisis and acute mental health care commitments. On top of this, areas were encouraged to improve physical health support within community-based mental health crisis teams and mental health inpatient units.

Alongside this, the NHS Community Mental Health Framework recognised that there should be a focus on improving the transition period from general adult mental health services to specialist older adult services. There is no national strategy for the prevention of mental ill-health in older adults (Centre for Mental Health & Age UK, 2024).

Local policy

The 2023 Joint Strategic Needs Assessment (JSNA) recommended that '*the increasing numbers of older people should encourage the whole system in Cambridgeshire and Peterborough to focus on prevention of ill health and disease, in order to reduce future demands on healthcare and other services. This is wider than just an NHS responsibility, it requires all parts of the public sector to enable healthy living and disease prevention*' (PHI team, 2023).

The last needs assessment focusing specifically on older adults' mental health was in 2014. Relevant points in previous needs assessments and strategies around older adults' mental health are summarised below:

Year	Strategy	Key points
2014	Cambridgeshire Joint Strategic Needs Assessment (JSNA): Older People's Mental Health	• Focused on depression and dementia and stated that many older adults with these conditions had not been diagnosed and/or had their diagnosis recorded in primary care. Predicted that the number of older people with dementia and depression would rise substantially from 2012 to 2026. • Found that there was substantial variation in referral rates to older people's mental health services across the county, the reason why was unclear. • Service improvement ideas from service users and carers included community-based and practical support, such as with maintaining relationships and applying for benefits; and a greater focus on positives rather than diagnosis. Information and training for families and carers and people with mental health conditions, and being able to consistently see the same health professional, were also considered important.
2018	Cambridgeshire & Peterborough All Age Dementia Strategic Plan 2018 - 2023	• Stated that rates of referrals into access for psychological therapies for older adults, and rates of contact with secondary mental health services for older adults with no inpatient stays, were some of the lowest in England in Cambridgeshire and Peterborough CCG. • Highlighted the coordination of both physical and mental health care as one of the biggest gaps in dementia care; and set 'well-coordinated care that addresses physical and mental health and social care needs in a seamless way' as a key outcome. • Planned to use public health campaigns to raise awareness of how dementia can be prevented by keeping mentally and physically healthy.
2022	All Age Carers Strategy 2022 to 2026	• Set supporting the 'emotional and psychological wellbeing of carers' as a key priority area, in response to local carers reporting that their own needs and wellbeing can be overlooked.
2022	Joint Health and Wellbeing Integrated Care Strategy	• Aimed to increase the number of years people spend in good health and reduce inequalities in preventable deaths before age 75; including through a focus on early intervention and prevention to improve mental health and wellbeing.

The working-age adults chapter of the mental health needs assessment summarised key policy for adults mental health, including the Joint Health and Wellbeing Integrated Care Strategy and the Patient Carer Race Equality Framework (PCREF).

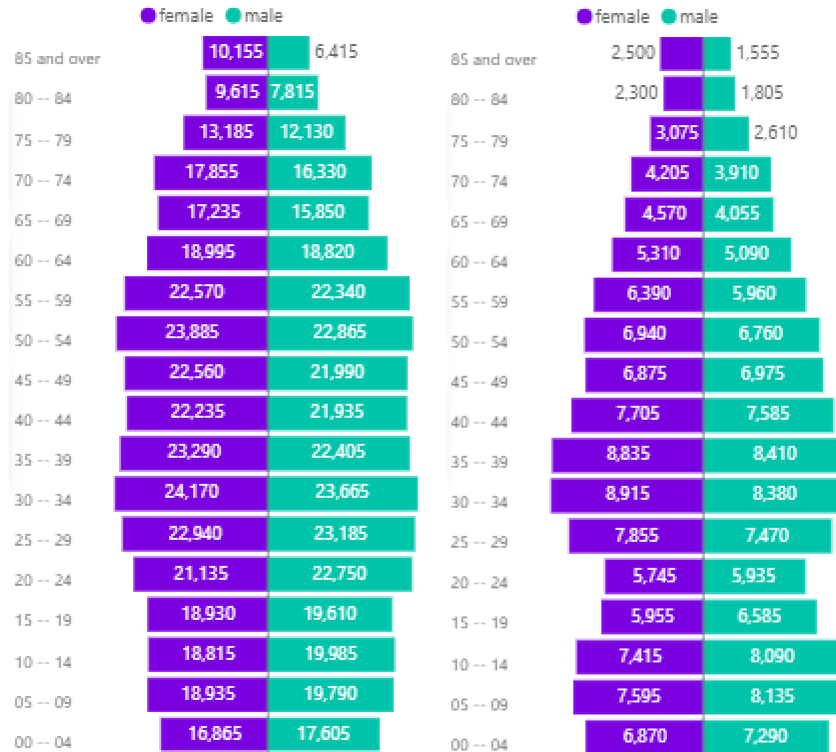
Demographics

- Within people aged 65 and over, there is substantial variation in terms of life circumstances, personal goals, and physical and mental health (Office for National Statistics, 2022).
- National data shows that the older population is increasingly diverse. There are growing numbers of older adults who are LGBTQ+, who are from a range of ethnic backgrounds and who live in different family/household structures (Centre for Ageing Better, 2023b).
- Whilst age does not necessarily reflect functional ability, understanding the size of older adult populations provides some basis for commissioners to plan services which meet older people's needs (Raffertys, 2013).

Current population

Currently there are around 160,000 older adults (aged 65+) in Cambridgeshire and Peterborough, which is 17.6% of the total population. The size of this age group grew by 26% between 2011 and 2021, compared to an 11% growth in the overall population in Cambridgeshire and Peterborough (PHI team, 2023).

Figure 3: Age structure of older adult population, Cambridgeshire (left) and Peterborough (right), 2021. Image source: [Cambridgeshire & Peterborough Insight – JSNA 2023 – Population forecasts]



Note the scales are different in these population pyramids

In 2021, the vast majority (96%) of the older adult population across Cambridgeshire and Peterborough were from 'White' ethnic backgrounds. However, in Cambridge and Peterborough, over 1 in 20 of the older adult population were from 'Asian, Asian British or Asian Welsh' ethnic groups.

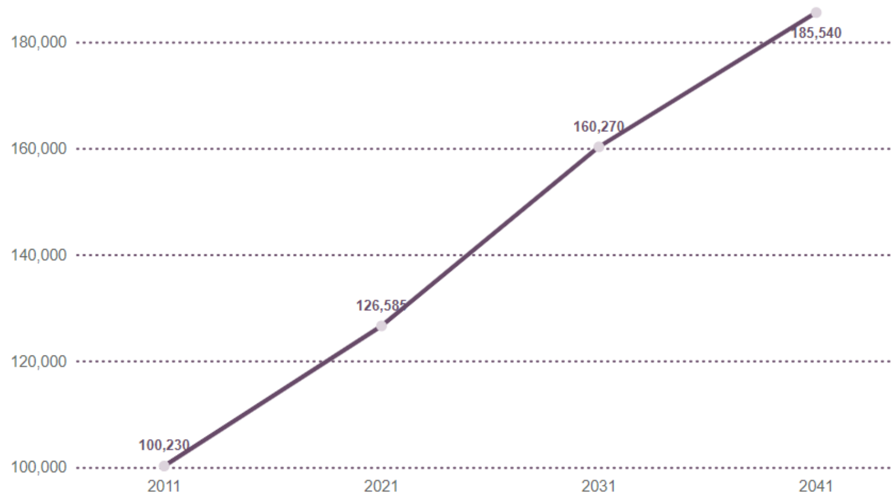
Table 1: Older adult population by ethnic group, Cambridgeshire and Peterborough, 2021. Data source: [Census 2021 - create a custom dataset - Office for National Statistics (ons.gov.uk)]

Ethnic group	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Cambridgeshire	Peterborough	Cambridgeshire and Peterborough
Asian, Asian British or Asian Welsh	5.1%	0.7%	0.6%	1.1%	1.4%	1.6%	5.9%	2.4%
Black, Black British, Black Welsh, Caribbean or African	0.8%	0.2%	0.3%	0.4%	0.2%	0.4%	1.2%	0.5%
Mixed or Multiple ethnic groups	0.8%	0.3%	0.3%	0.3%	0.3%	0.4%	0.6%	0.4%
Other ethnic group	1.3%	0.3%	0.2%	0.3%	0.5%	0.4%	0.7%	0.5%
White	92.0%	98.4%	98.6%	97.9%	97.6%	97.3%	91.5%	96.1%

Predicted population change

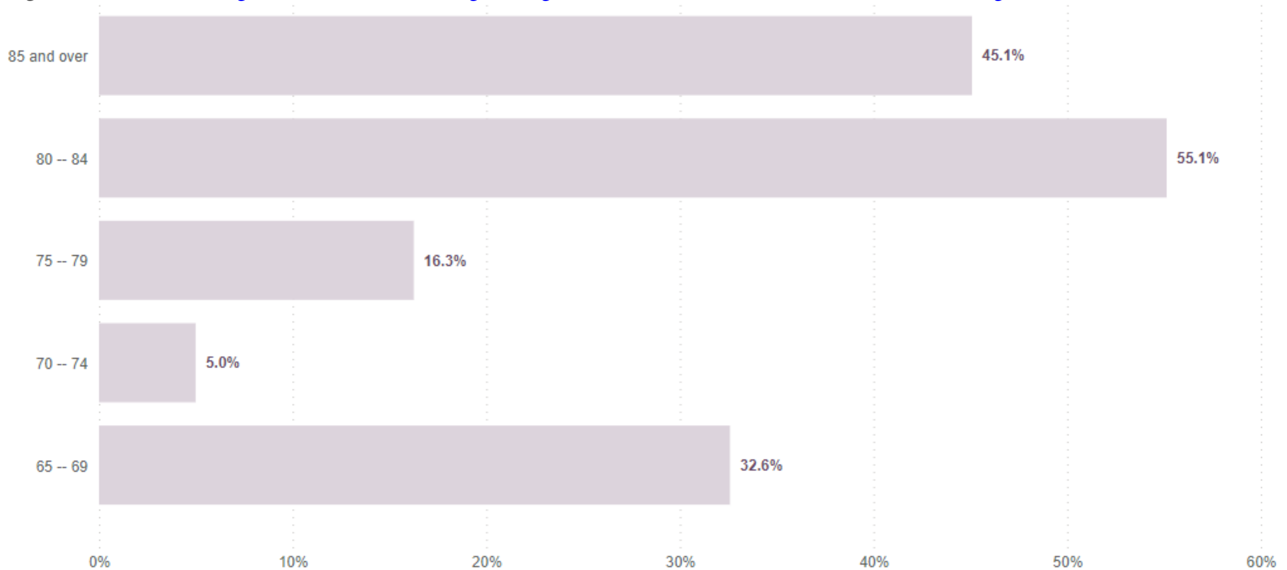
Forecasts suggest that by 2031, the number of people aged 65 or over in Cambridgeshire will grow by a further 27% to over 160,000.

Figure 4: Recorded and predicted number of older people in Cambridgeshire, 2011 – 2041. Image source: [2023 JSNA]



It is predicted that the greatest growth in Cambridgeshire will be in the 80 – 84 and 85+ age bands, with an 55% increase in the number of people aged between 80 and 84, and a 45% increase in the number of people aged 85+.

Figure 5: Predicted percentage change in older adult population size in Cambridgeshire, 2021 – 2031, by age band. Image source: [Cambridgeshire & Peterborough Insight – JSNA 2023 – Predicted future change]



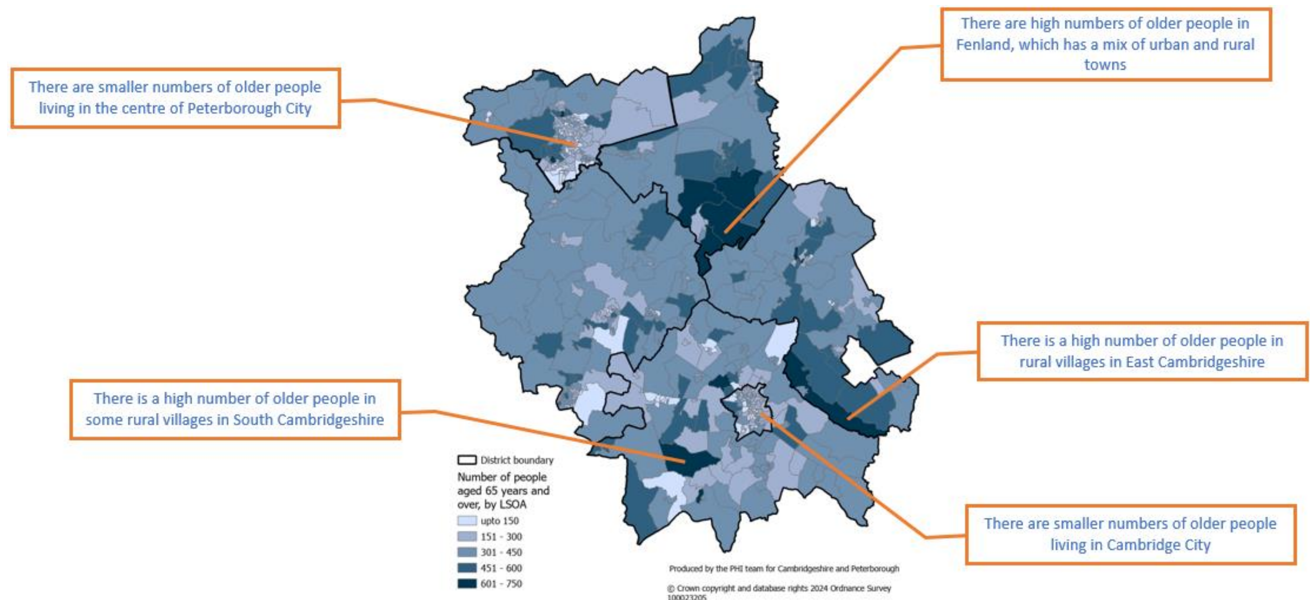
In Peterborough, it is predicted there will be a 24% increase in the number of older adults from 2021 to 2031. The greatest increase will be a 44% rise in the number of people aged between 80 and 84.

Figure 6 Figure 7: Recorded and predicted number of older people in Peterborough, 2011 – 2041. Image source: [2023 JSNA]

Geographic spread

Many people move out of cities and large towns before older age (Whitty, 2023). This is important to consider as many semi-rural areas in England currently have insufficient infrastructure to support older adults (such as transport links, housing and healthcare). Most areas within Cambridgeshire and Peterborough with higher numbers of older people are rural or semi-rural.

Figure 8: Spread of older adult population across Cambridgeshire and Peterborough, Census 2021. Data source: Census 2021, ONS



There is contradictory evidence around the risk of mental ill-health in rural areas. It may be that some communities in these areas are at greater risk of poor mental health, whilst people with higher incomes may choose to retire in these areas and be at lower risk (Haighton et al., 2019). Important factors may include social exclusion, access to healthcare, financial difficulties, and lack of transport (Haighton et al., 2019). Additionally, some groups of in rural communities, including older men, older people from ethnic minority groups and LGBTQ+ people, may face specific health inequalities (Age UK, 2021).

It is predicted that almost 1 in 5 (19.6%) people in Cambridgeshire and Peterborough will be age 65+ by 2031. Fenland, East Cambridgeshire and Huntingdonshire will have the largest proportion of older adults in the county.

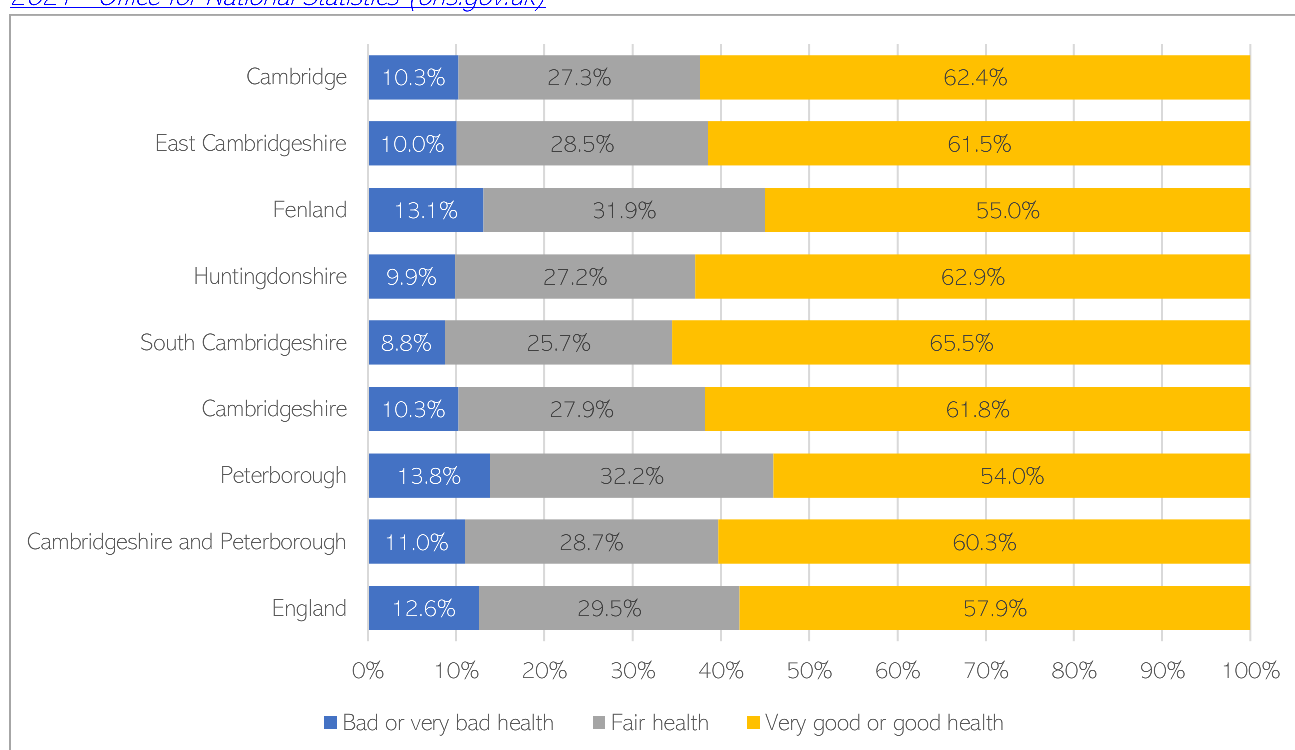
Table 2: Proportion of the population made up of older adults (aged 65+), Cambridgeshire and Peterborough, 2021 – 2041. Image source: 2023 JSNA

Area Name	2021	2031	2041
Cambridge	11.4%	12.8%	15.0%
East Cambridgeshire	20.8%	23.1%	25.7%
Fenland	22.8%	24.7%	26.5%
Huntingdonshire	20.2%	23.2%	24.9%
South Cambridgeshire	19.6%	20.6%	21.7%
Cambridgeshire	18.6%	20.7%	22.5%
Peterborough	14.2%	16.1%	18.2%
Cambridgeshire and Peterborough	17.6%	19.6%	21.5%

Population health

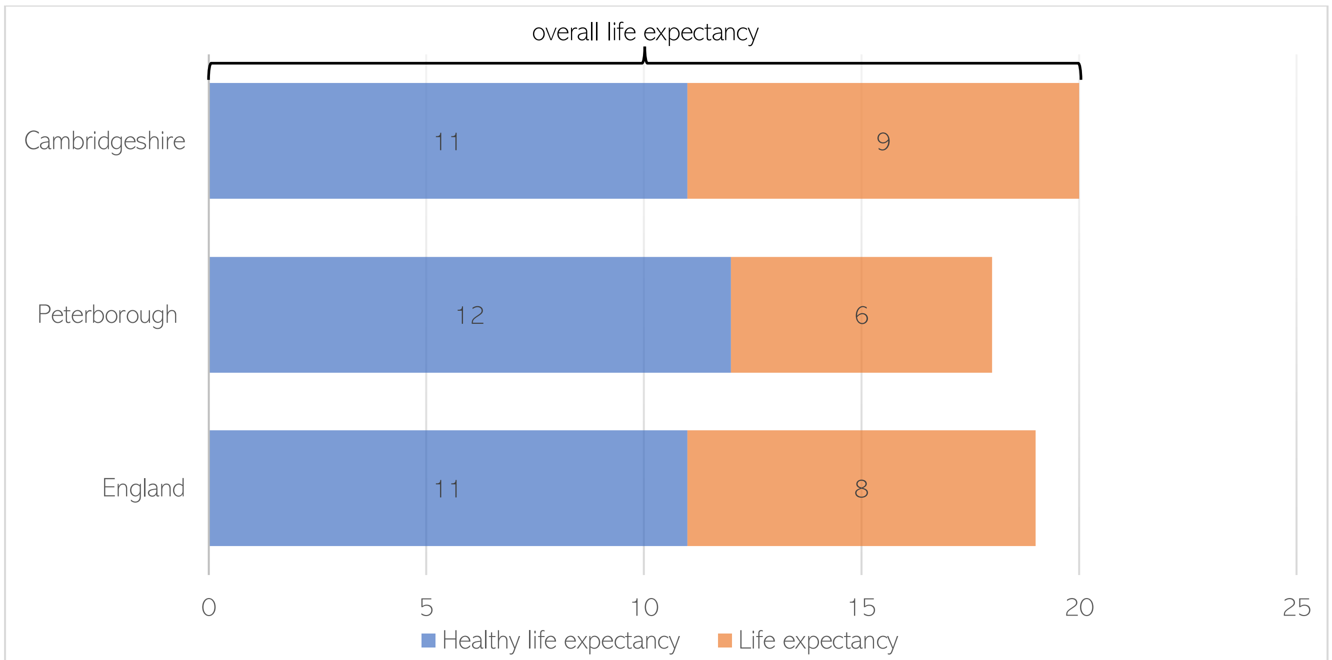
In 2021, most older adults (60%) in Cambridgeshire and Peterborough reported being in 'very good' or 'good' general health. whilst around 1 in 10 (11%) reported being in 'bad' or 'very bad' health. There were higher proportions of adults in 'bad' or 'very bad' health in Fenland and Peterborough. This may be due to a range of factors, including higher rates of deprivation in these areas.

Figure 9: Self-reported general health of older adults, Cambridgeshire and Peterborough, 2021. Data source: Census 2021 - Office for National Statistics (ons.gov.uk)



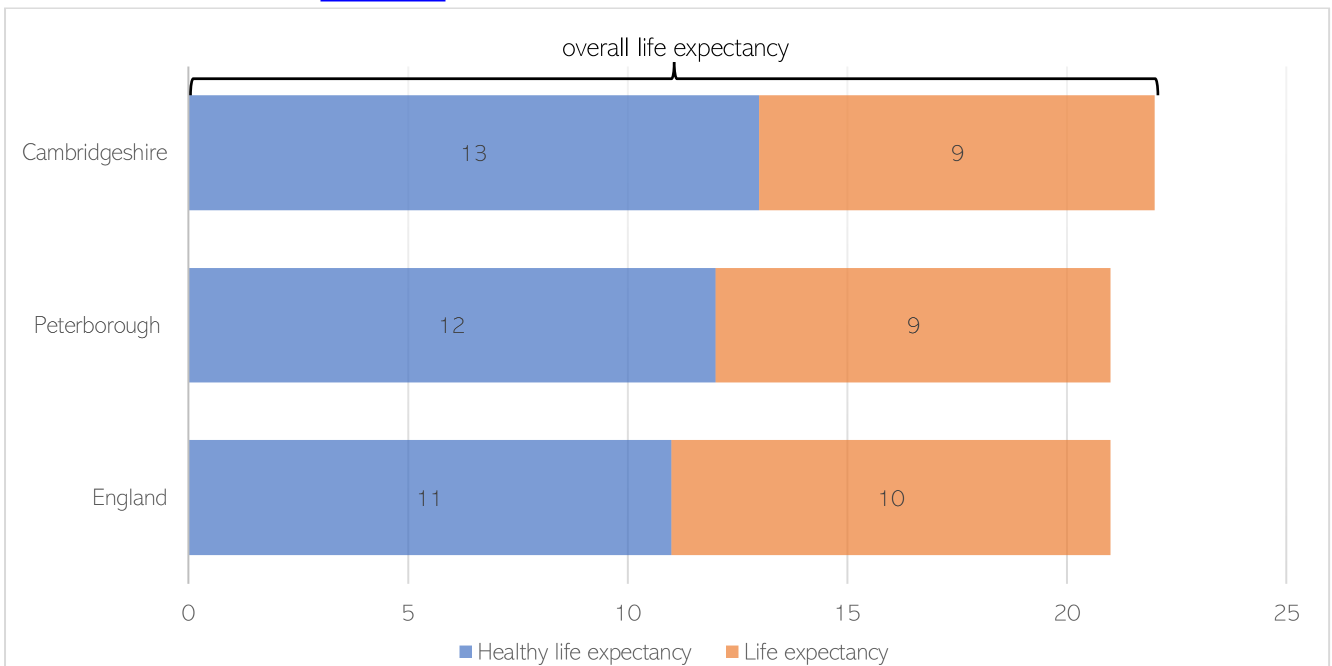
Men aged 65 in Cambridgeshire can expect to live for a further 20 years, of which 11 years would be in good health. Men of the same age in Peterborough can expect to live for a further 18 years, of which 12 years would be in good health.

Figure 10: Healthy life expectancy and overall life expectancy for men at age 65, Cambridgeshire and Peterborough, 2018 – 2020. Data source: 2023 JSNA



Women aged 65 in Cambridgeshire can expect to live a further 22 years, of which 13 years would be in good health. Women aged 65 in Peterborough can expect to live a further 21 years, which is significantly below the national average. 12 of these years are expected to be in good health.

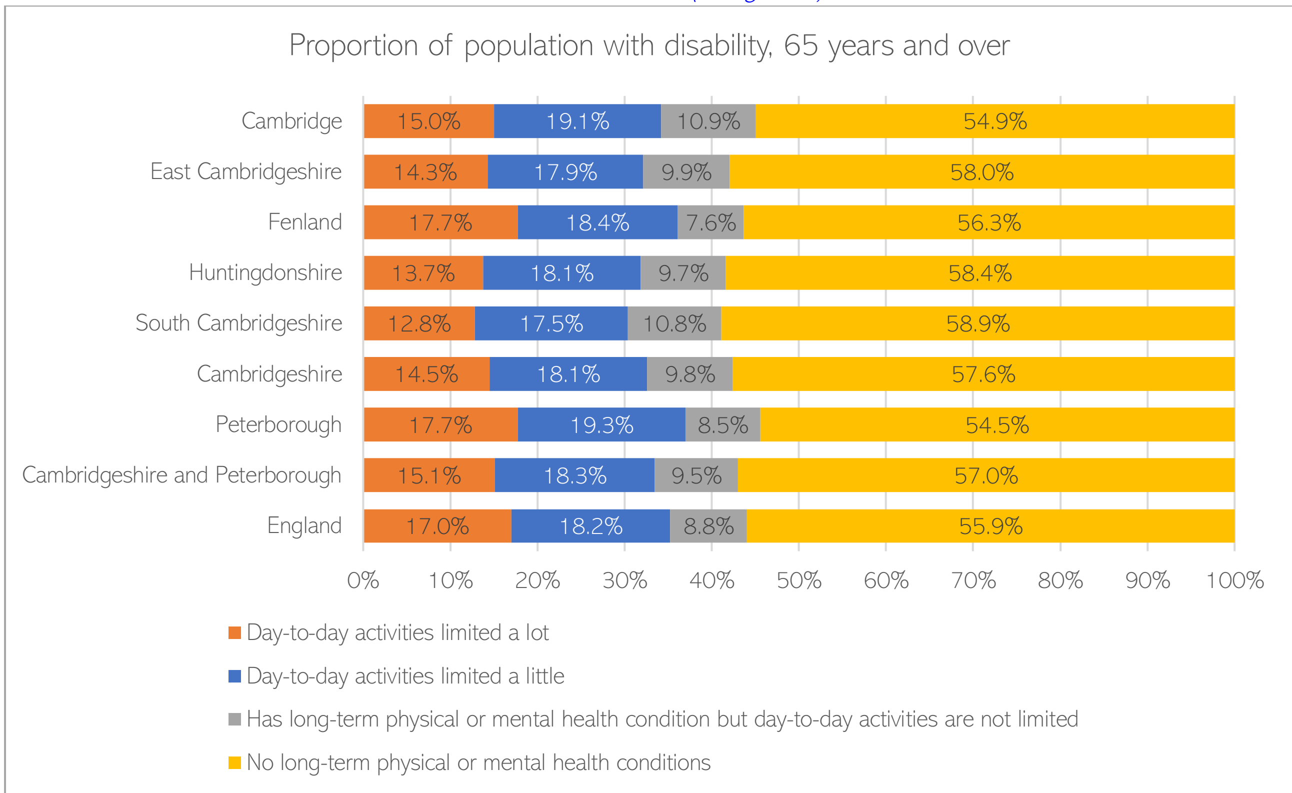
Figure 11: Healthy life expectancy and overall life expectancy for women at age 65, Cambridgeshire and Peterborough, 2018 – 2020. Data source: 2023 JSNA



Disability

In 2021, 15% of older adults in Cambridgeshire and Peterborough lived with a disability which had a substantial impact on their ability to carry out day-to-day activity. In Fenland and Peterborough, the proportion of older adults whose day-to-day activities was limited 'a lot' due to disability was higher than the national average.

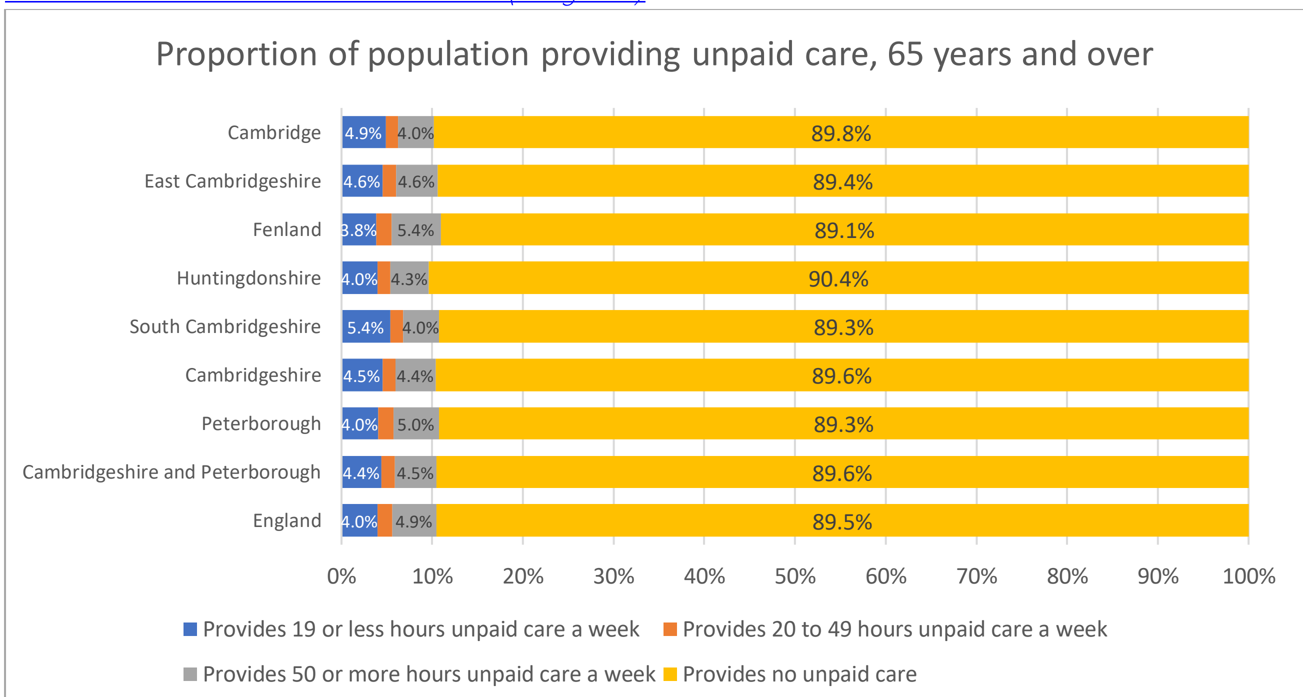
Figure 12: Proportion of older adults with a disability, Cambridgeshire and Peterborough, 2021. Data source: [Census 2021 - create a custom dataset - Office for National Statistics (ons.gov.uk)]



Unpaid carers

Unpaid carers provide significant levels of support to family or friends. However, carers [often need support with their own health and wellbeing]. Over 10% of older adults in Cambridgeshire and Peterborough provide unpaid care. In Fenland, the proportion of older people providing 50+ hours a week of unpaid care (5.4%) is higher than the national average (4.9%).

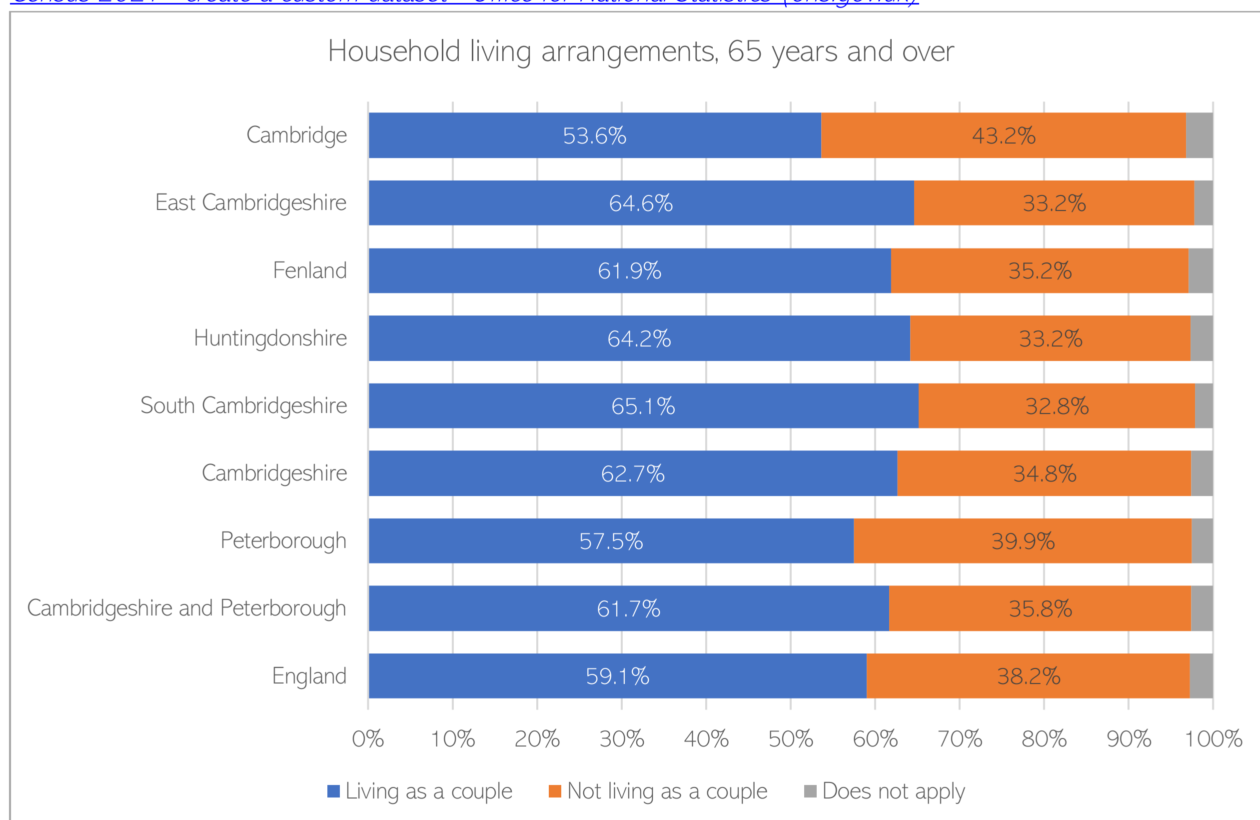
Figure 13: Proportion of older adult population providing unpaid care, 2021. Data source: [Census 2021 - create a custom dataset - Office for National Statistics (ons.gov.uk)]



Living arrangements

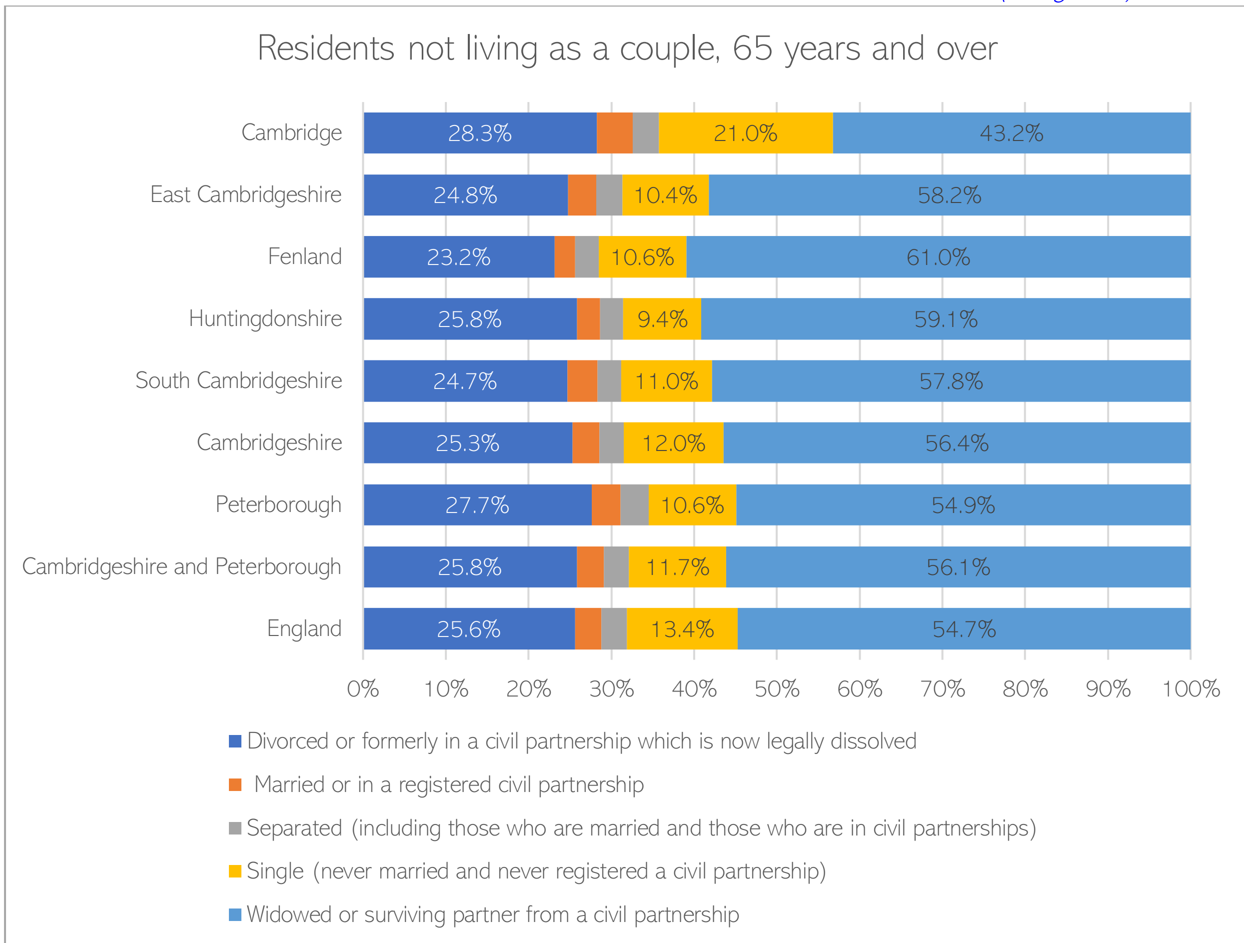
Living arrangements can play an important part in day-to-day wellbeing and practical, social, and economic support in the home. 62% of older people in Cambridgeshire and Peterborough lived in a couple in 2021, and over a third (36%) did not live as a couple.

Figure 14: Household living arrangements of older people, Cambridgeshire and Peterborough, 2021. Data source: Census 2021 - create a custom dataset - Office for National Statistics (ons.gov.uk)



Amongst older people who did not live as a couple, the majority were widowed or surviving partners from civil partnerships. The proportion of older people who were widowed or surviving partners was higher than the national average in most areas across Cambridgeshire and Peterborough. This is important as widowhood is associated with poor mental health in older adults, particularly for those who have limited community support (Jiang et al., 2023).

Figure 15: Household living arrangements of older people not living as a couple, Cambridgeshire and Peterborough, 2021. Data source: [Census 2021 - create a custom dataset - Office for National Statistics (ons.gov.uk)]



Additional Resources

- Hidden in plain sight: the unmet health needs of older people
- The Community Mental Health Framework for Adults and Older Adults
- JSNA 2023
- Rural areas:
  - An evidence summary of health inequalities in older populations in coastal and rural areas
  - Ageing in coastal and rural communities: Exploring the factors underlying health inequalities for older men, older people from ethnic minorities, and older LGBTQ+ people
  - Ageing in a rural place: A commentary on the challenges and opportunities for people ageing in rural and coastal places

What barriers to older people face when accessing mental health support?

Mental ill-health is a key unmet need amongst older adults (Abdi et al., 2019): older people are more likely to experience mental health conditions but less likely to get timely access to care than younger adults (Davidson, 2021; Stickland & Gentry, 2016). An estimated 85% of older people with depression did not receive any treatment from the NHS in 2015 (Burns, 2015); and one national survey found that only 1 in 8 older adults believed '*older people are given the support they need to manage their mental health*' (Independent Age, 2020).

What does national evidence say?

National evidence suggests that some groups of older adults, such as people aged 80+ and older people from Black, Asian and minority ethnic backgrounds, are more likely to face barriers to accessing mental health services. Older adults with complex emotional needs associated with the diagnosis of a 'personality disorder' (Penders et al., 2020) and autistic older adults may also find it harder to access mental health support (Tse et al., 2022).

The Royal College of Psychiatrists suggests that ageism underlies many of the barriers to accessing mental healthcare faced by older people. This occurs through the direct impacts of ageism on older people, the neglect of older adults' mental health in policy and service provision, and the attitudes of healthcare professionals (The Royal College of Psychiatrists, 2018). Ageism can be (Centre for Ageing Better, 2023a):

- Institutional: embedded into law, policies and practices of institutions (e.g. the planning of health services)
- Interpersonal: in the interactions between individuals
- Self-directed: when someone modifies their behaviour and thinking after internalising ageism

Research literature identified the following barriers to accessing care in addition to general barriers to accessing mental health support. These barriers can occur at a structural, healthcare system and individual level.

Structural

- Historic underfunding of older people's mental health services, compared to that of younger adults (The Royal College of Psychiatrists, 2018).
- Practical barriers to accessing services, such as lack of transport or lack of accessible services for people with reduced mobility.
- Digital exclusion: many support services and information are online, but 1 in 4 older people do not have internet access at home (Ofcom, 2022).

Healthcare

- Limited time in consultations, which leads to physical health being prioritised (R. Frost et al., 2019).
- Healthcare professionals' perceptions of older people's mental health, including that older people view depression as a normal part of ageing and that psychological therapies would be ineffective for older people (R. Frost et al., 2019).
- Perceived lack of services for older people, including community-based services to address the cause of mental health issues (R. Frost et al., 2019).

Individual

- People may find it difficult to recognise symptoms of mental health conditions (Lynch, 2019).
- People may be unaware of what support is available (Lynch, 2019).
- People may perceive that support will not be effective because of their age (Lynch, 2019).
- 'Normalisation' of poor mental health as a result of physical health problems (Centre for Mental Health & Age UK, 2024).
- Internalised stigma: a 2020 survey of older adults in the UK found that 35% felt uncomfortable or unsure about discussing their mood/mental health with others, often because they felt this was a private issue, they didn't want to worry anyone and they felt that there was nothing anyone could do about it (Independent Age, 2020).

What do local people say?

Feedback collated by the Service User Network (SUN) shows that older adults in Cambridgeshire and Peterborough feel that mental health services can be disjointed and focuses mainly on dementia, and there is not enough focus on other conditions such as depression, anxiety, and personality disorders (Sidney, 2023a). The SUN Network also raises multiple reasons why older people in Cambridgeshire and Peterborough may feel there is no point in accessing mental health services (Sidney, 2023b), including:

- The point they are at in their life (feeling that '*you can't teach an old dog new tricks*').

- They have been repeatedly let down by mental health services.
- They feel that the GP will just prescribe them with medication.
- They do not believe they would benefit from talking therapies or do not want to share their personal challenges with someone else. People also report that short courses of therapy are not enough.
- They do not want to be a burden.
- They do not know where to access support.
- Waitlists, or the perception that there will be a long waiting list.
- Fear around dementia and receiving a dementia diagnosis.

Other barriers older people report facing include:

- Practical barriers: transport is a huge issue, and some older people face digital exclusion.
- Some services have not been reinstated since the start of the COVID-19 pandemic.
- Mental health services do not always adapt to suit older people, which means that they have to adapt to be able to use services.
- Some older feel '*left behind*' and that they are no longer an important part of society.
- Some older people do not feel listened to or believed.

Local professionals raise that services should consider how past experiences of older adults (such as in terms of the 'post-war generation' or knowledge of historic psychiatric hospitals) can impact people's perception of mental illness and mental health services. There is limited local research exploring if all older adults experience the same barriers to accessing mental health support.

Reasonable adjustments

A high proportion of older adults live with sensory impairments (such as hearing loss), disabilities and physical health conditions. This includes some people who have multiple conditions, such mild cognitive impairment and frailty. As a result, many people require reasonable adjustments to be able to access healthcare, such as having a longer time to understand information in appointments or wheelchair accessible clinics (NHS England, 2023b).

Organisations providing public services have a legal duty under the Equality Act 2010 to ensure that disabled people have equal access to their services as people who don't have a disability. Services must proactively plan what adjustments may be needed, rather than wait to be told (Mind, 2023a).

How many older people are assessed for sensory impairments?

A 2022 audit of the Cambridge Memory and Assessment Clinic looked at 30 patients diagnosed with dementia, to investigate whether they were assessed for sensory impairment. This audit found that only 13% were assessed for visual impairments, and 16% had a hearing assessment; and recommended that there should be greater awareness of sensory impairments among clinicians.

Additional Resources

- Age Friendly Places: Making our community a great place to grow older
- What's an Age-friendly Community?

Mental health need

- Around 14% of older adults currently live with a mental illness (GHDx, 2023), some of whom will have developed this illness for the first time in older age (Raffertys, 2013). These illnesses should be seen within the wider context of healthy ageing, psychosocial needs, substance use, frailty and multimorbidity (Raffertys, 2013).

- The Royal College of Psychiatrists states that older adults have a similar prevalence of many mental illnesses as younger adults (The Royal College of Psychiatrists, 2018).
- Mental health is important to older adults' quality of life and is closely related to physical health (Centre for Mental Health & Age UK, 2024).

Definitions

- Mental illnesses in older adults are often described as either being 'organic' (caused by a physical change in brain tissue, usually neurodegenerative conditions such as dementia) or 'functional' (including conditions such as depression, anxiety, and bipolar disorder) (Wells et al., 2020).
- The epidemiology and presentation of mental illness may be different in older adults than in younger adults, particularly as many older adults have multiple long-term conditions (The Royal College of Psychiatrists, 2018). We also recognise that older people may not define themselves as having a 'mental illness' and differences in how people describe these symptoms should be considered in communication campaigns (Independent Age, 2020).
- Some studies are likely to underestimate prevalence, as mental illnesses can be under-recognised in older adults and research often excludes people living in care homes. There are also some types of mental health need, such as self-harm (Isabela Troya et al., 2019) and complex emotional needs (Dykes et al., 2022), for which there is limited research in older populations.

Depression

- Depression is the most common and treatable mental health condition in older age, affecting 1 in 5 older adults in the community (Mueller et al., 2017) and 3 in 5 in hospitals and care homes (Mueller et al., 2017). It is 'the major risk factor for suicide' in this age group (The Royal College of Psychiatrists, 2018).
- There is a strong overlap between depression and physical health conditions:
    - 30% of people (of any age) with long-term physical health conditions also have depression (Naylor, Parsonage, Mcdaid, et al., 2012)
    - 50% of older people with Parkinson's disease also have depression (Raffertys, 2013)
    - 42% of older people with chronic obstructive pulmonary disease (COPD) also have depression (Yohannes et al., 2000).

Anxiety disorders

- Anxiety disorders include generalised anxiety disorder (GAD), post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), panic disorder and specific phobias.
- It is estimated that 3 – 14% of older adults have an anxiety disorder, which often co-occurs with depression, dementia and long-term physical health conditions (Wolitzky-Taylor et al., 2010).
- Studies suggest most older adults who experience an anxiety disorder developed this prior to older age, including as a young adult or child (Wolitzky-Taylor et al., 2010).

Severe mental illness

Some people develop or are diagnosed with severe mental illness as an older adult; whilst others experience recurring or enduring mental illness from earlier stages in their lives.

- Most people with bipolar disorder are clinically diagnosed as younger adults, with studies suggesting that less than 10% of older adults with bipolar developed this condition after age 65 (Almeida & Fenner, 2002).
- Around 1 in 5 older adults experience psychotic symptoms by age 85 (Raffertys, 2013) and around 20 – 25% people with schizophrenia develop symptoms in later life (Tampi et al., 2019).

National data shows that people living with severe mental illness face substantial physical health inequalities, and that this group dies on average 15 to 20 years earlier than the general population (Public Health England, 2018). Therefore older adults with severe mental illness have distinct needs compared to younger adults, including higher

rates of multimorbidity and polypharmacy, and a greater risk of frailty and cognitive impairment (Royal College of Psychiatrists, 2019b).

Complex emotional needs / 'personality disorders'

Complex emotional needs associated with a diagnosis of a 'personality disorder' are likely to be under-recognised amongst older adults (Dykes et al., 2022). Some older adults may have previously been misdiagnosed, and some people's needs may only become apparent later in life (Dykes et al., 2022).

Some research suggests that there are high levels of unmet mental health needs amongst older adults with a diagnosis of a 'personality disorder' and that this group is more likely to experience polypharmacy (Treagust et al., 2022).

Eating disorders

Many people who experience eating disorders in older age do so as a continuation or 'relapse' of their illness. However, some older people do develop an eating disorder later in life (The Royal College of Psychiatrists, 2018).

Substance use

- The Royal College of Psychiatrists has highlighted growing rates of substance use amongst older people (Crome, 2018), which is particularly important as the body becomes less tolerant to alcohol with age (The Royal College of Psychiatrists, 2018).
    - An analysis of UK data found that, although older adults drink less than younger adults, older adults are more likely to be admitted to hospital due to alcohol use than younger adults (Wadd & Papadopoulos, 2014).
    - Age-adjusted alcohol-related deaths are highest in people aged between 55 and 75 years (Wadd & Papadopoulos, 2014).
- Older people with substance use issues often have co-morbid mental and physical health conditions and face adversity in their lives. They are more likely to have reduced life expectancy, which can be compounded by deprivation (Crome, 2018). Studies suggest there are high rates of depressive symptoms in this group, although there is limited research into other co-occurring mental health needs (Wu & Blazer, 2014).
- Research suggests that older people are more likely to respond and adhere to substance use interventions than younger adults (Crome, 2018).

Alcohol-related brain damage

- Alcohol-related brain damage (ARBD) is '*an umbrella term that accommodates the various psychoneurological/cognitive conditions that are associated with long-term alcohol misuse and related vitamin deficiencies*' (Royal College of Psychiatrists, 2014).
- This includes Wernicke-Korsakoff's syndrome, a neurodegenerative disorder causes by a severe thiamine (vitamin B1) deficiency.
- Studies suggest that 1 in 200 people have some form of ARBD, but up to 35% of people who are 'alcohol dependent' are impacted. However, estimates vary due to the underdiagnosis of these conditions (Royal College of Psychiatrists, 2014).

Self-harm and suicide

- A literature review found that there are between 19 – 65 episodes of self-harm per year amongst 100,000 older adults. Risk factors include previous self-harm, being a 'younger older adult' (aged between 60 and 74) and living alone (Isabela Troya et al., 2019).
- Although self-harm is less common in older adults compared to younger adults, NICE guidelines highlight that there are higher rates of suicide after an episode of self-harm amongst older people (NICE, 2022). One study found that older adults who self-harm were at a 145 times greater risk of suicide compared to older adults who had not self-harmed (Morgan et al., 2018).

- Suicide is an important issue amongst older adults, particularly older men. In 2022, men aged 90+ had the highest rate of suicide in England and Wales (ONS, 2023). Physical illness and loneliness are strong risk factors for suicide in older adults (De Leo, 2022),

Dementia

- Dementia is a syndrome in which a progressive decline in brain function, that is more than would be expected for a person's age and affects day-to-day functioning. By 'syndrome' we mean that dementia is a group of related symptoms (such as memory loss, slowed thinking speed, problems with language) that can be caused by different conditions (NHS, 2023).
- In ageing populations, dementia has clinically diagnosed subtypes, the most common of which are Alzheimer's disease, vascular dementia, and dementia with Lewy bodies. (NICE, 2019).
- Many of the conditions and pathologies occur together (sometimes called 'mixed dementia'), and they also interact with other medical, psychological, and social factors in the way that they affect people with dementia and their families.
- Few dementias are caused by medical conditions which are treatable – so-called 'reversible causes of dementia', such as vitamin deficiencies and thyroid problems. However, it is very important that people with these conditions get prompt access to high-quality treatment pathways.

Although dementia is not a functional mental health condition, it is closely linked to mental health:

- People who have had a mental health condition earlier in life are 4 times more likely to develop dementia (Richmond-Rakerd et al., 2022) and dementia can impact the treatment of mental health conditions (The Royal College of Psychiatrists, 2018).
- Dementia often co-occurs with mental health conditions, particularly depression, anxiety and psychosis (The Royal College of Psychiatrists, 2018). One meta-analysis found that 16% of people with dementia also have depression (Asmer et al., 2018).
- Behaviours relating from dementia can be similar the symptoms of depression and anxiety.
- The poor management of mental and/or physical health comorbidities may lead to more mental health crises and hospitalisation in people with dementia (National Collaborating Centre for Mental Health, 2018).

Neurodiversity

- There is limited research about the needs and experiences of with older autistic people (Tse et al., 2022), or those with ADHD (Brod et al., 2012) and other neurodiverse conditions.
- One small study found that older people experience ADHD symptoms in a similar way to younger adults, with some people experiencing cumulative negative impacts of symptoms on social networks and financial security (Brod et al., 2012).

Delirium

Delirium is a 'condition that results in confused thinking and reduced awareness' which occurs within hours or days (J. Edwards et al., 2016). Delirium is one of the most common mental health problems faced by older people in hospital (The Royal College of Psychiatrists, 2018).

Additional Resources

- Epidemiology and mental illness in old age
- Royal College of Psychiatrists' old age psychiatry training packs
- Older Adult Complex Emotional Needs: Recommendations for Services
- Our Invisible Addicts (2nd edition)

Current and predicted prevalence

It is estimated that there are 18,150 older adults in Cambridgeshire with a mental health condition. From 2025 to 2024, there is expected to be a substantial increase in the proportion of older adults with health conditions in Cambridgeshire, in particular a 41% increase in the number of older adults with dementia.

Table 3: Estimated prevalence of conditions amongst older adults in Cambridgeshire, 2025 – 2040

	Estimated number of older adults in Cambridgeshire		% population change
Condition	2025	2040	2020 - 2040
Depression	11,856	14,996	+26%
Dementia	10,274	14,531	+41%
Long-term illness limiting daily activities 'a lot'	29,262	38,000	+30%

It is estimated that there are 4,400 older adults in Peterborough with a mental health condition. From 2025 to 2024, there is expected to be a substantial increase in the proportion of older adults with dementia, depression and long-term illnesses in Peterborough.

Table 4: Estimated prevalence of conditions amongst older adults in Peterborough, 2025 – 2040

	Estimated number of older adults in Peterborough		% population change
Condition	2025	2040	2020 - 2040
Depression	2,910	3,862	+33%
Dementia	2,392	3,511	+47%
Long-term illness limiting daily activities 'a lot'	8,526	11,756	+38%

Impact of the COVID-19 pandemic and the cost of living crisis

Studies suggest that adults aged 50+ experienced greater rates of depression, anxiety, loneliness and poor quality of life during the first year of the COVID-19 pandemic (Webb & Chen, 2022; Zaninotto et al., 2022). This age group reported facing a range of issues relating to shielding, physical health and bereavement (Mental Health Foundation & Independent Age, 2022). On top of this, some older adults may have been unable to access mental health services when they were delivered remotely (Davidson, 2021).

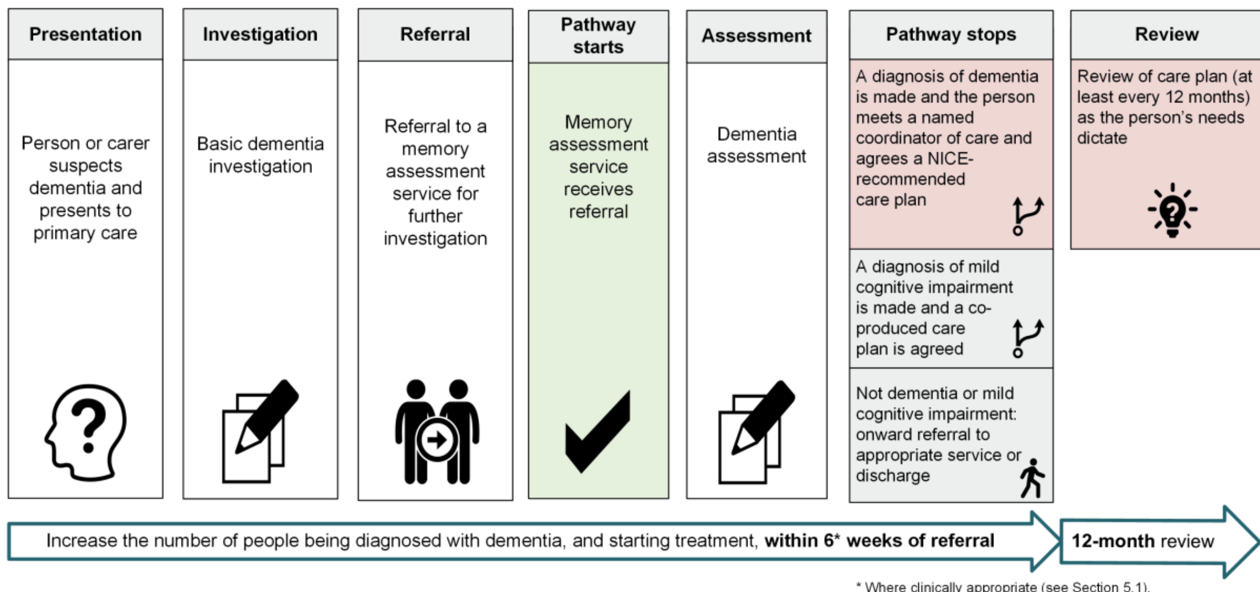
Although younger adults are more likely to face financial hardship, many older adults have been substantially impacted by the cost of living crisis (Schmuecker & Earwaker, 2022). Research carried out by the Joseph Rowntree Foundation in the summer of 2022 found that almost of third of low-income households led by older adults reported going without essentials such as having a warm home, enough food or appropriate clothing (Schmuecker & Earwaker, 2022). Feedback from the Cambridgeshire and Peterborough Older People's Partnership Board has highlighted local people's concerns about the impact of the crisis on older people and/or disabled people (Lewis, 2022).

Dementia

There has been a national focus on increasing of the proportion of people (estimated to be) living with dementia receiving a dementia diagnosis in recent years. National research carried out by Alzheimer's Society has identified a range of system barriers to accessing a timely dementia diagnosis, including workforce capacity, health inequalities, a lack of peri-diagnostic support and funding arrangements (Alzheimer's Society, 2022).

Dementia diagnosis is only one aspect of the improving post-diagnostic support for people living with dementia and their families (National Collaborating Centre for Mental Health, 2018). The full dementia care pathway includes people meeting with a named coordinator of care, agreeing to a plan of NICE-recommended care and receiving regular reviews of their care plan. Locally, there is no specific pathway in place for people with alcohol-related dementia/brain damage.

Figure 16: The dementia care pathway. Image source: [National Collaborating Centre for Mental Health]

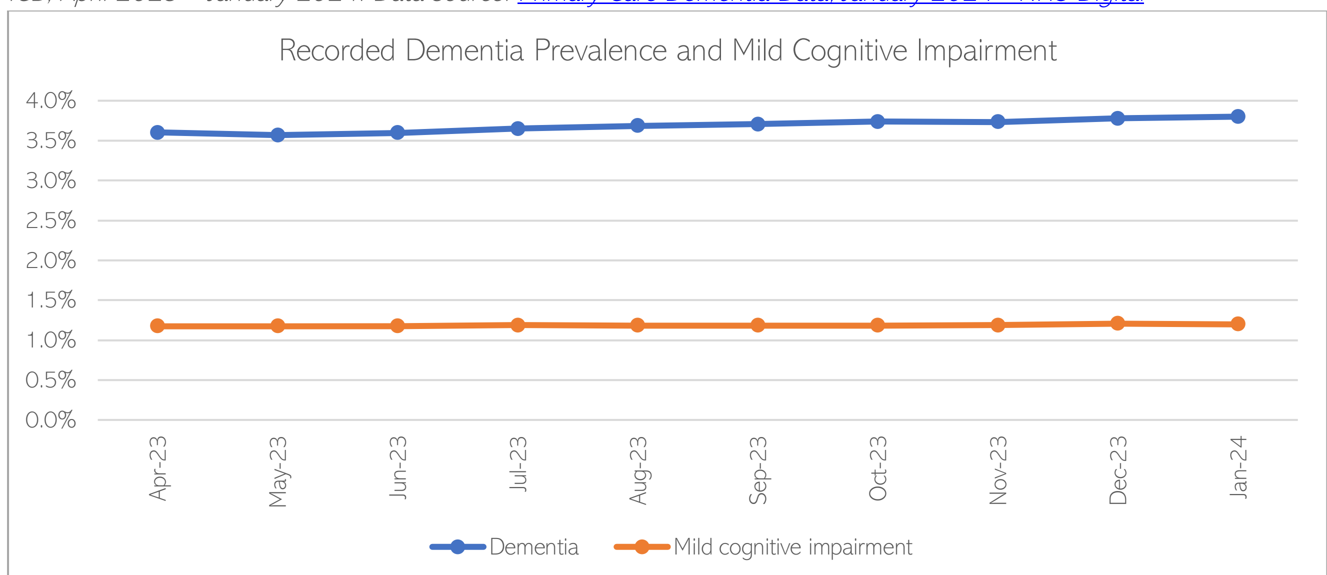


How many people have dementia?

One way of looking at the needs of people with dementia is using the primary care dementia register. Although this is a useful source of information, it is important to note that this data source is incomplete and does not capture everyone in our local area who has dementia.

In January 2024, there were 4,919 older people in Cambridgeshire, and 1,363 older people in Peterborough, on the dementia register. This means that 3.8% of older adults in Cambridgeshire and Peterborough had a dementia diagnosis. Within this group, there is a wide range of symptoms and care needs. 1.2% of older adults were diagnosed as having mild cognitive impairment.

Figure 17: Recorded dementia and mild cognitive impairment prevalence, older adults, Cambridgeshire and Peterborough ICB, April 2023 – January 2024. Data source: [Primary Care Dementia Data, January 2024 - NHS Digital]

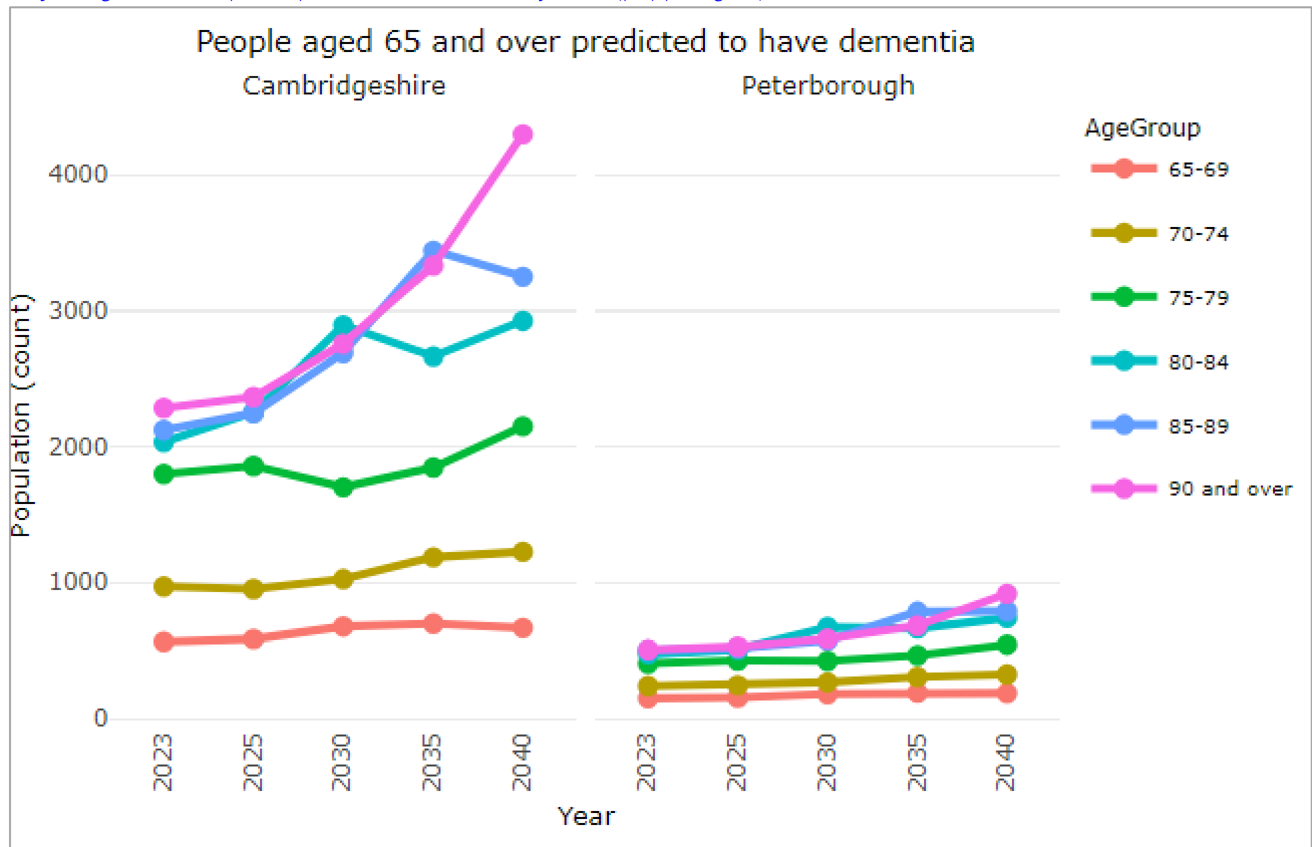


In January 2024, almost three quarters (72%) of older adults with a dementia diagnosis in Cambridgeshire and Peterborough were recorded as having co-morbidities; and 15% were receiving palliative care.

Predicted change

In Cambridgeshire and Peterborough, the number of people predicted to have developed dementia shows a substantial increase in people aged 80+ from 2023 to 2040. The overall older adult population predicted to be living with dementia will increase of 41% in Cambridgeshire and 47% in Peterborough between 2025 and 2040.

Figure 18: Older adults predicted to have dementia, Cambridgeshire and Peterborough, 2023 – 2040. Image source: Projecting Older People Population Information System (poppi.org.uk)

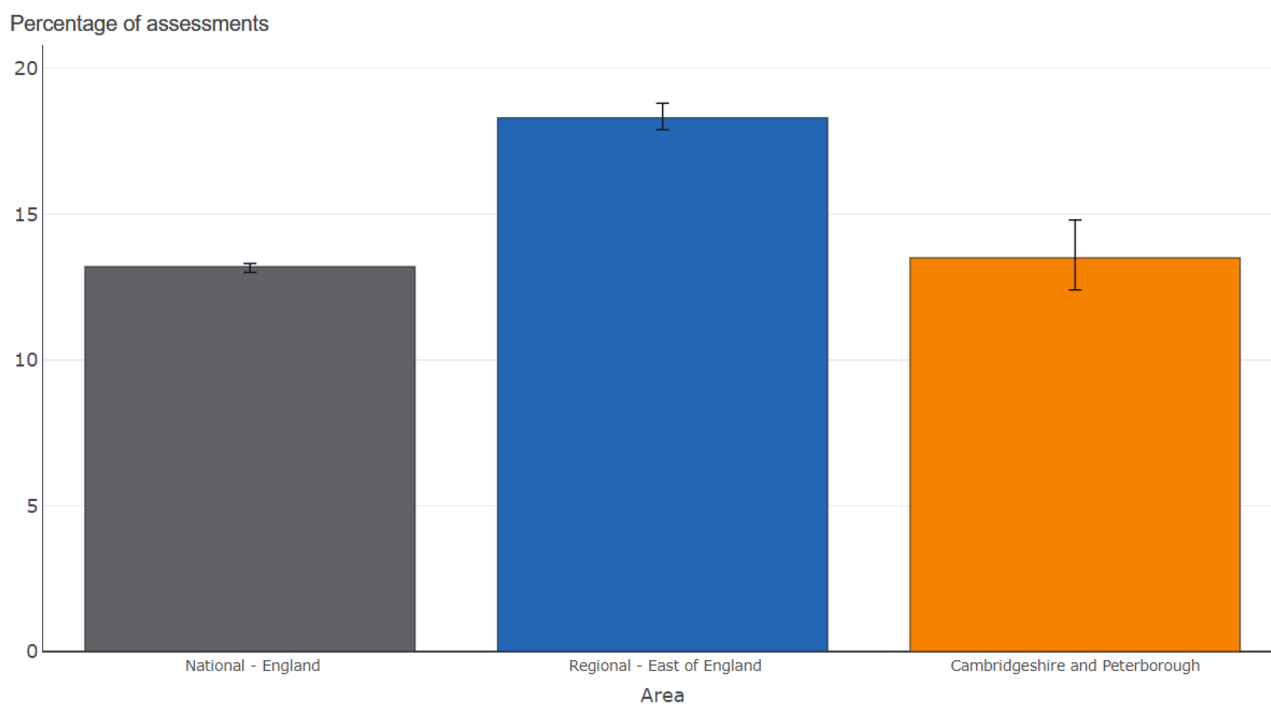


Referrals to memory clinics

In Cambridgeshire and Peterborough, there are four memory clinics, which are known as memory assessment services. These aim to provide high quality assessment of memory problems, to ensure that accurate diagnoses are provided in a timely manner and at an earlier stage of illness, allowing patients to make decisions about their current and future care plans (CPFT, 2023). Cambridge University Hospital (CUH) also has a memory clinic, however the numbers from this service are not included in this report.

Between April 2023 and February 2024 there were 449 patients who received memory assessment services in Cambridgeshire and Peterborough. 13.5% of primary care assessments for dementia resulted in referrals to memory services, a statistically similar proportion to the national average (13.2%) but significantly lower than the East of England rate (18.3%).

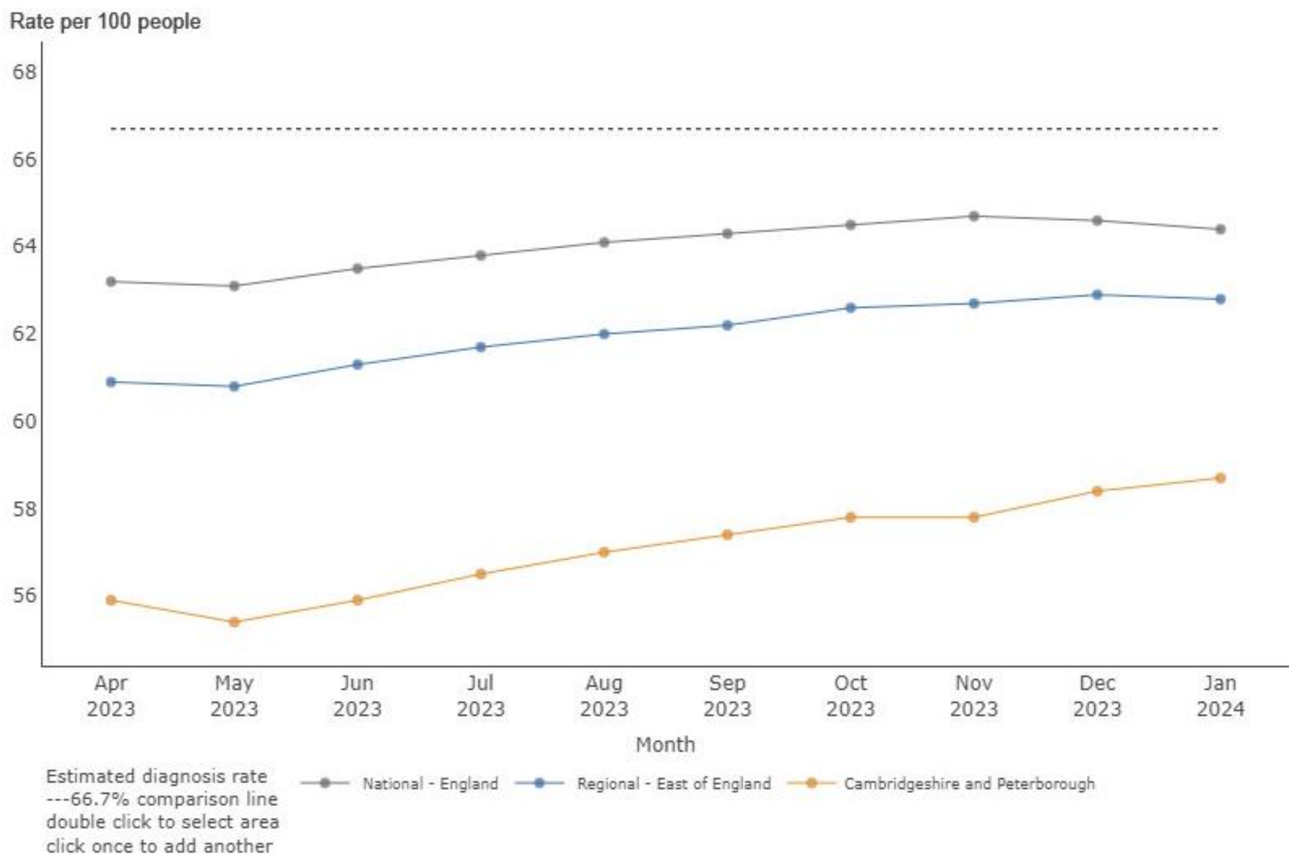
Figure 19: % of primary care assessments for dementia resulting in a memory service referral, all ages, England, East of England and Cambridgeshire and Peterborough ICB, cumulative from April 2023 – February 2024. Image source: OHID



Diagnosis rate

- In January 2024, an estimated 10,700 older people in Cambridgeshire and Peterborough had dementia, out of which 6,424 (59%) were on the dementia register.
- Similar to other areas, this is significantly below the national target that that two-thirds (67%) of people who are estimated to live with dementia have a dementia diagnosis.

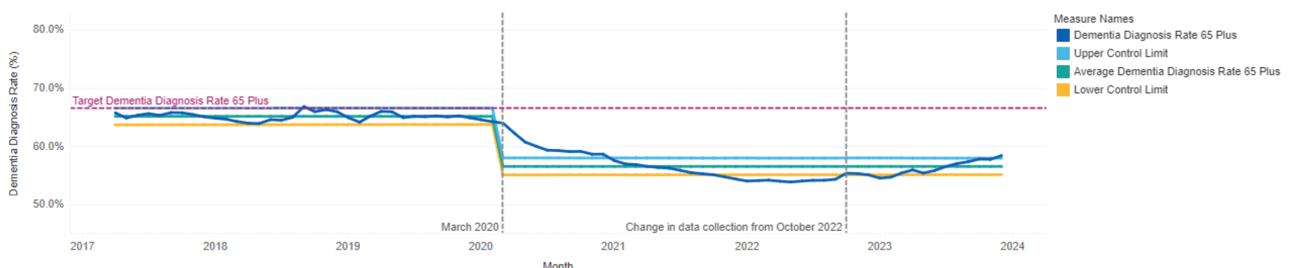
Figure 20: Estimated dementia diagnosis rate per 100 older people estimated to have dementia, England, East of England and Cambridgeshire and Peterborough ICB, April 2023 – January 2024. Image source: [OHID]



Note: Estimated dementia diagnosis rates (EDDR) are calculated as the number of people with a formal diagnosis of dementia recorded in their primary care notes; divided by the number of older people in the area who are estimated to have dementia (using CFAS II prevalence rates).

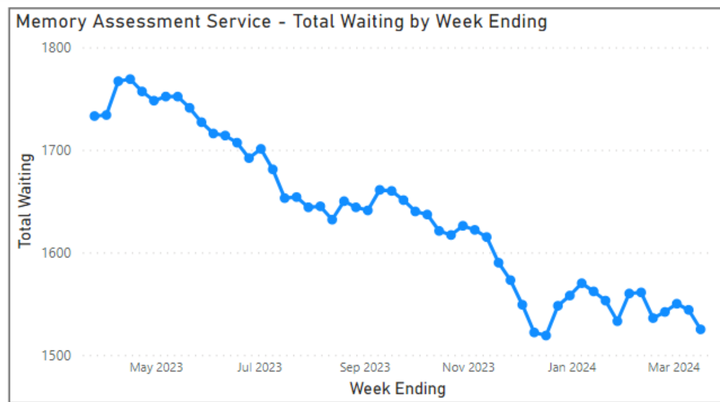
The COVID-19 pandemic impacted dementia diagnosis rates nationally and locally. Before March 2020, the diagnosis rate within Cambridgeshire and Peterborough ICB was statistically similar to the national target rate (67%). The diagnosis rate then fell significantly below the target rate, and whilst it is now increasing at a rapid rate, it had not returned to pre-pandemic levels by the start of 2024.

Figure 21: Dementia diagnosis rate, Cambridgeshire and Peterborough ICB, 2017 – 2024. Image source: [Dementia Diagnosis Rate Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



The length of time taken to reach a diagnosis varies by individuals' needs and hence clinicians may need over 6 weeks to make a diagnosis (National Collaborating Centre for Mental Health, 2018). Service capacity issues can also impact waiting times. In mid-March 2024, there were 1,525 people waiting to access a memory assessment service. There has been a substantial decline in the waiting list over the past 12 months.

Figure 22: Total waiting for Memory Assessment Service per week, 17th March 2023 – 17th March 2024. Data source: CPFT



People's postcode or ethnicity should not impact their ability to access a timely and accurate dementia diagnosis. However, there are inequalities in dementia risk factors and access to care. For example, there are higher rates of undiagnosed dementia in more deprived areas (All-Party Parliamentary Group on Dementia, 2023).

Diagnosis rate by ethnicity

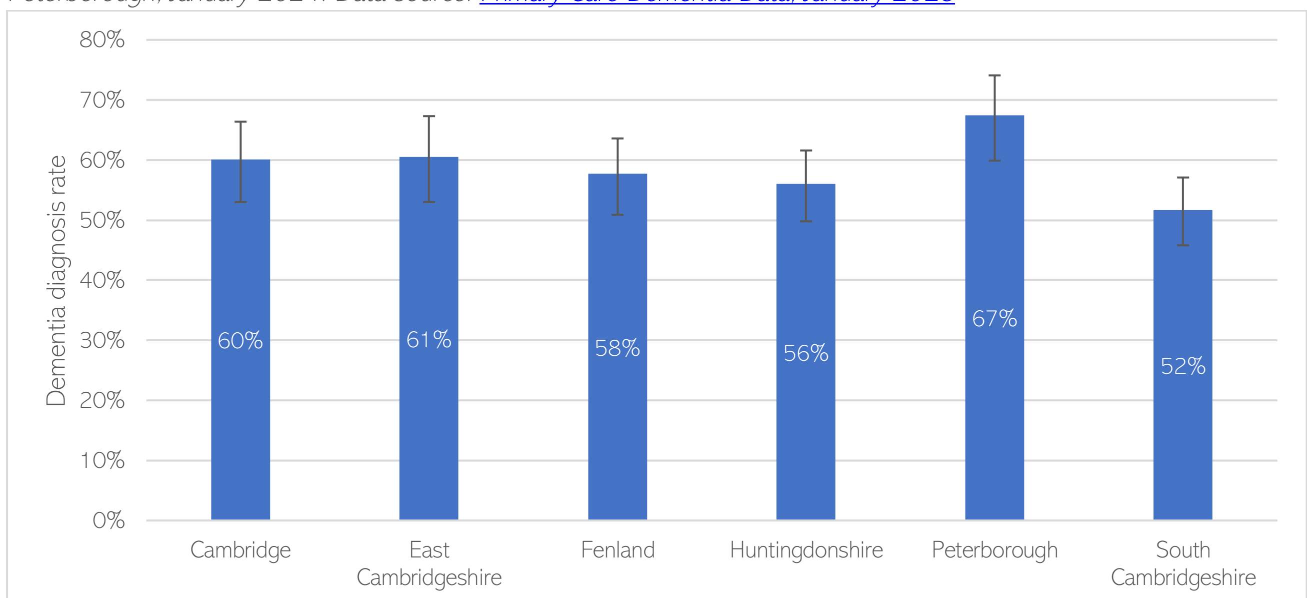
National studies suggest that people from Black and South Asian ethnic groups have a younger age of dementia diagnosis (Mukadam et al., 2023). However, some research also suggests that people from ethnic minority backgrounds access assessment services at a later stage than people from White British people, when their dementia has progressed further (Arblaster, 2021).

Around half of local diagnoses do not have ethnicity recorded, so it not currently possible to determine if there are inequalities in dementia diagnosis rates by ethnicity in Cambridgeshire and Peterborough.

Diagnosis rate by local authority

In January 2024, there were 6,282 older adults living with diagnosed dementia in Cambridgeshire and Peterborough. Based on the numbers we would expect to see in our local population, this means that there are around 4,400 older adults who have dementia but are currently undiagnosed. In January 2024, the diagnosis rate was highest in Peterborough and lowest in South Cambridgeshire.

Figure 23: Proportion of older adults with dementia who have received a dementia diagnosis, Cambridgeshire and Peterborough, January 2024. Data source: [Primary Care Dementia Data, January 2023]



It is also important to note that on average Cambridgeshire is less deprived than other areas of the UK, hence these estimates may overestimate the rate of dementia.

Service use by people with dementia

Understanding where people with dementia present in the mental health system is useful for workforce and training planning. For example:

- In Cambridgeshire and Peterborough, around 3 in 10 (29.4%) patients registered with the Older People Mental Health Service between January 2021 – December 2023 had a primary diagnosis of dementia.
- Research by Alzheimer's Society has estimated that 25% of hospital beds in England are occupied by people with dementia (NHS England, 2017).

Emergency hospital admissions

In 2022/23, there were 121 emergency hospital admissions for older people with any dementia in Cambridgeshire and Peterborough ICB.

The rate of admissions in Cambridgeshire and Peterborough has been statistically similar to the national rates since 2020/21. In recent years, there has been a declining trend in the rate of admissions in Cambridgeshire and Peterborough, which reflects trends in the East of England and nationally.

Table 5: Emergency hospital admissions for older adults with dementia and Alzheimer's disease, Cambridgeshire and Peterborough ICB, 2019/20 – 2022/23. Data source: Healthcare Evaluation Data (HED)

C and P ICB	Year	No. of Admissions	Denominator	DASR per 1,000	lower limit	upper limit
	2019/20	151	160,627	0.9	0.8	1.1
	2020/21	154	162,685	0.9	0.8	1.1
	2021/22	138	165,700	0.8	0.7	1.0
	2022/23	121	168,683	0.7	0.6	0.8

Note: DASR is the directly age-standardised rate of admissions, and the upper and lower limit show the 95% confidence intervals

Service use compared to general population

A 2017 report by the Strategy Unit compared healthcare utilisation by people who used mental health services in Cambridgeshire and Peterborough to utilisation by the general population. This analysis found that people who had a 'cognitive impairment including dementia' (The Strategy Unit, 2017):

- Made up 1% of the total population but utilised 3% of Accident and Emergency attendances and 9% of emergency admissions.
- After adjusting for the age and sex of this population, people with 'cognitive impairment including dementia' were 2.7 times more likely to attend Accident and Emergency and 5.4 times more likely to have an emergency admission.
- Had a substantially higher average cost per Accident and Emergency attendance and admission, compared to people who did not have a cognitive impairment or mental health need.

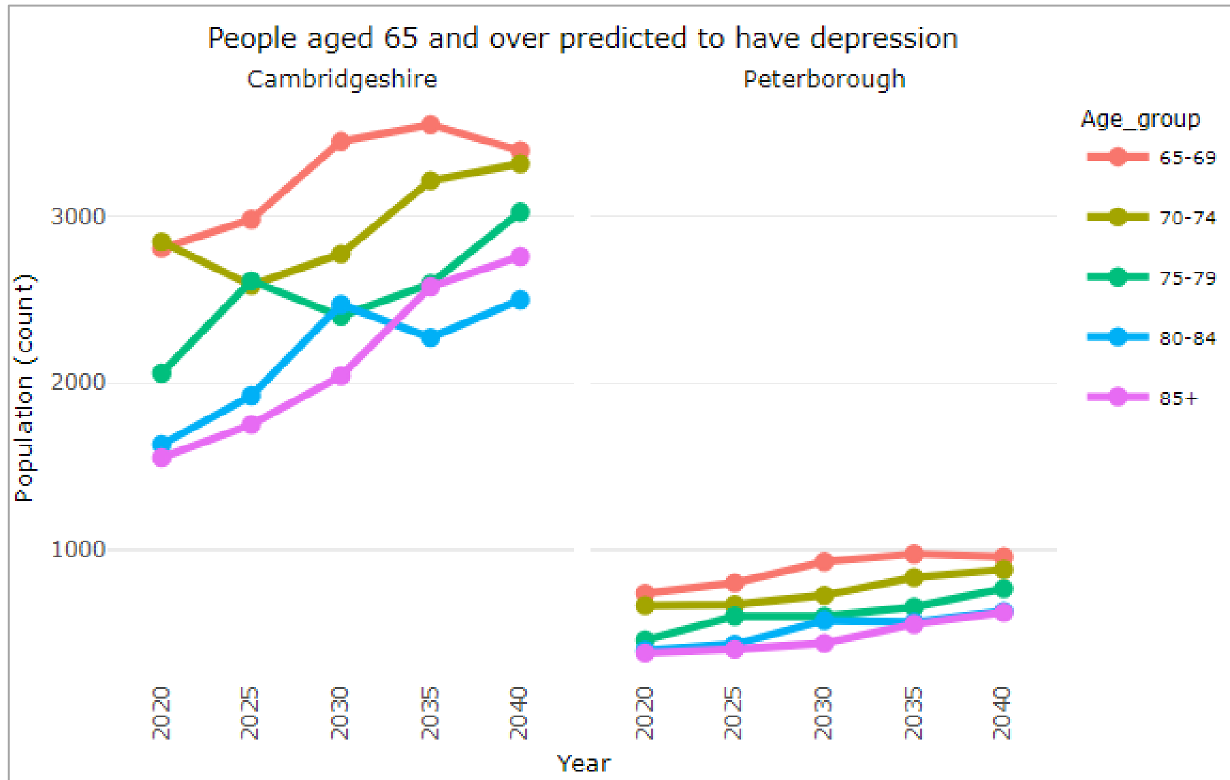
Additional Resources

- Role of integrated care systems in improving dementia diagnosis
- NHS RightCare scenario: Getting the dementia pathway right
- The Dementia Care Pathway: Full implementation guidance
- Ethnic minority communities: Increasing access to a dementia diagnosis
- Raising the Barriers: An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England
- Projections of older people living with dementia and costs of dementia care in the United Kingdom, 2019–2040

Depression

Projecting Older People Population Information System (POPPI) predicts that in 2040, the number of older adults predicted to have depression will increase by 26% in Cambridgeshire and 33% in Peterborough compared to 2025.

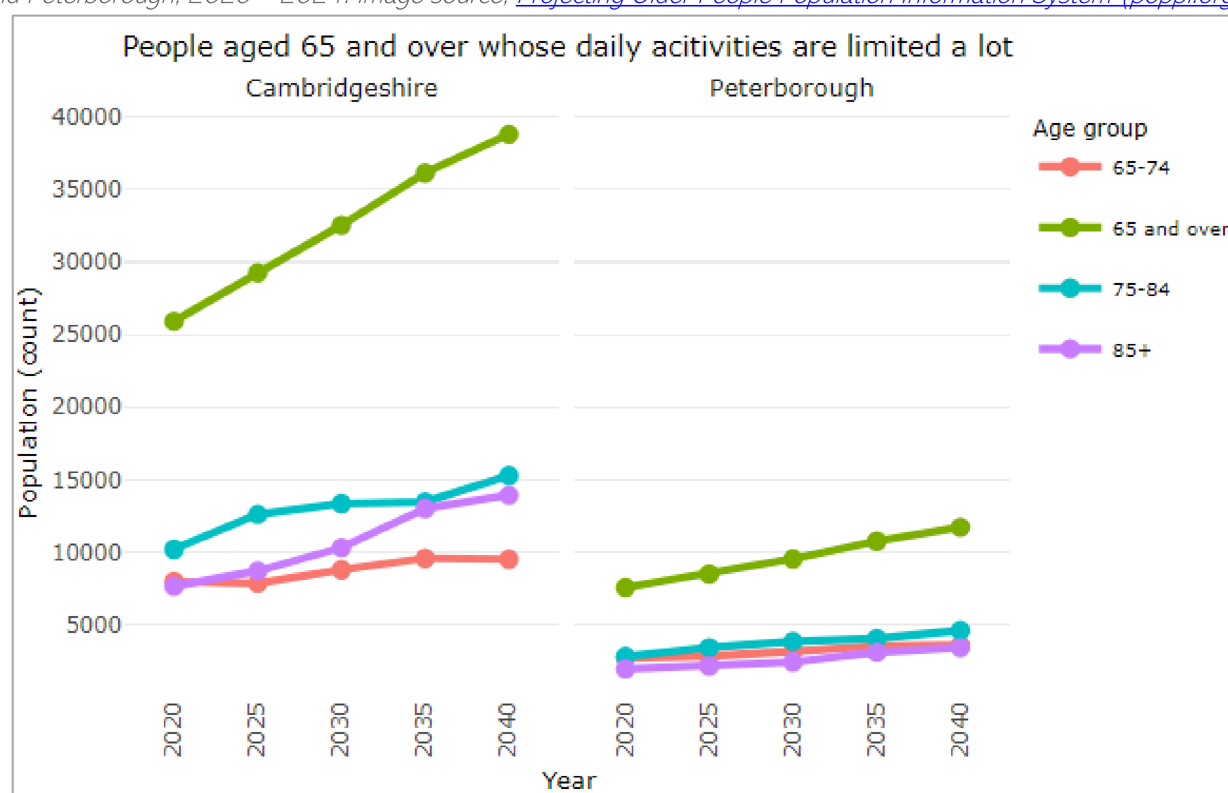
Figure 24: Older adults predicted to have depression, Cambridgeshire and Peterborough, 2020 – 2040. Image source: Projecting Older People Population Information System (poppi.org.uk)



Long-term illness

POPPI predicts that by 2040, the number of people aged 65+ whose daily activities are limited a lot will have increased by 30% in Cambridgeshire and 38% in Peterborough, compared to 2025. The projection shows a sharp increase in the 85+ population in Cambridgeshire, whose daily activities are limited by long-term physical and/or mental health conditions.

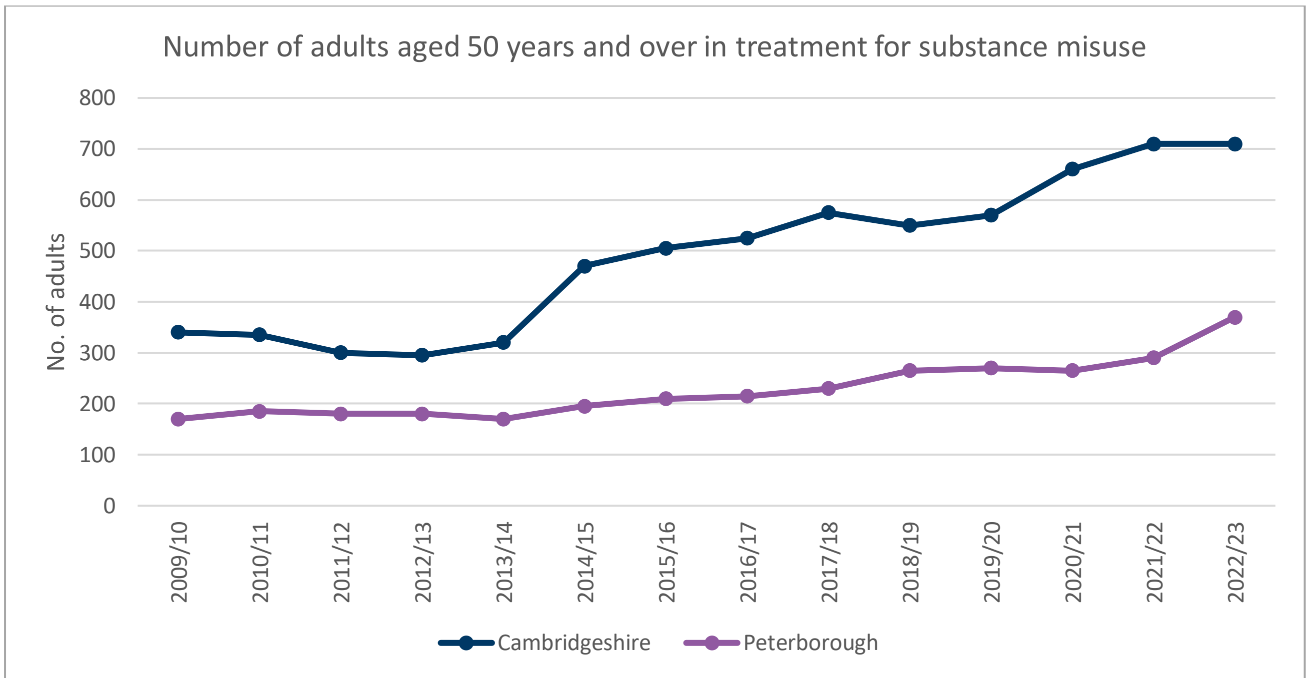
Figure 25: Older adults predicted to have their daily activities will be limited 'a lot' by a long-term illness, Cambridgeshire and Peterborough, 2020 – 2024. Image source; [Projecting Older People Population Information System (poppi.org.uk)]



Drug and alcohol use

There is often a close relationship between harmful levels of drug and alcohol use, and mental health need, with one study finding that 85% of people in alcohol services and 75% in drug services had experienced a mental illness in the last year (Weaver et al., 2003). At the start of 2022/23, there were 370 adults aged 50+ in drug or alcohol treatment in Peterborough, and 710 in Cambridgeshire. In 2022/23, the number of people in contact with the service increased by 122% in Cambridgeshire and 118% in Peterborough compared to 2013/14 (NDTMS, 2024).

Figure 26: Number of adults aged 50+ in treatment for drug or alcohol use, Cambridgeshire and Peterborough, 2009/10 – 2022/23. Data source: NDTMS



From April 2022 to March 2023, over three quarters (78%) of referrals to drug and alcohol services in Cambridgeshire were from 'self, family or friends' and 10% were from health services or social care. In Peterborough, 50% of referrals over this time period were from 'self, family and friends' and 34% were from health services and social care (NDTMS, 2024).

From April 2022 to March 2023, 12% of adults aged 50+ in drug and alcohol services were identified as having an unmet mental health need in Cambridgeshire, and 10% in Peterborough (this is defined as either a common mental health condition, serious mental illness or a mental health crisis). This was lower than the national average of 15% (NDTMS, 2024).

Alcohol-related hospital admissions

In 2021/22, there were 718 alcohol-related hospital admissions in older adults in Cambridgeshire, and 739 in Peterborough. The rate of hospital admissions for older adults where the main reason for admission was an alcohol-related condition in Cambridge was significantly higher than the national rate, whilst rates in Fenland and Peterborough were statistically similar to England.

Table 6: Admission episodes for alcohol-related conditions (Narrow) – 65+ years, 2021/22, directly standardised rate per 100,000. Data source: [Alcohol Profile - OHID (phe.org.uk)]

Area name	Count	Rate	95% lower CI	95% Upper CI
Cambridge	157	960	815	1,123
East Cambridgeshire	120	651	539	779
Fenland	183	778	669	899
Huntingdonshire	251	681	599	771
South Cambridgeshire	201	630	546	724
Cambridgeshire	911	718	672	766
Peterborough	228	739	646	842
England	84,509	810	804	815

Inequalities in service use

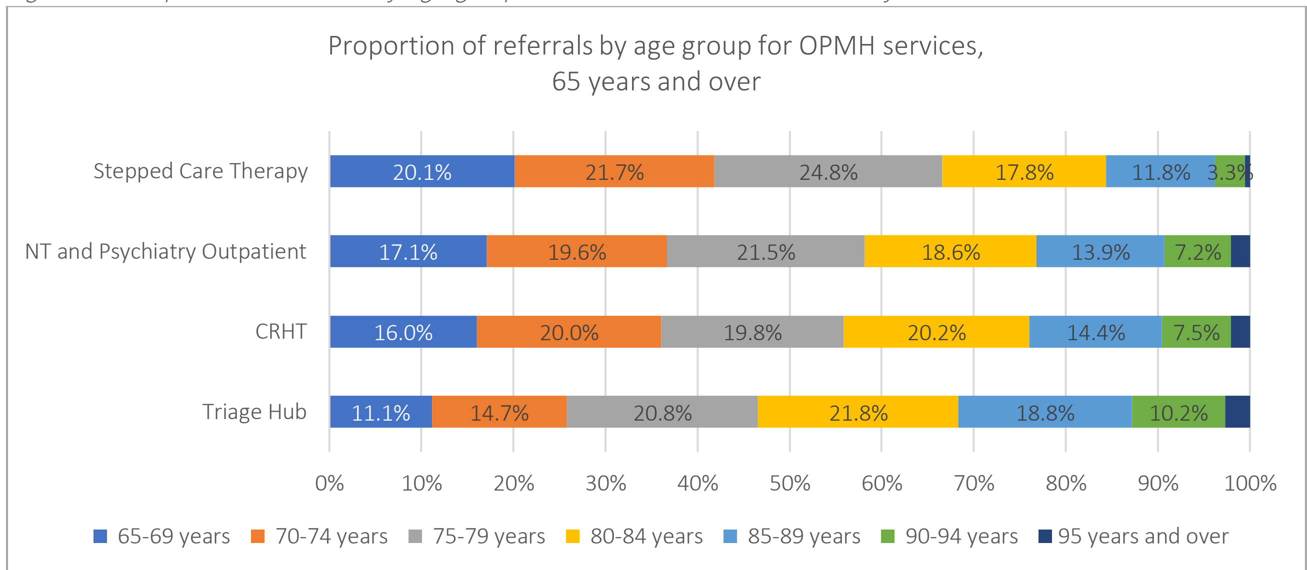
Research has consistently shown that there is a strong relationship between social disadvantage and poor mental health. This was detailed in chapter two of the mental health needs assessment.

One way of assessing inequalities in terms of access to mental health services is to compare who is accessing mental health services compared to our local population. Understanding barriers is important to addressing inequalities. These graphs give a broad overview of inequalities in access to mental health services. However, it is also important to note that some variations may be due to differences in mental health need. Different groups are more likely to experience mental illness (NHS Digital, 2014), due to a complex range of biological, social and economic factors.

Age

The proportion of referrals from primary care to the Older People's Mental Health (OPMH) Triage Hub was higher among 75- to 84-year-olds. However, the proportion of referrals to the other pathways was higher among the 70–79 age group.

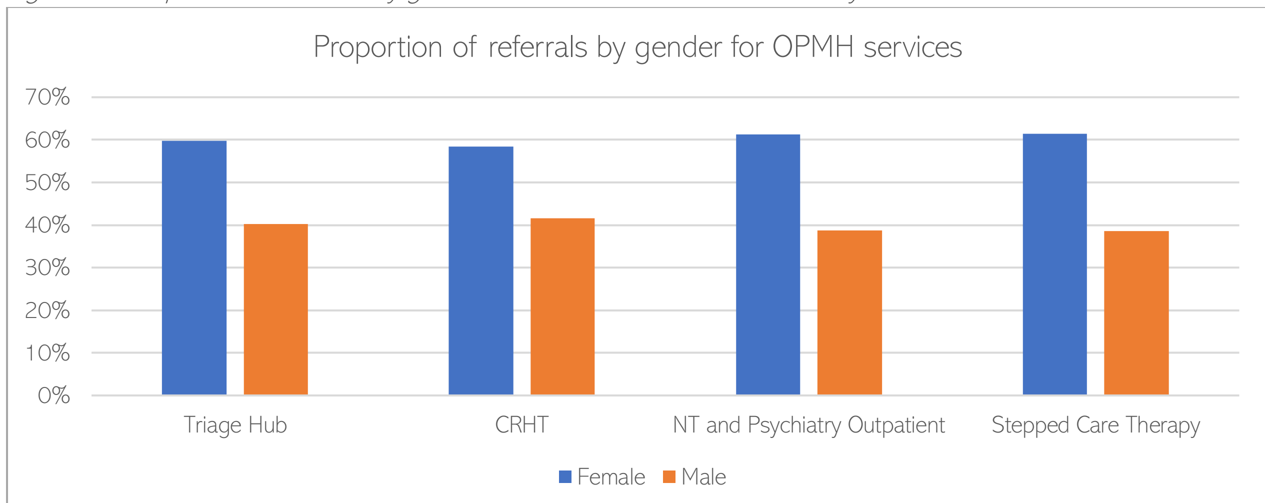
Figure 27: Proportion of referrals by age group for OPMH services, CPFT, January 2021 – December 2023.



Gender

Women had a substantially higher number of referrals to OPMH compared to males, across all services. The higher female population in this age group is likely to contribute to this trend.

Figure 28: Proportion of referrals by gender for OPMH services, CPFT, January 2021 – December 2023.



Ethnicity

More than 80% of the referrals to the OPMH services were for people from 'White' ethnic groups. Between 12–15% of the referrals did not have any coding for the ethnic group.

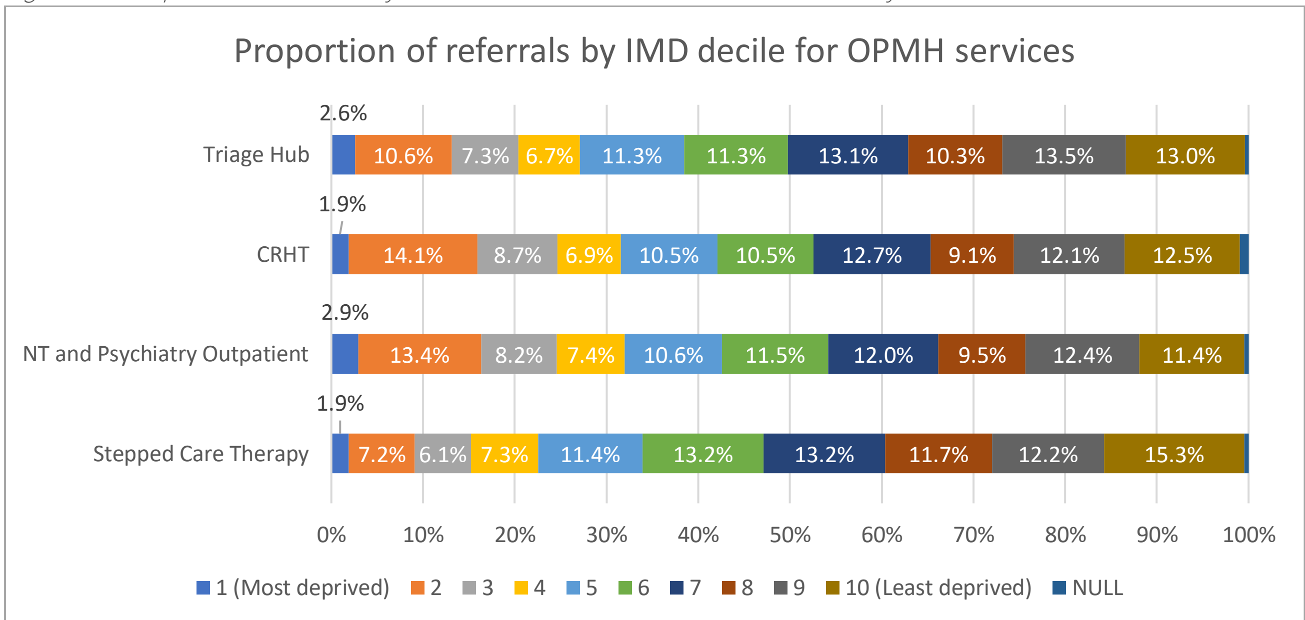
Table 7: Proportion of referrals by ethnic group for OPMH services, CPFT, January 2021 – December 2023.

Ethnic group	Triage Hub	CRHT	NT and Psychiatry Outpatient	Stepped Care Therapy
White	81.8%	85.3%	82.5%	85.7%
Asian or Asian British	1.7%	0.9%	2.1%	1.3%
Black or Black British	0.5%	0.5%	0.5%	0.4%
Mixed	0.3%	0.2%	0.4%	0.6%
Other	0.4%	0.6%	0.5%	0.4%
Not stated/Not known/Null	15.2%	12.5%	14.0%	11.6%

Deprivation

During the period between January 2021 and December 2023, less than 3% of referrals to the OPMH services were from the most deprived areas of Cambridgeshire and Peterborough. A higher proportion of referrals were from the least deprived areas.

Figure 29: Proportion of referrals by IMD decile for OPMH services, CPFT, January 2021 – December 2023.



Risk factors and prevention

'While older people may possess many protective factors for good mental health, they face numerous risk factors, including poorer physical health, reduced mobility and, for some, poverty and racism.' (Centre for Mental Health & Age UK, 2024)

- Older people experience complex social, psychological and physical factors that influence the pattern, cause, diagnosis, treatment and prognosis of mental health conditions (Public Health England, 2019b). Often mental ill health results from a combination of factors, which may include the cumulative impact of poor mental health and adversity across someone's life (Davidson, 2021).
- There are common risk factors for many different conditions (mental ill-health, physical ill-health, frailty and dementia) that impact older people. Supporting older adults to promote positive mental wellbeing (known as healthy ageing) therefore requires a whole system approach which addresses wider determinants of

health, across local authorities, health and voluntary and community sector organisations (The Association of Directors of Public Health, 2018).

- Similarly, addressing the wider determinants of health is likely to be key to promoting good mental wellbeing. Older people (aged 50+) from a range of backgrounds identify health, social connections and financial security as key to happiness and a meaningful life (Centre for Ageing Better, 2015).

Case study: highlighting the impact of multimorbidity

The following anonymised case study gives an example of how multiple factors, including social issues and physical health needs, can impact older adults' mental health and wellbeing.

A woman 'A' in her mid-70s lives with her husband in Cambridgeshire and has children who live in a different area. A has a long history of recurrent depression which dates back over 40 years. She has received various treatment for this, including antidepressants and a course of cognitive behavioural therapy (CBT). Since 2018, she has had four inpatient admissions with a diagnosis of severe depression with psychosis under Section 2 and Section 3 of the Mental Health Act. She has also required several courses of electroconvulsive therapy (ECT).

A is currently being supported by the community mental health team. She has intensive support from a community nurse, support worker, social worker and regular medical reviews. A currently does not feel like she will benefit from psychological support.

A has a complex physical health history and has experienced both complications from ulcerative colitis and a hip fracture. She was recently transferred into general hospital for rehydration. She then had a fall whilst in hospital and sustained a fracture. A has issues with her heart relating to her antipsychotic medication, which have led her medications to be changed. On top of this, she has repeatedly experienced urinary tract infections (UTIs). This has led to her experiencing delirium and later relapses of depression.

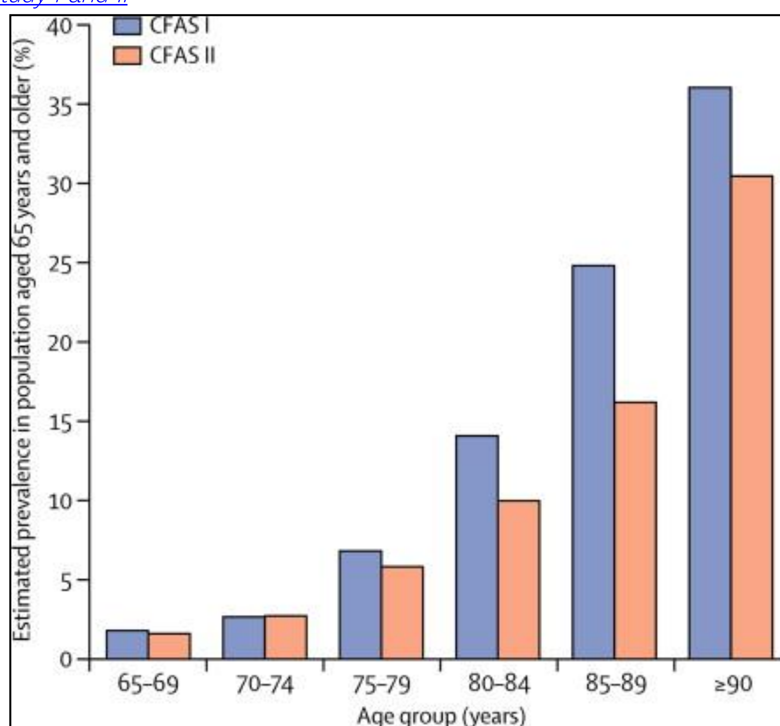
Since getting a colostomy bag, A has been reluctant to engage in activities that might help support her mental wellbeing such as going to church, walking and meeting friends. She prefers to stay indoors as she is worried that she might not have facilities to empty her colostomy bag, which has had a negative impact on her self-esteem and confidence.

Focus: dementia prevention

Between 1991 and 2011 the Cognitive Function and Ageing Studies (CFAS) examined changes in dementia occurrence across 20 years in the UK. In both 1991 (CFAS I) and 2011 (CFAS II) studies, population-representative samples of over 7,500 older people were recruited, using almost identical methodology. Prevalence rates of dementia were calculated for men and women in 5-year age-bands. By applying these age and sex specific estimates to the population, CFAS I estimated that approximately 664,000 individuals aged 65+ in the UK would have dementia in 1991. CFAS II estimated that 670,000 people in the UK would meet the same study diagnostic criteria in 2011 (Matthews et al., 2013). Crucially however, the UK population had aged significantly in the two intervening decades, such that if the dementia prevalence rates within the 5-year age bands had remained consistent, 884,000 people would have been expected to have dementia in the UK in 2011 (Matthews et al., 2013). This 24% reduction equates to an estimated 214,000 individuals and their families not suffering the consequences of dementia in 2011.

The findings from these landmark studies, replicated in several other countries, showed us that some cases of dementia are preventable. When the population's risk of dementia reduces in this way, for some this will mean dementia occurring later than it would have done, whilst for others they may never develop dementia before death. It is likely this population risk reduction is due to later generations enjoying healthier living conditions (such as better education, less exposure to tobacco smoke, healthier diets) and better medical care (of conditions like high blood pressure) across their lives than their parents.

Figure 30: CFAS I and CFAS II age-specific dementia prevalence. Image source: A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II

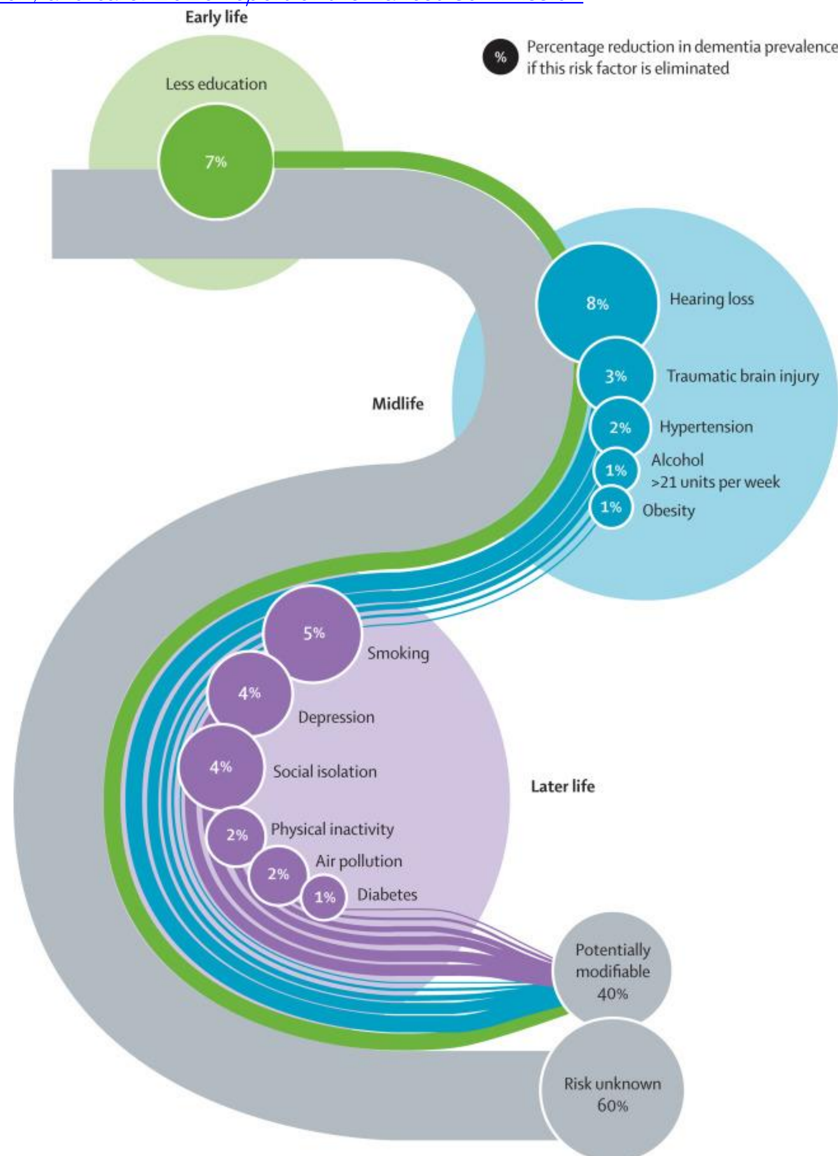


What are the risk factors?

Prevention of any disease can focus on a) trying to interrupt the development of the disease process itself or b) by identifying and managing other conditions which put you at risk of developing the disease ('risk factors' - for example treating high blood pressure to in turn protect the brain's blood supply and reduce dementia risk). Doing the former is theoretically attractive as it is very direct. But it has proven very difficult for dementia, probably because the biology of the disease process is complex and not sufficiently well understood. Also, because a person's risk of dementia in old age (average age at onset in the CFAS studies was mid-80's) represents a build-up of risk and protective factors accumulated right across their life – starting from their early years and educational opportunities, through to health behaviours in mid-life like healthy diet, alcohol, and smoking – all of which affects brain health.

Therefore, dementia risk reduction (or prevention) efforts often focus on trying to identify what the risk factors for developing dementia are and addressing these. The most comprehensive summary of evidence comes from the Lancet commission on dementia (Livingston et al., 2020). The Lancet commission determined that the evidence was convincing enough to consider 12 modifiable risk factors for dementia: less formal education in early life, midlife hearing loss, traumatic brain injury, hypertension, alcohol, and obesity, and late life smoking, depression, social isolation, physical inactivity, air pollution, and diabetes (Livingston et al., 2020). These factors typically affect dementia risk via changes to the brain tissue itself (e.g. head injuries), the building of 'cognitive reserve' so that function is maintained in spite of pathology (e.g. education), and/or through damage to the brain's blood supply (e.g. hypertension).

Figure 31: Life-course model showing the 12 potentially modifiable dementia risk factors. Image source: [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission]



There are two important caveats to keep in mind:

- It's not absolutely guaranteed that these 12 conditions cause someone to have an increased risk of dementia. Researching risk factors from across the life-course, for a disease that typically occurs at the end of life, is complex so we cannot conduct perfect studies. Equally, there are likely to be other risk factors, beyond these 12. But these 12 are the ones with the most convincing evidence of a causal link to dementia and it is at least likely that controlling these conditions will lower dementia risk. Further, each of these 12 risk factors are public health problems in their own right, so efforts to address them are warranted anyway, and a reduction in dementia risk can be seen as an added bonus.
- The evidence is usually collected at the group-level. This means that we cannot say to any single individual: '*if you quit smoking you won't get dementia, if you don't you will*'. Instead, we can say that if a whole population saw a drop in smoking rates, we would expect dementia rates to drop in future as a result (but not exactly which individuals would benefit).

Prevention strategies

We can think about addressing risk factors in different ways, and having a balance of each is important:

What can individuals do?

People (e.g. those who have parents living with dementia) often want to know what they can do to lower their own risk, and it is important that these people are given evidence-based and accessible information. For example, the NHS, Alzheimer's Research UK and Alzheimer's Society all have useful information for individuals. Related to this is work that can be done by partners across the system to raise awareness that dementia risk can be reduced, as some people are not aware of this and theoretically it could be a motivator for healthy behaviour change.

What can communities, populations and governments do?

Population-level strategies target the societal conditions that increase dementia risk (rather than encouraging individuals to lower their own risk in spite of these conditions). These interventions can operate at national (e.g. taxation of sugary drinks to reduce obesity, policies to address air pollution, improving access to education, mandating ear protection at noisy worksites) and local (e.g. restrictions of licences for fast food and alcohol establishments to reduce obesity and excess alcohol consumption) levels. These interventions have greater potential to reduce risk across the population and replicate the scales of reduction in prevalence seen in the CFAS data. They can also have equity effects because they typically make healthier choices easier or the default (or mandated), whereas individual-level interventions will typically be easier to achieve for those with more resources. A recent study pulled together and graded the quality of the available evidence on population-level interventions for dementia risk reduction (Walsh et al., 2024).

What can the NHS and other health services do?

The NHS has a role to play where there are evidence-based treatments for the risk factors of dementia. Conditions like hypertension, diabetes, depression, and hearing loss have established highly-effective treatments, and ensuring access to these along with high-quality care for these individuals can significantly reduce these risk factors (Livingston et al., 2020). For the very small number of people who develop reversible dementia, prompt diagnosis and treatment can make a significant difference to their long-term dementia outcomes.

Additional Resources

- WHO has developed guidelines on the integrated care for older people (ICOPE) which outline evidence-based recommendations to prevent, slow or reverse declines in the physical and mental capacity of older people.
- Population-Level Approaches to Dementia Risk Reduction (PLADRR) Research Group
- Cambridgeshire & Peterborough All Age Dementia Strategic Plan 2018 - 2023
- NICE guidance: dementia, disability and frailty in later life: mid-life approaches to delay or prevent onset: guidance covering mid-life approaches to delay/prevent the onset of dementia, disability and frailty in later life.
- Older people: independence and mental wellbeing: covers the commissioning of services by local government and other local providers to help encourage and protect mental wellbeing and independence of older people.

Environmental factors

Social and environmental factors impact mental health across the life course. They are often '*determined by structural factors which generate and perpetuate intergenerational cycles of disadvantage and poor health*' (Kirkbride et al., 2024). The evidence linking these factors to poor mental health is summarised in chapter one of this mental health needs assessment:

- Socioeconomic deprivation: The rate of income deprivation affecting older people is high in Peterborough and Fenland, with fewer deprived areas seen in other parts of Cambridgeshire (King & Leeman, 2019).
- Poverty and financial insecurity: National data shows 1 in 4 adults aged between 60 and 64 lived in poverty in 2022, the highest rate for any adult age group (Centre for Ageing Better, 2023b). 18% of pensioners live in relative poverty, with groups at greater risk including private tenants (37%) and people living in

social housing (36%); Asian/Asian British (29%) and Black/Black British pensioners (25%); and single older women (26%) (Age UK, 2023).

- Housing, homelessness and environmental justice: National data shows that half of 'non-decent' homes (homes that fail to meet basic decency criteria as defined by the government) are headed by someone aged 55+; and 1 in 3 are headed by someone aged 65+ (Centre for Ageing Better, 2023b).
- Employment and working conditions: The proportion of older adults in who are economically active (in employment) ranges from 16.2% in Cambridge, to 9.8% in Fenland.
- Community wellbeing: Over 1 in 5 people in the UK aged between 65 and 74 volunteered at least at once a month in 2020/21 (Tabassum & Fern, 2023).

Inequalities

Chapter Two of this mental health needs assessment highlights that groups more likely to experience poor mental health and inequalities in mental health services. However, there is limited research about the health inequalities faced by older people compared to other age groups (Haighton et al., 2019).

- Ethnicity: ethnic inequalities in health can accumulate over the life course and are *'exacerbated in older ages'* (Stopforth et al., 2022). Research suggests that older people from ethnic minority backgrounds may face specific barriers in accessing health services due to digital exclusion and digital applications not being available in different languages (Kapadia et al., 2022).
- Sexuality: 43% of LGBT+ people aged 55+ are not confident that mental health services will understand and meet their needs, much higher than the rate than their heterosexual peers (Hudson-Sharp & Metcalf, 2016).
- Refugees and asylum seekers: One study suggests that there are high rates of PTSD, depression and anxiety amongst older adults who are refugees (C. J. Frost et al., 2019).
- Disability: Older adults with hearing loss are 2.5 times more likely to develop depression than those without hearing loss (J. Edwards et al., 2016).
- Carers: In 2022, the peak age group for providing care was 55- to 64-year-olds (Carers Week, 2022). The long-term caregiving of older carers is associated with a higher risk of depression (Steptoe et al., 2018).
- Homelessness: Peterborough had a significantly higher rate of households owed a prevention or relief duty under the Homeless Reduction Act in 2021/22 where the main applicant was aged 55+, compared to the national average.
- Offending: Older people in prison can age prematurely due to their living conditions and tend to have high rates of physical health problems (Durcan, 2020).
- Victims of crime: International research suggests that 15.7% of all adults aged 60+ have experienced some form of abuse in the past year (Yon et al., 2017). National data shows that 4.2% of women aged between 60 and 74, and 2.1% of men, have experienced domestic abuse in the past year (Office for National Statistics, 2023).

Additional Resources

- Briefing: Poverty in later life
- Experiences of poverty in later life: mental health and wellbeing
- Caring into later life: The growing pressure on older carers
- The Emotional Wellbeing of Older Carers

Physical health, polypharmacy and multimorbidity

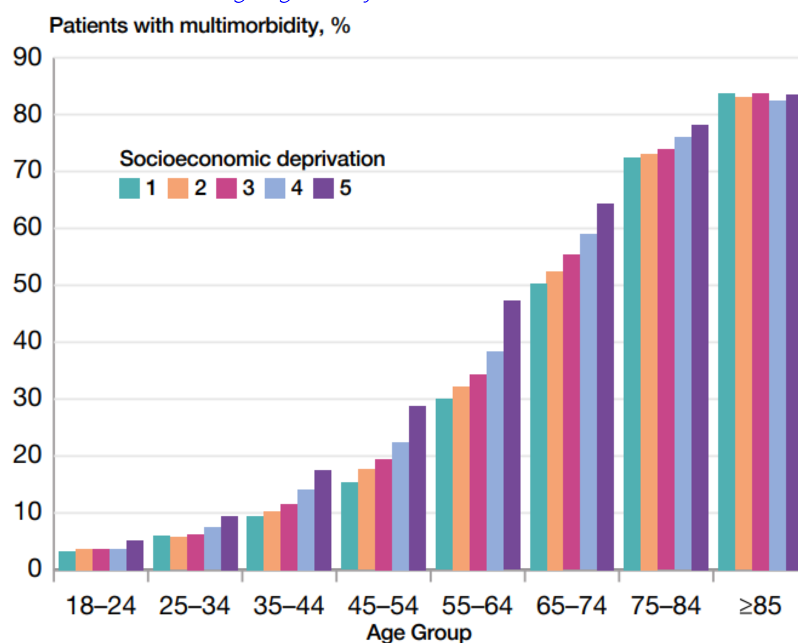
What: Life expectancy is expected to increase over the next 20 years, whilst the age at which people develop major illnesses is predicted to remain constant (Watt et al., 2023). This means that there will be increasing numbers of

older adults living with major illnesses and multiple long-term health conditions (multimorbidity); as well as those using multiple medications at the same time (polypharmacy).

Multimorbidity has been called '*one of the greatest challenges facing health services*' (Pearson-Stuttard et al., 2019). Each additional health condition means that people experience more symptoms, go through more treatments and are more likely to experience harmful effects from the interactions of medications (Centre for Mental Health & Age UK, 2024).

Who: National data shows that older multimorbidity increases with age, and that people living in more deprived areas are more likely to experience multimorbidity at a younger age.

Figure 32: Prevalence of multimorbidity (2 or more conditions) by age and deprivation. Image source: Chief Medical Officer's annual report 2023: health in an ageing society



Why is this important to mental health: Mental health conditions can make up all or part of multimorbidity. Many older adults with mental illness have physical health conditions, which is associated with lower quality of life, greater use of health care and linked to polypharmacy (Daunt et al., 2023). Physical ill-health is also strongly linked with mental ill-health: for example, the risk of developing depression is over 7 times higher in those with 2+ chronic physical problems (Naylor, Parsonage, McDaid, et al., 2012). The interaction of physical and mental health is described in more detail in chapter two of this mental health needs assessment.

One study found that around 2 in 3 of adults aged 70+ admitted to acute general hospitals in an emergency have co-existing mental health conditions (Goldberg et al., 2012). In a 500-bed general hospital, 330 beds will be occupied by older adults. This means that out of this group, 220 will have a mental health condition (Stickland & Gentry, 2016), with:

- 27% having been diagnosed with dementia.
- 27% experiencing delirium.
- 8% having definitive major depression, and a further 24% possible major depression.
- 50% having some form of cognitive impairment.

Older adults with co-existing mental and physical health problems have poorer outcomes (Public Health England, 2019b). Suboptimal care of older adults with multimorbidity is associated with longer stays in hospital and substantially higher healthcare costs. Earlier interventions by mental health providers (proactive care) can help people manage their mental health and are associated with lower healthcare costs (NHS England, 2018).

Additional Resources

- Caring for the whole person: Physical healthcare of older adults with mental illness: Integration of care
- Multiple long-term conditions (multimorbidity): making sense of the evidence

Frailty

What: Frailty is a *'distinct health state related to the ageing process in which multiple body systems gradually lose their in-built reserves*' (Society, 2014), so individuals are less able to cope with and recover from illness and accidents. Frailty has a bigger impact on someone's day-to-day life and their risk of being admitted to hospital than their age (Han et al., 2019).

This is not the same as physical ill-health or multi-morbidity: it is estimated that around three-quarters of people with frailty have multimorbidity, but that the majority of people with multimorbidity (85%) do not have frailty (Vetrano et al., 2019).

Who: Frailty prevalence increases with age: it is estimated 1 in 10 people aged 65+, and 1 in 4 people aged 85+, live with some form of frailty (Public Health England, 2019b). There was a greater increase in frailty with age over the period of austerity in England (Pugh et al., 2024).

Why is this important to mental health: Research suggests that there is a two-way relationship between depression and frailty, with one meta-analysis finding that 39% of people with frailty also experience depression and that psychological factors contribute to the development of, and outcomes from, frailty (Soysal et al., 2017). Frailty is also associated with an increased risk of delirium and dementia (Royal College of Psychiatrists, 2020).

It is likely that people with older people with severe mental illness are at greater risk of frailty, although there is limited research in this area (Royal College of Psychiatrists, 2020).

Additional Resources

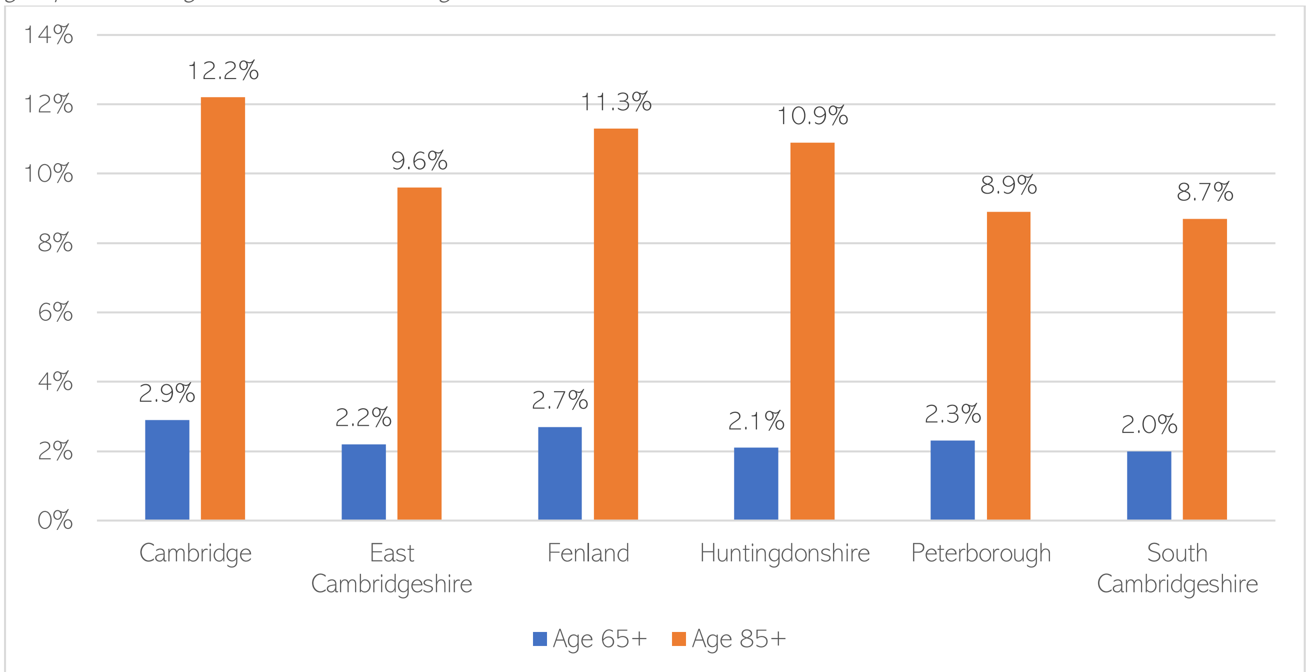
- NICE guidelines for mid-life approaches to delay or prevent the onset of frailty
- Proactive care: providing care and support for people living at home with moderate or severe frailty
- Frailty: Ensuring the best outcomes for frail older people
- End of Life Care in Frailty

Care homes

What: Care homes 'provide accommodation and personal care for people who need extra support in their daily lives' (Age UK, 2022a).

Who: In Cambridgeshire and Peterborough, 2 – 3% of people aged 65+ lived in care homes in 2021. This increases to 8 – 12% of people aged 85+. The proportion of older adults in care homes was highest in Cambridge City, and lowest in South Cambridgeshire, compared to other districts.

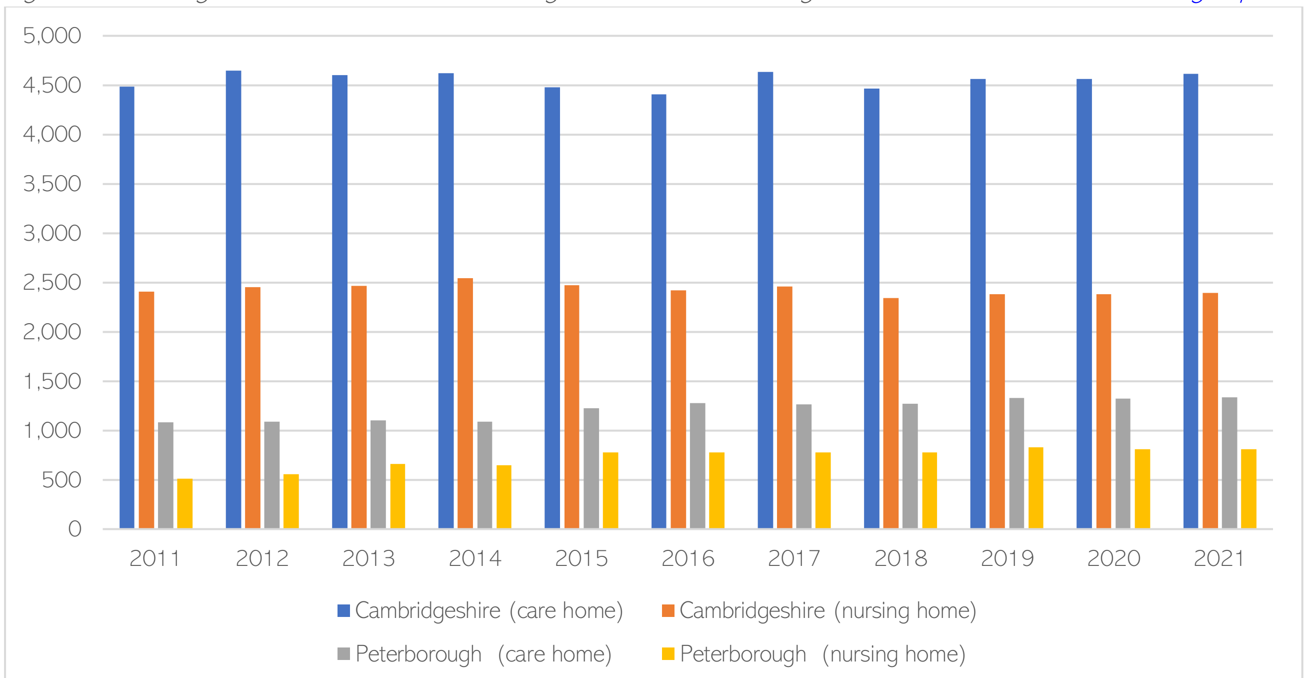
Figure 33: The proportion of usual residents aged 65+ and 85+ living in care homes, per total population in those age groups, Cambridgeshire and Peterborough, 2021. Data source: [Census 2021]



Note that data was collected during the early stages of the COVID-19 pandemic, in 2021, which may have impacted the number of residents in care homes.

The number of care home and nursing home beds in Cambridgeshire has remained relatively stable from 2011 to 2021, but there has been a 35% increase in the number of beds in Peterborough. The rate of permanent admissions to residential and nursing homes (per 100,000 of the older adult population) is below the national average in both areas.

Figure 34: Nursing and care home beds, Cambridgeshire and Peterborough, 2011 – 2021. Data source: [Fingertips]



Why is this important to mental health: The majority of people in care homes have a neurological condition (often dementia or stroke), with one estimate stating that 3 in 4 people in care homes have dementia (NHS England,

2017). Research suggests that around 8 in 10 people in this group have behavioural and psychological symptoms of dementia (Seitz et al., 2010). The prevalence of delirium amongst people receiving long-term care to be between 6 – 14% (Seitz et al., 2010).

Between 40 – 80% people living in care homes experience depressive symptoms (Potter et al., 2018; Seitz et al., 2010) and 1 in 4 have clinical depression (Seitz et al., 2010). It is likely that depression is underdiagnosed in care home residents, with one study finding that fewer than a 1 in 4 cases were detected (Davison et al., 2007).

- Depression amongst care home residents is associated with functional decline, pain, loneliness and a greater mortality risk (Potter et al., 2018).
- Qualitive research with care home residents raises that loss of independence, loneliness, and aspects of living in a care home itself (such as staff turnover, lack of meaningful activities and lack of privacy) as causes of their depression (Choi et al., 2008)
- Many people with depression also experience some form of anxiety disorder. However, there is limited research on anxiety in care homes (Seitz et al., 2010).

NICE guidelines outline evidence-based approaches to support the wellbeing of older adults in care homes, including early assessment and access to appropriate mental healthcare (National Institute for Health and Care Excellence, 2013). However, in 2018 a survey found that 22% of care home managers in Cambridgeshire and Peterborough found it difficult to access mental health reviews and assessments (Cambridgeshire and Peterborough Older People's Mental Health Delivery Board, 2018).

Additional Resources

- NICE: mental wellbeing of older people in care homes and NICE: older people with social care needs and multiple long-term conditions
- Depression among older people living in care homes
- Providing proactive care for people living in care homes – Enhanced health in care homes framework
- Promoting Emotional Health & Wellbeing and Preventing Suicide: A Resource for Care Home Settings

Loneliness and social isolation

What: Age UK defines loneliness as '*a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact*' (Age UK, 2022b). This is different from social isolation, '*an objective measure of the number of contacts people have*', which considers the quantity rather than quality of relationships. Different people may prefer to have different numbers of contacts, but loneliness is never desired (Age UK, 2022b).

Who: Loneliness can affect people of any age, but some older people may be particularly vulnerable. This includes people who are widowed, in poor health, live alone, do not feel they belong in their neighbourhood or are unable to do the things they want (Abrahams & Director, 2018). Surveys involving older adults highlight relationship breakdown and divorce as prominent negative experiences that have impacted their mood (Independent Age, 2020).

Research suggests that 7% of adults aged 50+ often feel lonely (Age UK, 2018a). Applying this figure to data from the 2021 Census, we estimate that there are 22,600 adults aged 50+ who are often lonely in Cambridgeshire and Peterborough.

Another study involving adults aged 80+ in Cambridge City found that 25% felt 'lonely' and 16% felt 'slightly lonely' (Wang et al., 2019). Loneliness was more common among women, people with depression and people with high levels of physical impairment.

Why is this important to mental health: Connecting with other people is key for mental wellbeing. High levels of social engagement are associated with greater life satisfaction, physical health benefits and better cognition in older adults (J. Edwards et al., 2016), whilst the cumulative impact of loneliness is comparable to smoking in terms of

health impacts (Holt-Lunstad et al., 2010); and is linked to a greater risk of developing dementia (Rafnsson et al., 2020) and depression (Zhang et al., 2023).

Additional Resources

- Age UK loneliness research and resources, including All the Lonely People: Loneliness in Later Life
- Promising approaches to reducing loneliness and isolation in later life
- Royal College of Psychiatrists statement on loneliness and social isolation

Overview of Mental Health System

1 in 5 people in contact with mental health services in England are age 65 and above, which will increase as the population ages (Davidson, 2021). Commissioners should ensure the full range of services for mental health problems are available for older people (Raffertys, 2013). These services should take into consideration that a high proportion of older people live with both physical and mental health conditions (Stickland & Gentry, 2016); and should be developed through coproduction, to ensure uptake and that older people are empowered (The Association of Directors of Public Health, 2018).

The table below gives a simplified overview of key mental health services for working-age adults and older adults in Cambridgeshire and Peterborough. In Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), access to specialist services for older adults is based around need (dementia, difficulties related to ageing and physical illness or frailty) rather than age (Royal College of Psychiatrists, 2015), so some adults aged 65+ who are supported by 'working-age adult' services.

Table 8: NHS mental health services for working-age and older adults in Cambridgeshire and Peterborough

<table>
<tr><th>Mental health need</th><th>Service for working-age adults</th><th>Service for older adults (65+)</th></tr>
<tr><td>Anxiety disorders and/or depression (mild/moderate)</td><td colspan="2">Primary care
Talking Therapies</td></tr>
<tr><td>Complex emotional needs /challenges associated with a 'personality disorder' diagnosis</td><td>Personality Disorder Community Service (PDCS) and the Relational & Emotional Difficulties Service (REDS)</td><td rowspan="3">Older Peoples Mental Health (OPMH)
Older People's Stepped Care Therapies (STC)*</td></tr>
<tr><td>Complex and enduring mental health conditions</td><td>Adult locality teams
Primary Care Mental Health Service (PCMHS)</td></tr>
<tr><td>Eating disorders</td><td>CPFT adult eating disorder services supports adults aged 18 to 64.</td></tr>
<tr><td>Inpatient beds for people with acute mental illness</td><td>CPFT has six units providing inpatient support: Mulberry 1, 2 and 3; and Oak 1, 2 and 3.</td><td>CPFT has four admission wards for older people with acute mental illness (32 beds) and dementia (22 beds)</td></tr>
<tr><td rowspan="2">Mental health crisis</td><td colspan="2">First Response Service (FRS)
Crisis Response and Home Resolution Team (CRHTT)
Accident and Emergency
Liaison psychiatry (in acute hospitals)</td></tr>
<tr><td></td><td>Older Peoples Crisis Resolution & Home Treatment Team (CRHTT-OP) & Dementia Intensive Support Team (DIST)</td></tr>
</table>

Psychosis	Cambridgeshire and Peterborough Assessing, Managing and Enhancing Outcomes (CAMEO) supports people aged 14 – 65 experiencing first episode psychosis.	Older Peoples Mental Health (OPMH) and Older People's Stepped Care Therapies (STC)#

**Older people's mental health services have access to PDCS for consultation, but this service is not commissioned for over 65s.*
#The Stepped Care Therapies team includes the Living Well in Psychosis team, which offers recovery based psychiatric rehabilitation for people 65+ with long-term psychosis .

There are no specific pathways for older adults in Cambridgeshire and Peterborough with complex emotional needs or eating disorders; as well as no forensic mental health services for this age group. This table does not include all available services, such as support from voluntary and community sector organisations and adult social care. There are also memory assessment services, which assess and support people with memory problems.

System enablers

This section is informed by Getting It Right First Time (GIRFT), a national programme which aims to reduce unwanted variation in adult crisis and acute mental health care. This report highlights that older people are more likely to experience mental health conditions but less likely to get timely access to care than younger adults (Davidson, 2021).

GIRFT looks at mental health systems through the lens of demand, flow, capacity and outcomes, asking a) '*are individual resources being consistently directed to where the need is highest*' and b) '*are services being delivered in ways that are timely, accessible, effective and sustainable for those who need them, while also being meaningful to every individual in a community?*' (Davidson, 2021).

The key recommendations are structured around four domains or system enablers (demand, flow, capacity and outcomes), with an overarching focus on data reporting and use.

Demand

It is predicted that almost 1 in 5 (19.6%) of people in Cambridgeshire and Peterborough will be aged 65+ by 2031 (PHI team, 2023). This means that there is a growing demand for older people's mental health services. This mental health needs assessment showcases the predicted increase in the older people with mental health conditions.

Flow

Transitions between mental health services should be needs-led, and the needs of older people should be reviewed to establish if they should be supported by specialist older people's mental health services, on remain in more generalist services (Royal College of Psychiatrists, 2019a).

A substantial proportion of older people have multiple and long-term needs that require support from multiple services and professionals, including across both health and social care. Guidance for commissioners highlights that older people's mental health service should take an integrated approach with social care; as well as working closely with closely with primary care and community-based services (Raffertys, 2013).

- GIRFT highlights primary care, community care and social care and the wider health and social care system must work well together for older adults to receive high quality care (Davidson, 2021).
- In 2018 the Care Quality Commission highlighted that health and social care systems in England are not always joined-up, which means that some people receive fragmented care (Care Quality Commission, 2018).

Capacity

The increasing demand for older people's mental health services resulting from our ageing population is not currently being met by national trends in recruitment and retention in these services (Royal College of Psychiatrists, 2019c).

Training for health and social care professionals

The World Health Organisation highlights that that there is ageism in health and social care, in part due to a lack of lack of adequate training for mental health professionals working with older adults (WHO, 2021). Similarly, the NHS Workforce Plan recognises that healthcare professionals will need to develop their knowledge to meet the needs of an increasingly ageing population with more complex needs (NHS England, 2023a).

Health Education England's Older People's Mental Health Competency Framework describes the skills, knowledge and abilities required to meet the needs of older people with mental ill-health. Teams can use this framework by assessing what tier of competency is required by staff in each domain, and professionals reviewing and identifying any gaps in their knowledge. Managers can then identify training requirements and create development plans for staff to meet these competencies.

Outcomes

In broad terms, outcomes refers to the results of any care or treatment provided. In mental health, the outcomes of support, care and treatment might be that a person is able to lead a more fulfilling life, have reduced or no symptoms, volunteer in the community or return to a job that they love. The NHS Long Term Plan commits to use of patient reported outcome measures (PROMs) in community mental health services (NHS, 2019).

This mental health needs assessment includes limited data measuring outcomes for older adults' mental health. This is an important gap which should be addressed in future pieces of work.

Additional Resources

- Guidance for commissioners of older people's mental health services
- Guidance on co-production with older people
- Beyond barriers: how older people move between health and care in England
- Bridges not walls: Good practice guidance for transition and cooperation between mental health services for older patients
- Older People's Mental Health Competency Framework highlights key competencies for staff around older people's mental health. See also training on depression in older people

Interventions for common mental health conditions

- We know that that many older adults regularly attend primary care but have limited information about how many older people in Cambridgeshire and Peterborough receive mental health support from their GP.
- Locally, there has been a recent focus on increasing the number of older adults who access mental health interventions through Talking Therapies.
- Older adults may require different types of mental health interventions than younger adults. For example, some older people are more likely to experience adverse reactions to medications due to the impacts of ageing and polypharmacy (Petchey & Gentry, 2019).

Primary care

90% of adults with mental health conditions (excluding those with serious and enduring mental illness) are supported in primary care (Independent Mental Health Taskforce, 2016). An overview of this support is described in chapter 5 of this mental health needs assessment.

- Recent national surveys show that 65% of older adults had accessed their GP practice within the past 6 months (Lambert et al., 2022).
- Older adults may be reluctant to raise mental health with their GP, with one study suggesting that fewer than 1 in 6 older people with depression ever discuss this with their GP (Mueller et al., 2017). However, research also suggests that when older people do ask for support with their mental health, GPs are one of first professionals that they are reach out to (Independent Age, 2020).
- National research highlights that some older adults with depression are less likely to be prescribed antidepressants or be referred to psychological therapy by their GP than younger adults (Walters et al., 2018).

The Cambridgeshire and Peterborough Older People's Partnership Board has raised concerns around older people's ability to book GP appointments on the phone and to secure a face-to-face appointment (Older People's Partnership Board, 2022).

Additional Resources

- A Practice Primer on Mental Health in Older People

Talking Therapies

Talking Therapies (previously known as Improving Access to Psychological Therapies (IAPT) and later locally as the CPFT Psychological Wellbeing Service) provides treatment for common mental health conditions at the higher levels of the stepped care model. The support offered is described in chapter five of this mental health needs assessment.

National data shows that older adults are underrepresented in Talking Therapies. In 2021, the number of older people with anxiety disorders and/or depression accessing Talking Therapies was just 44% of target for their age group, compared to 75% across all age groups (House of Commons Committee of Public Accounts, 2023).

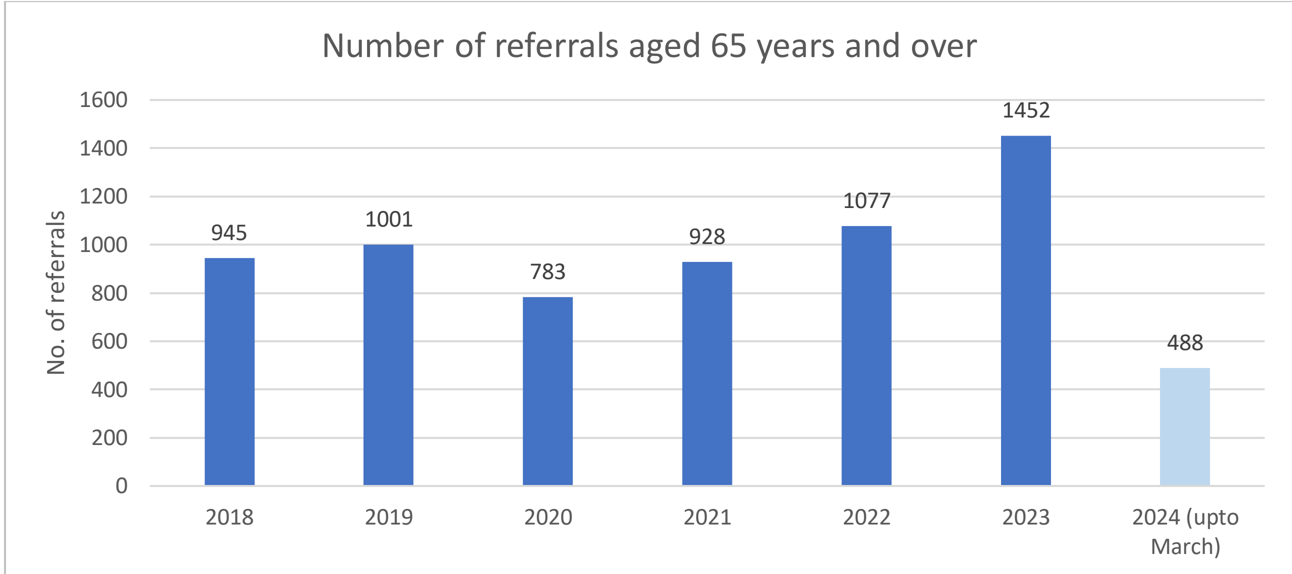
- Studies suggest that older adult often prefer talking therapy over medication as treatment for depression, particularly if they have low-level symptoms (R. Frost et al., 2019).
- However, a UK-wide poll of 2,316 older adults found that only half (54%) were aware that the NHS offers counselling (Independent Age, 2020).
- In Cambridgeshire and Peterborough, the '*Feel Brighter*' campaign was launched in February 2023 to improve awareness of Talking Therapies amongst older adults (Cambridgeshire and Peterborough Integrated Care System, 2023).

In Cambridgeshire and Peterborough, Talking Therapies offers support in a range of locations, including bases across the county, community locations and through online appointments. If people are not able to access these, they will instead support people to access home visits through partner agencies.

Referrals

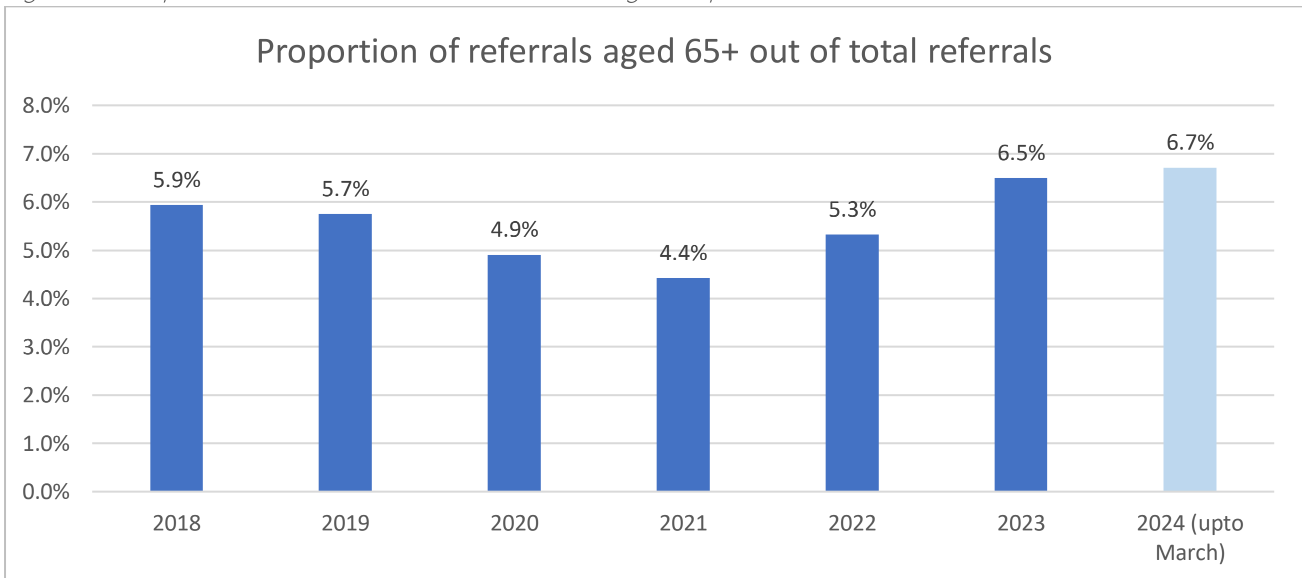
The number of referrals to NHS Talking Therapies for older adults increased from 2018 to 2023, with a 35% increase in 2023 compared to the previous year.

Figure 35: Number of referrals of older adults to Talking Therapies, CPFT, 2018 – March 2024. Data source: CPFT



Older adults have made up an increasing proportion of people referred to Talking Therapies has been growing since 2021, although in line with national trends, older adults in Cambridgeshire and Peterborough are substantially less likely to be referred to Talking Therapies than young adults and working age adults.

Figure 36: Proportion of older adults in referrals to Talking Therapies, CPFT, 2018 – March 2024. Data source: CPFT



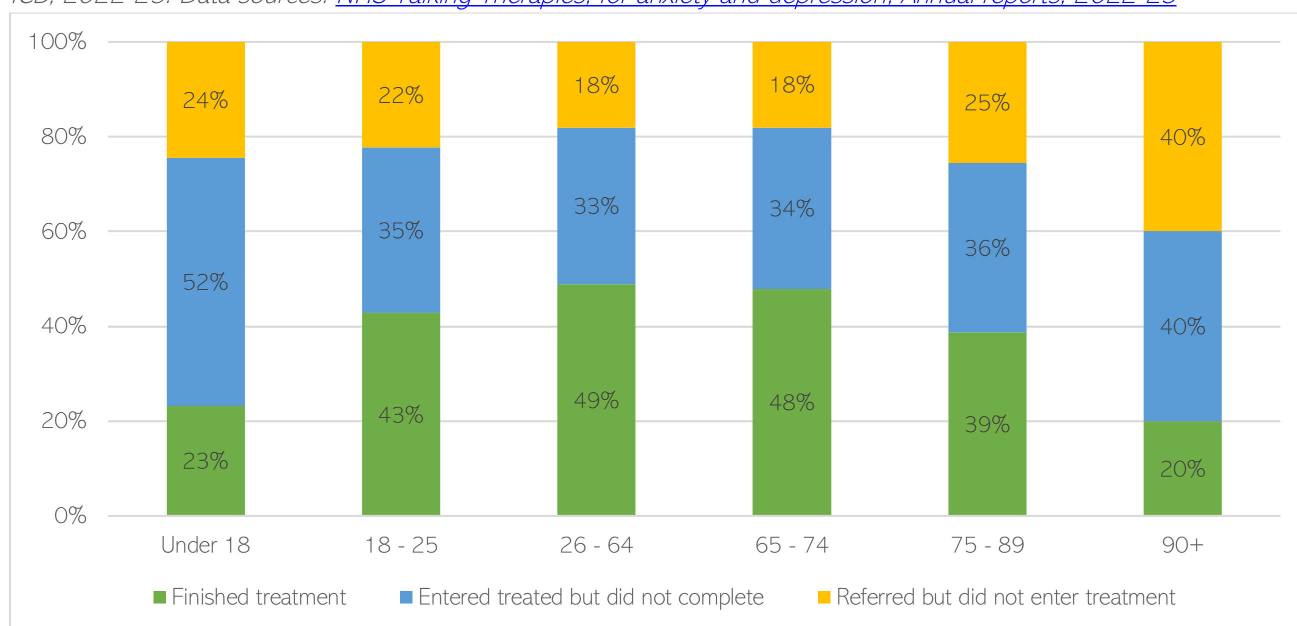
Some of these differences across age group may reflect differences in mental health need: international research highlights that most mental illnesses begin before age 25 (Solmi et al., 2022). Under 18s seeking out mental health interventions are likely to be referred to children and young people's mental health services through YOUnited rather than Talking Therapies.

Over 60% of all the referrals of older adults to Talking Therapies are women. This is higher than the proportion of females (54%) in the population for this age group.

Starting and completing treatment

In 2022/23, older adults aged between 65 and 74 were no less likely to begin or complete Talking Therapies treatment than people from younger age groups; although adults aged 75+ were less likely to begin and complete treatment. A substantial proportion of people aged 90+ did not enter treatment, although it is difficult to draw conclusions as this was a very small group of just 25 people.

Figure 37: % of referrals to Talking Therapies entering and completing treatment, Cambridgeshire and Peterborough ICB, 2022-23. Data sources: [NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23]



Recovery

For those who completed Talking Therapies treatment, reliable recovery rates in 2022/23 were higher for older adults than for younger adults. There was no data for adults aged 90+ due to small numbers of people in this age group completing treatment.

Table 9: Talking Therapies reliable improvement and reliable recovery rates, Cambridgeshire and Peterborough ICB, 2022-23. Data sources: [NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23]

Age	Improvement	Recovery
Under 18	50%	24%
18 - 25	65%	40%
26 - 64	67%	48%
65 - 74	70%	57%
75 - 89	58%	54%
90+	83%	*

The [Psychological Skills Service] (PSS) was introduced as part of the Peterborough Exemplar, to meet the needs of people whose mental health needs are too complex for Talking Therapies. This service is not currently available to older adults.

Additional Resources

- [Improving Access to Psychological Therapy (IAPT) Positive Practice Guide Older People (2021)]
- [IAPT and mental health in older people | Discover | Age UK]

Voluntary and community sector support

There is a range of voluntary and community organisations that support people with severe mental illness, including organisations offering social support. This section is not comprehensive but covers one of the largest local organisations, CPSL Mind.

CPSL Mind

CPSL Mind (Cambridgeshire, Peterborough and South Lincolnshire Mind) provides a range of support that promote good mental wellbeing through the Good Life service. This support is detailed in the previous chapter of the mental health needs assessment.

In Q3 and Q4 of 2023/24, older adults made up 3.5% of referrals to CPSL Mind, the majority of which were for Qwell. This does not include older adults who accessed drop in services.

Interventions for severe mental illness

- Mental illness in older adults has historically been under-recognised and under treated; and is often under-funded (Stickland & Gentry, 2016).
- Feedback from the SUN Network highlights older adults in Cambridgeshire and Peterborough with enduring or severe mental illness report feeling 'left behind' and unheard in services, and that they can 'fall out' of the mental health system after leaving working-age adult services.

Peterborough Exemplar (2019 – 2022)

- Peterborough was chosen as the site of a two-year NHS England-funded pilot to transform the delivery of mental health support. The findings from this project have since been rolled out across the county. They aim to provide a sustainable, person-centred system of mental health care, which will deliver a better access to a broader range of care options, reduce demand for high-level interventions, give greater service efficiency, and improve patient experience and outcomes.
- Older adults have not been able to benefit from all the services introduced as part of the Exemplar, as the Primary Care Mental Health Service (PCMHS), the Relational & Emotional Difficulties Service (REDS) and the Psychological Skills Service (PSS) do not support adults over the age of 64.

Primary care

Primary care works in partnership with secondary care community mental health provision to provide long-term support for people with enduring mental health conditions. The aspiration is that local people can access the right level of care, from the right place, at the right time.

As part of the Peterborough Exemplar, the Primary Care Mental Health Service (PCMHS) was introduced to provide specialist mental health interventions for anyone between age 17 and 65 in Cambridgeshire and Peterborough. Older adults are instead referred to OPMH.

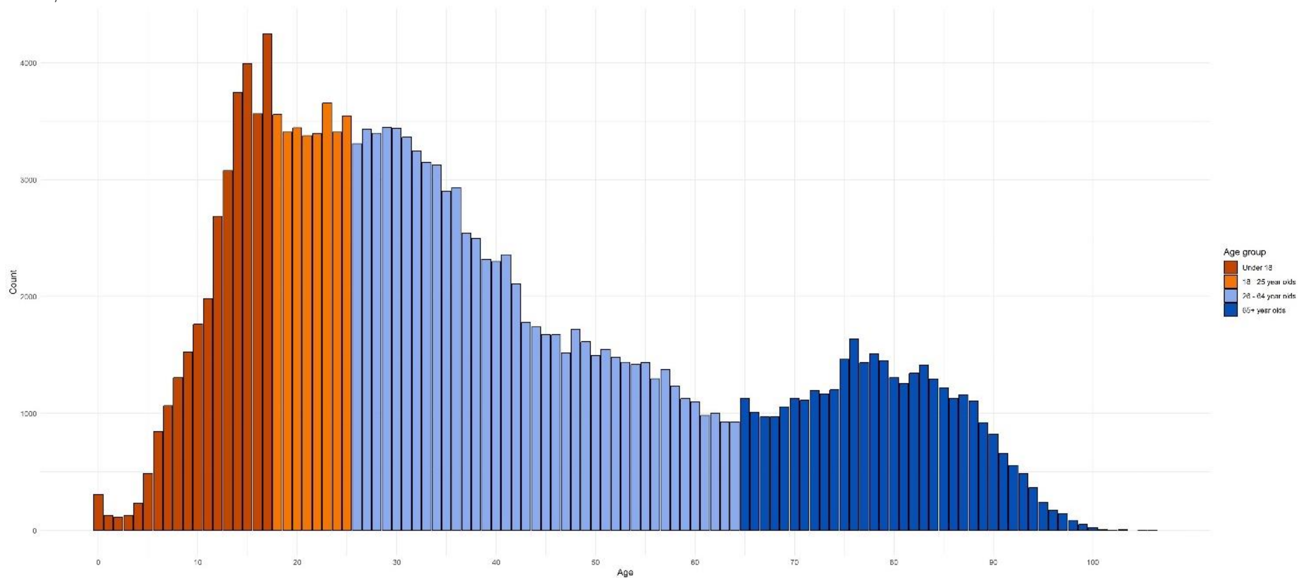
Community mental health

Community mental health teams (CMHTs) support people living in the community who have complex or serious mental health problems. Patients are able to step down to primary care as their circumstances improve. Chapter 5 of this mental health needs assessment gives an overview of community mental health services in Cambridgeshire and Peterborough.

Overview

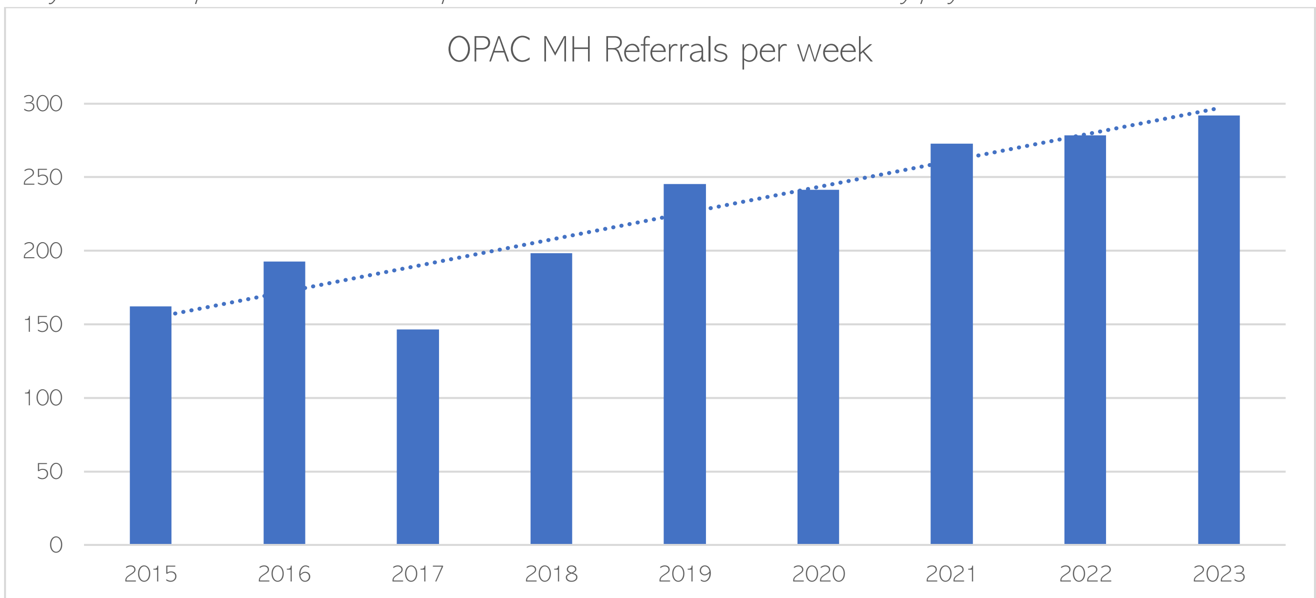
Older adults make up a smaller proportion of people referred into non-crisis mental health services in Cambridgeshire and Peterborough, compared to other adult age groups.

Figure 38: Referrals into non-crisis mental health services by age, Cambridgeshire and Peterborough ICB, October 2021 – September 2023



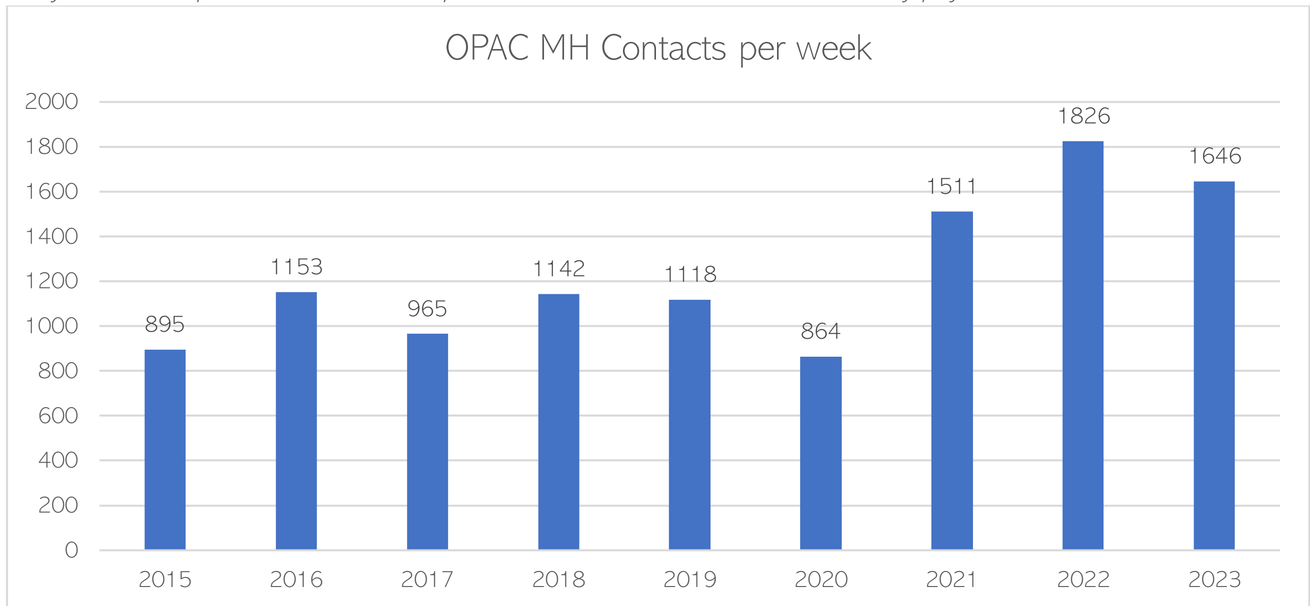
Referrals to older people's mental health services have increased year on year since 2020.

Figure 39: Older adult services (OPAC) mental health referrals per week, CPFT, 2015 – 2023. Data source: CPFT analysis of the impact of the COVID-19 pandemic on mental health and community physical health services



There has also been an increase in the number of contacts with patients provided by specialist older adults' mental health services post-pandemic, with an average of between 850 – 1150 weekly contacts pre-pandemic, to 1500 – 1850 weekly contacts since 2021. Similar trends are seen across children's and adults' mental health services.

Figure 40: Older adults services (OPAC) mental health contacts per week, CPFT, 2015 – 2023. Data source: CPFT analysis of the impact of the COVID-19 pandemic on mental health and community physical health services

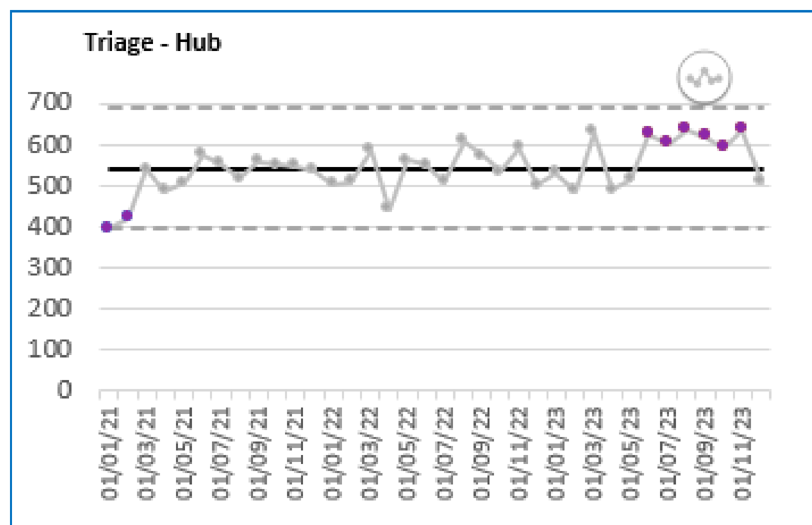


Older People's Mental Health (OMPH)

Older adults with more complex mental health needs (such as anxiety, depression, psychosis, bipolar disorder) and/or memory problems can be referred by their GP to the Older People's Mental Health (OPMH) (CPFT, 2023).

All new mental health referrals are initially referred to the OPMH triage service (excluding urgent/crisis referrals, which are triaged by crisis services. Around 550 people are referred to OPMH each month. There has been a recent increase in referrals, with over 600 referrals each month from May to October 2023.

Figure 41: Monthly referrals to the OPMH service, Cambridgeshire and Peterborough ICB, January 2021 – November 2023.



For a small proportion of these referrals (under 10 a month), the older adults team provides advice and guidance to the GP about the person referred, rather than directly assessing or supporting the patient.

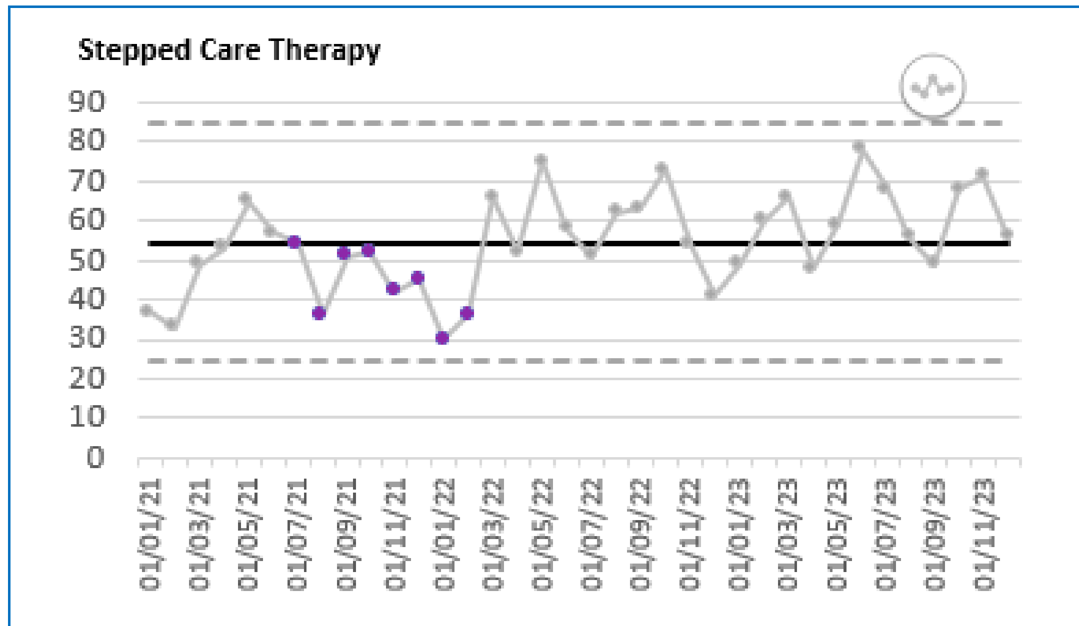
Older People's Stepped Care Therapies Service

The Older People's Stepped Care Therapies Service (STC) provides psychological therapy, occupational and psychosocial therapies for older people in Cambridgeshire and Peterborough (CPFT, 2023). Staff also offer advice,

consultation, supervision, training and support in areas of their therapeutic expertise to staff within mental health and integrated older people's services, including inpatient units.

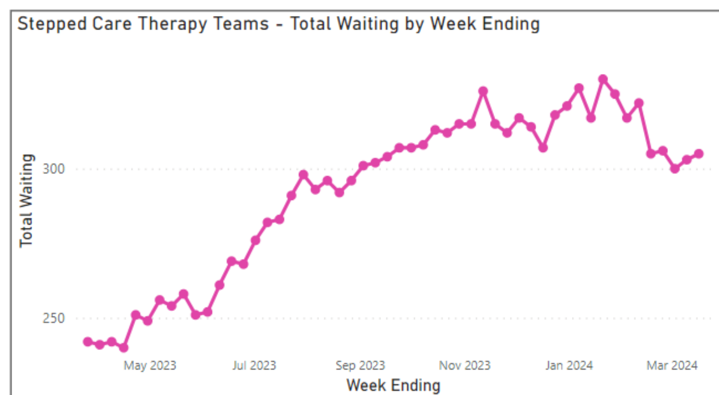
Between January 2021 to November 2023, around 55 people per month were referred into this service. The number of referrals per month has shown some increases in recent months.

Figure 42: Referral trend for Stepped Care Therapy, Cambridgeshire and Peterborough ICB, January 2021 – November 2023. Data source: CPFT



In mid-March 2024, there were 305 people waiting to access Stepped Care Therapies. This was an almost 25% increase in the waiting list over the previous 12 months.

Figure 43: Total waiting list for Stepped Care Therapy by week ending, 17th March 2023 – 17th March 2024. Data source: CPFT



Living Well with Psychosis

Many older people with psychosis are supported with the wider Stepped Care Therapies service. The Living Well with Psychosis team offers recovery-based psychiatric rehabilitation for people aged 65+ with long term psychosis (CPFT, 2023). This service works with patients to develop person-centred goals to enhance access to meaningful occupations, promote community and peer engagement, improve confidence, skills and motivation and increase hope and quality of life. It comprises of occupational therapists located in Peterborough, Cambridge, Huntington and Fenland.

Personality disorder services

In Cambridgeshire and Peterborough, the Personality Disorder Community Service and the Relational & Emotional Difficulties Service offer two separate pathways to help people manage emotional dysregulation, to control unhelpful coping behaviours and improve their ability to sustain meaningful relationship. This service is not currently commissioned to support older adults.

Instead, older adults are supported within older people's mental health services (OPMH). Although OPMH teams can receive guidance from PDCS, there is an inequality in the treatment of personality disorder based on age. People aged 65+ do not receive the full range support of provided by PDCS, such as group support sessions and a wider range of treatment options.

Additional Resources

- Older Adult Complex Emotional Needs: Recommendations for Services

Crisis and acute mental health

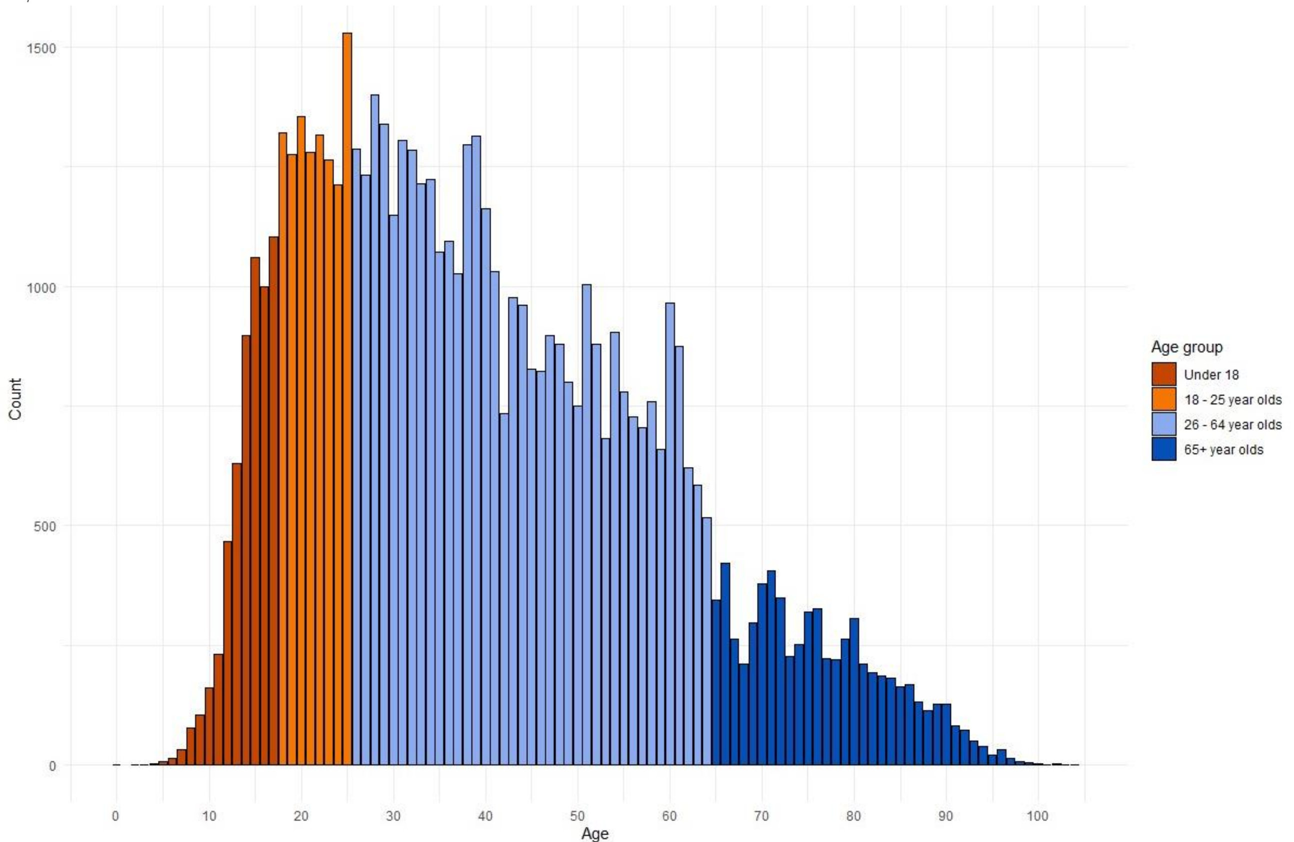
The mental health charity Mind has defined a mental health crisis as when some is in a 'mental or emotional state where they need urgent help' (Mind, 2011). Older adults experiencing mental health crisis may present differently to younger adults and requires a different response, particularly older adults living alone (Raffertys, 2013).

Urgent, emergency and acute mental health care is provided by a range of teams and services in Cambridgeshire and Peterborough, which are outlined in chapter five of this mental health needs assessment.

Overview

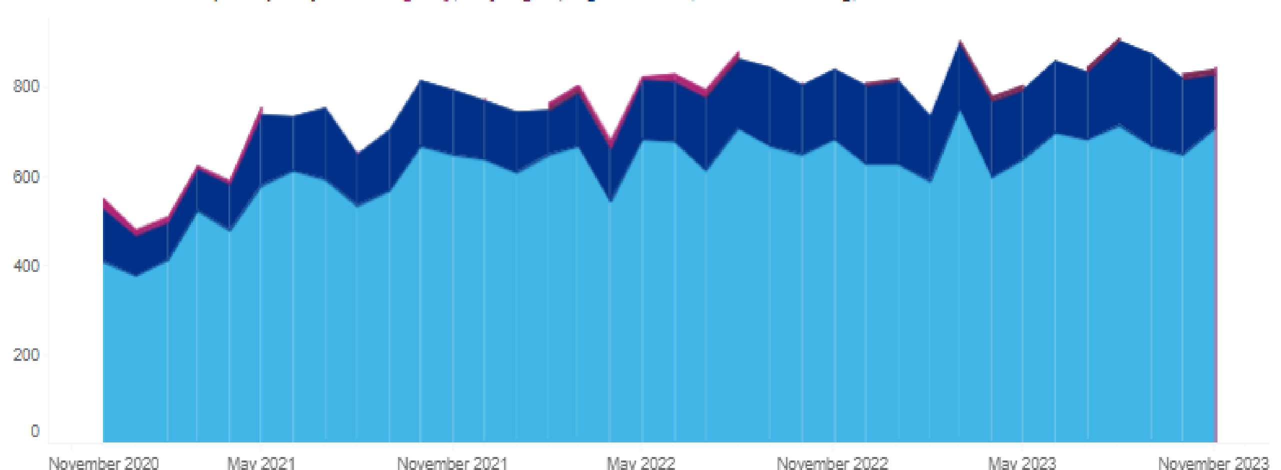
The majority of referrals to crisis services are from younger adults. There are smaller number of referrals to crisis services from older adults, with a declining number of people aged 80 and above.

Figure 44: Number of referrals to crisis services by age group, Cambridgeshire and Peterborough ICS, October 2021 – September 2023.



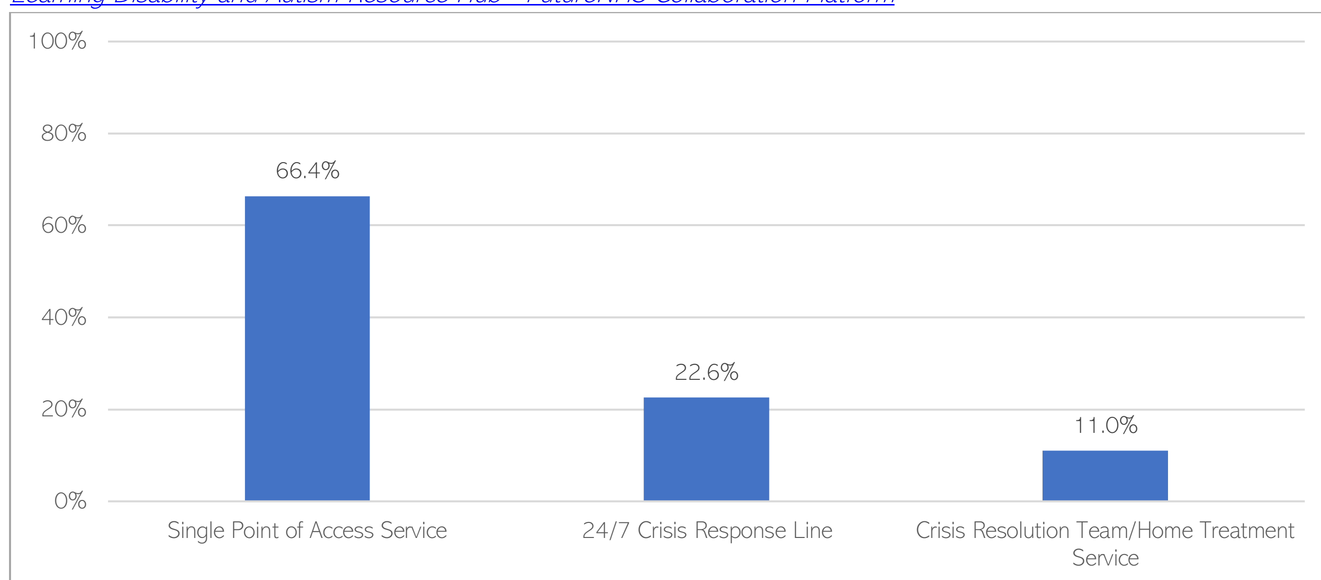
During the year between December 2022 and November 2023, 69% of referrals to community crisis services for older adults were routine referrals, and 28% were urgent or serious referrals. The proportion of urgent or serious referrals was the second highest in Cambridgeshire and Peterborough amongst other areas in the East of England.

Figure 45: Referrals to community crisis services by clinical response priority, older adults, Cambridgeshire and Peterborough ICS, December 2022 – November 2023. Data source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



The majority of referrals to community crisis services are for 'single point of access service' (65%). This provides a single entry point for referrals to secondary mental health services and support in a mental health crisis. The Mental Health Single Point of Access team screen all referrals and signpost people to a service which can best meet their needs.

Figure 46: The community crisis services older adults were people referred to, Cambridgeshire and Peterborough ICS, December 2022 – November 2023. Data source: Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform



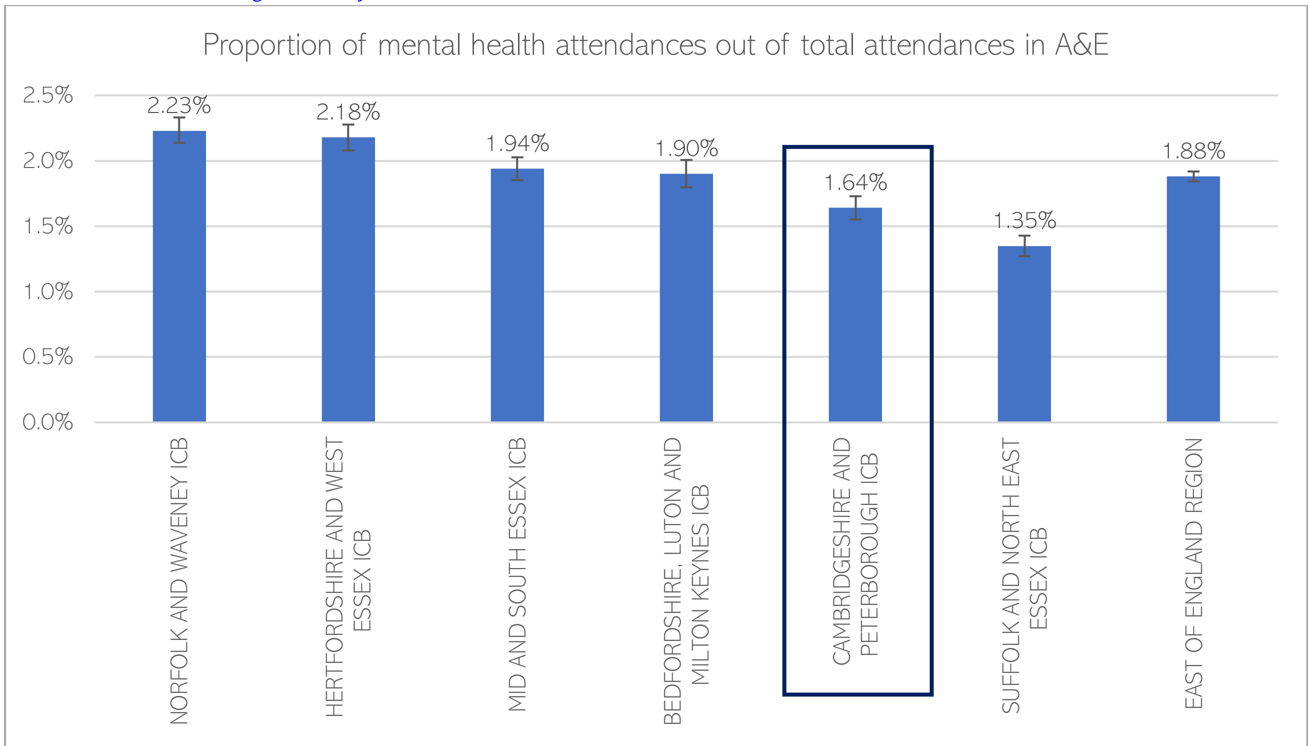
Accident and emergency

National research shows that older people with mental health needs are more likely to wait longer in emergency departments, compared to those who do not have mental health needs (Goode et al., 2021). Whilst there is limited qualitive research on this topic, one small study shows that attending Accident and Emergency can be a distressing experience for older people with mental health needs and their partners and carers (Goode et al., 2023):

- Older people with mental health needs can find it very difficult to wait in a noisy and crowded Emergency Department, with one person reporting that '*it had a serious mental effect on me personally*'.
- Older people and carers reported finding this busy environment confusing and lacking in privacy.
- Stigma around mental health prevented people from disclosing their diagnoses.

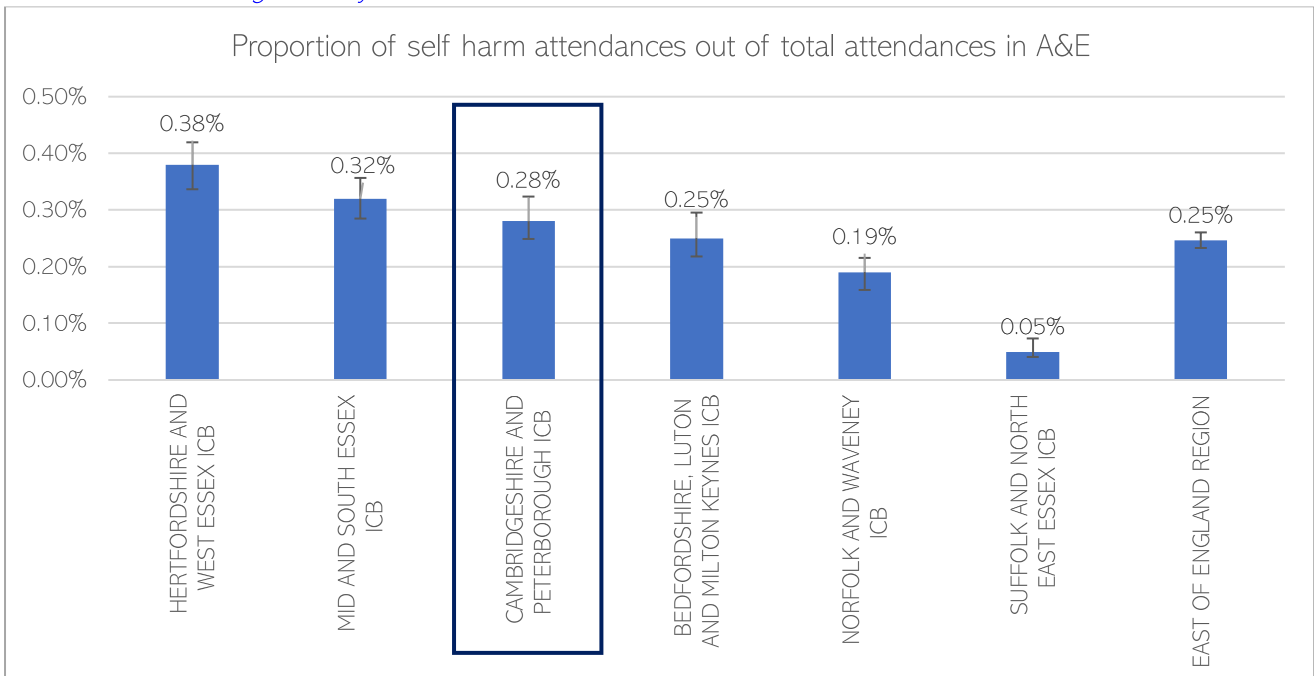
From December 2022 to November 2023, around 1.6% of Accident and Emergency attendances amongst older adults in Cambridgeshire and Peterborough were for the primary reason of 'mental health', including self-harm.

Figure 47: Proportion of mental health attendances out of total older adult attendances in A&E, Cambridgeshire and Peterborough ICB, December 2022 – November 2023. Source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



Around 0.3% of Accident and Emergency attendances amongst older adults in Cambridgeshire and Peterborough are for the primary reason of self-harm.

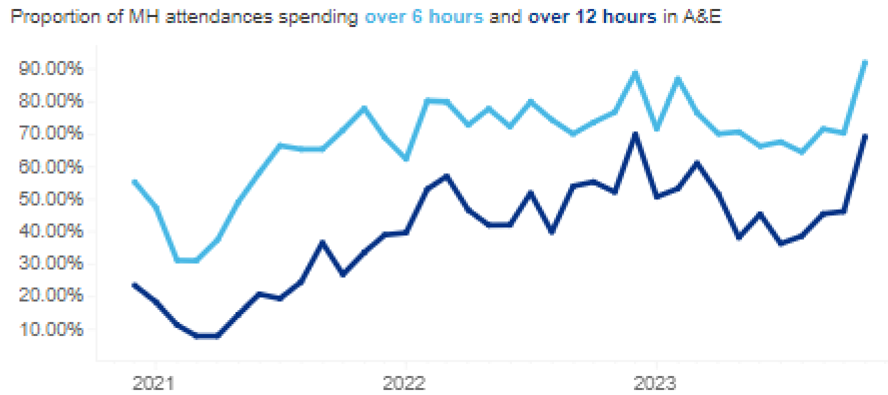
Figure 48: Proportion of self-harm attendances out of total older adult attendances in A&E, Cambridgeshire and Peterborough ICB, December 2022 – November 2023. Source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



Waiting times in Accident and Emergency

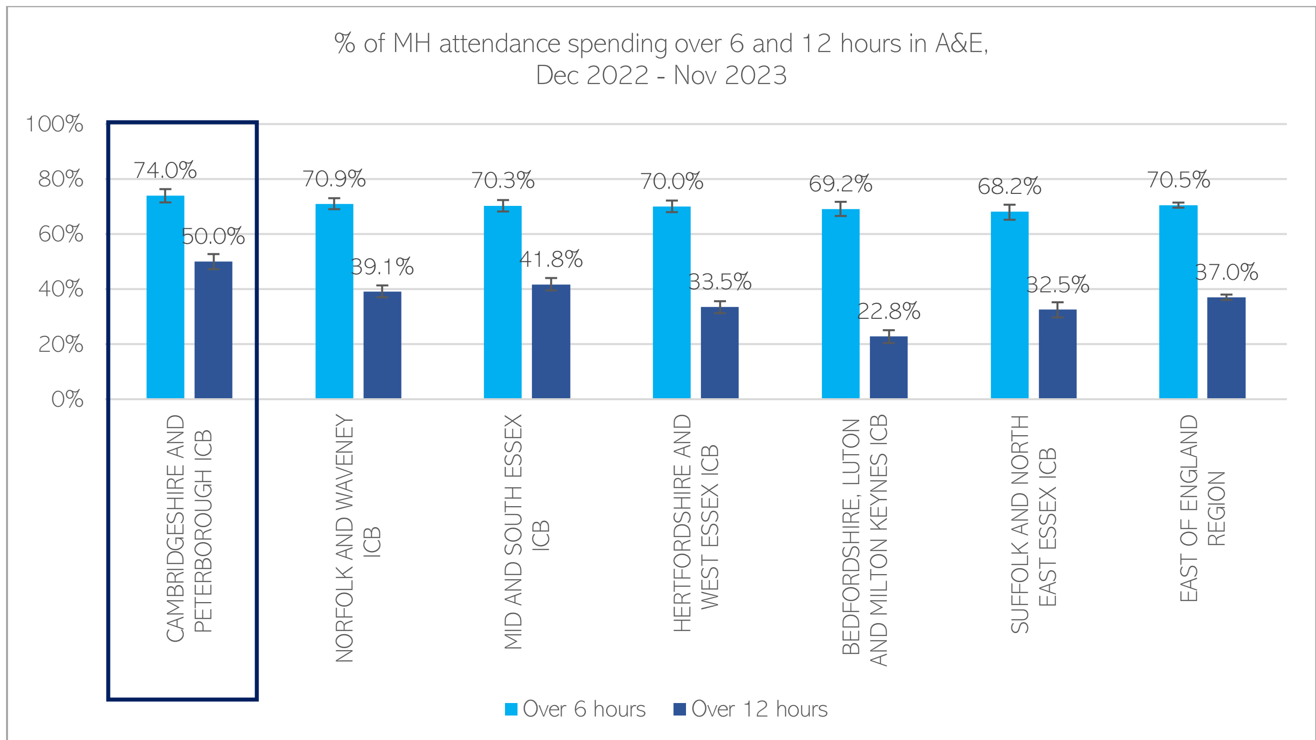
Waiting times for older adults attending Accident and Emergency for the primary reason of 'mental health' have increased in Cambridgeshire and Peterborough since 2021.

Figure 49: Proportion of older adult mental health attendances spending over 6 hours and over 12 hours in Accident and Emergency, Cambridgeshire and Peterborough ICB, 2021 – 2023. Data source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



The proportion of older adult waiting over 6 hours and over 12 hours after attending Accident and Emergency for mental health is the highest in Cambridgeshire and Peterborough out of the East of England.

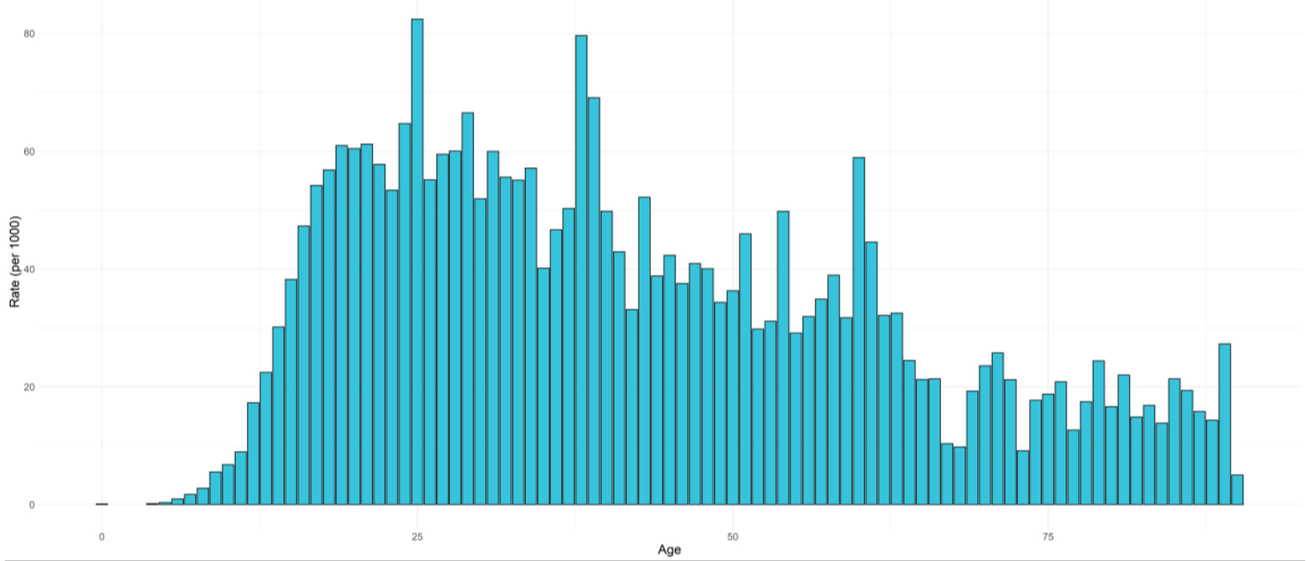
Figure 50: % of older adult MH attendance spending over 6 and 12 hours in A&E, East of England, December 2022 – November 2023. Data source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



First response service

The First Response Service (FRS) provides support for people in Cambridgeshire and Peterborough experiencing a mental health crisis and is available 24/7. Support offered can include telephone support, a face-to-face assessment and referrals to other CPFT services. A [detailed analysis of FRS service use from August 2021 and March 2023] found that the greatest rates of referrals come from people in their late teens to early thirties.

Figure 51: Age distribution of referral rates (per 1,000) to FRS, August 2021 – December 2022



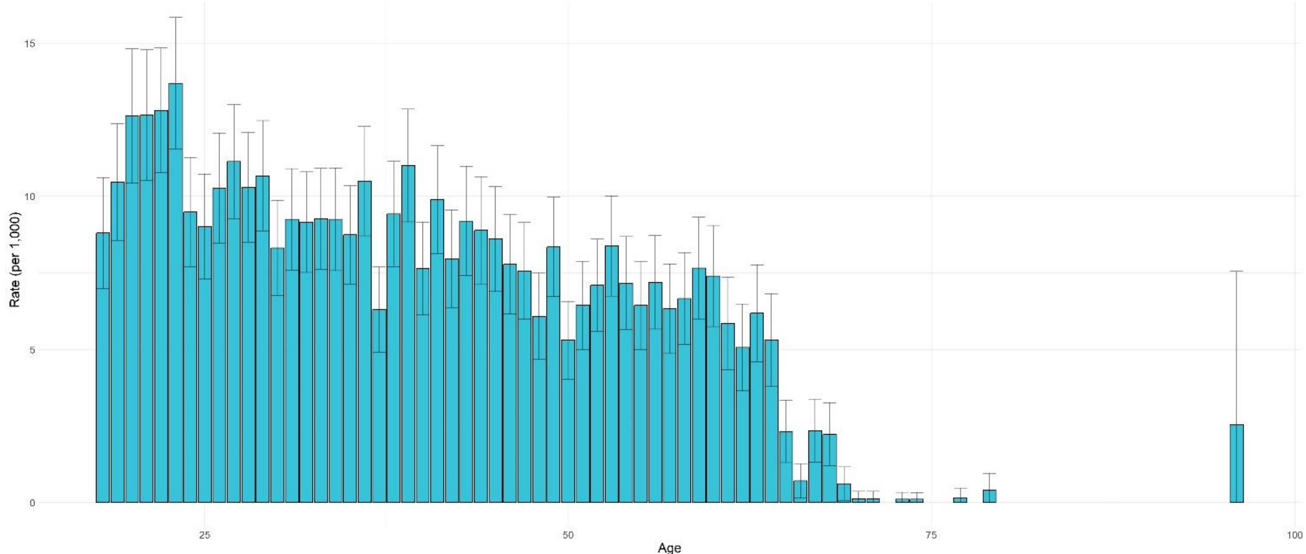
Crisis response and home treatment teams

There are three types of crisis response and home treatment teams which can be accessed by older adults in Cambridgeshire and Peterborough:

- Crisis Resolution and Home Treatment Team (CRHTT)
- Older Peoples Crisis Resolution and Home Treatment Team (CRHTT-OP), which includes the Dementia Intensive Support Team (DIST)

The Crisis Resolution and Home Treatment Team (CRHTT) is a 24/7 service that provides intensive support to people experiencing mental health crisis. They offer intensive home treatment rather than hospital admission if this is safe and feasible. They also work to facilitate early discharge from hospital where possible and appropriate (1). An analysis of referrals to this service over June 2021 to August 2023 showed a low rate of referrals for people over 65, with very small rates of older people accessing this service.

Figure 52: Age distribution of referral rates (per 1,000) to CRHTT, June 2021 – August 2023.

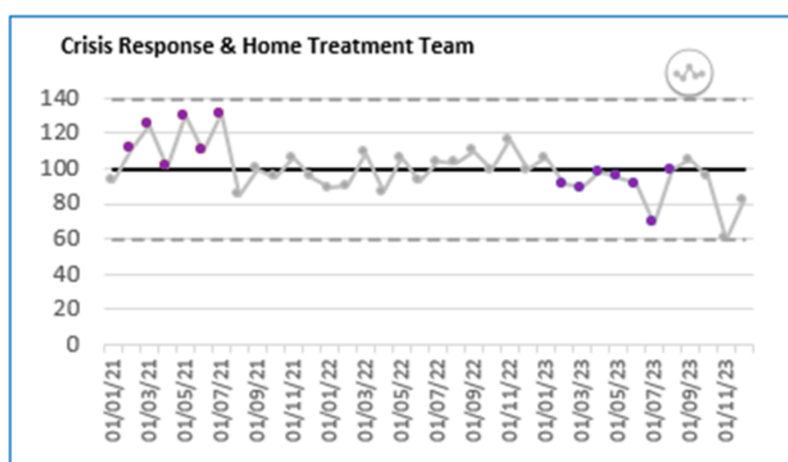


Older Peoples Crisis Resolution & Home Treatment Team (CRHTT-OP) provides assessment and short-term intensive treatment (up to 6 weeks) for older people experiencing a major mental health concern that may otherwise require a period of hospital admission (CPFT, 2023). The Dementia Intensive Support Team (DIST) sits within this. It offers a specialist short-term holistic support (up to 2 weeks) for people experiencing severe behaviours and psychological symptoms of dementia (CPFT, 2023).

- An evaluation found that the DIST prevented admission hospital (across psychiatric and general hospitals) in 50% of people referred to the North team and 70% to the South over a 2-month period (Royal College of Psychiatrists, 2019c).
- Feedback from carers suggests that there is currently a gap in service for provision for people with dementia who require less intensive support. People who do not meet the threshold for DIST may end up being referred to community mental health services or the older adults' crisis team, however these services are not designed to provide specialist dementia support.

From January 2021 to November 2023, around 100 people were referred to CRHTT-OP each month. There was a significantly higher rate of referrals in the first half of 2021, and period of lower referrals in the start of 2023.

Figure 53: Referrals to the Older People's Crisis Response and Home Treatment Team, January 2021 – November 2023. Data source: CPFT

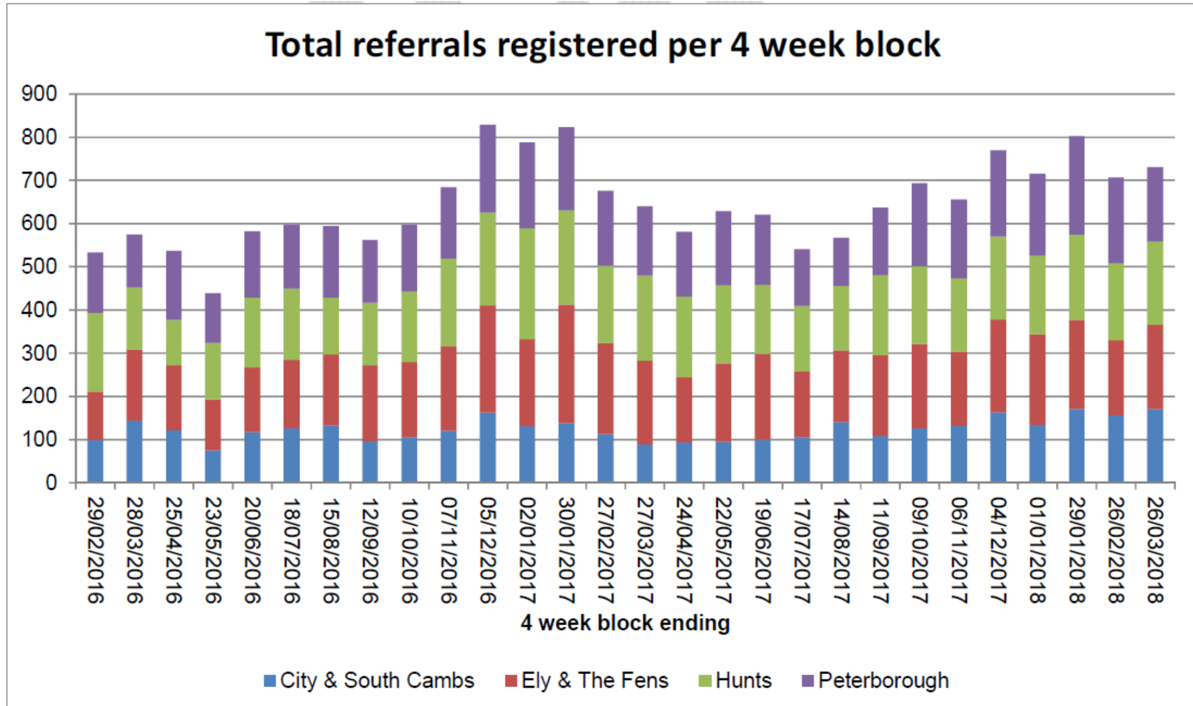


Joint Emergency Team

The Joint Emergency Team (JET) provides an urgent response that supports older adults and people with long-term conditions in their home environment when they become unwell and need urgent care, but do not need to go to hospital immediately. This team can support patients with emergency care, pharmacy and therapy (occupational therapy and physiotherapy), and works closely with patients' GP.

There were between 500 to 800 referrals to JET each month in 2017 and 2018.

Figure 54: Referrals to JET over 4 week period, February 2016 – March 2018. Data source: CPFT evaluation of JET



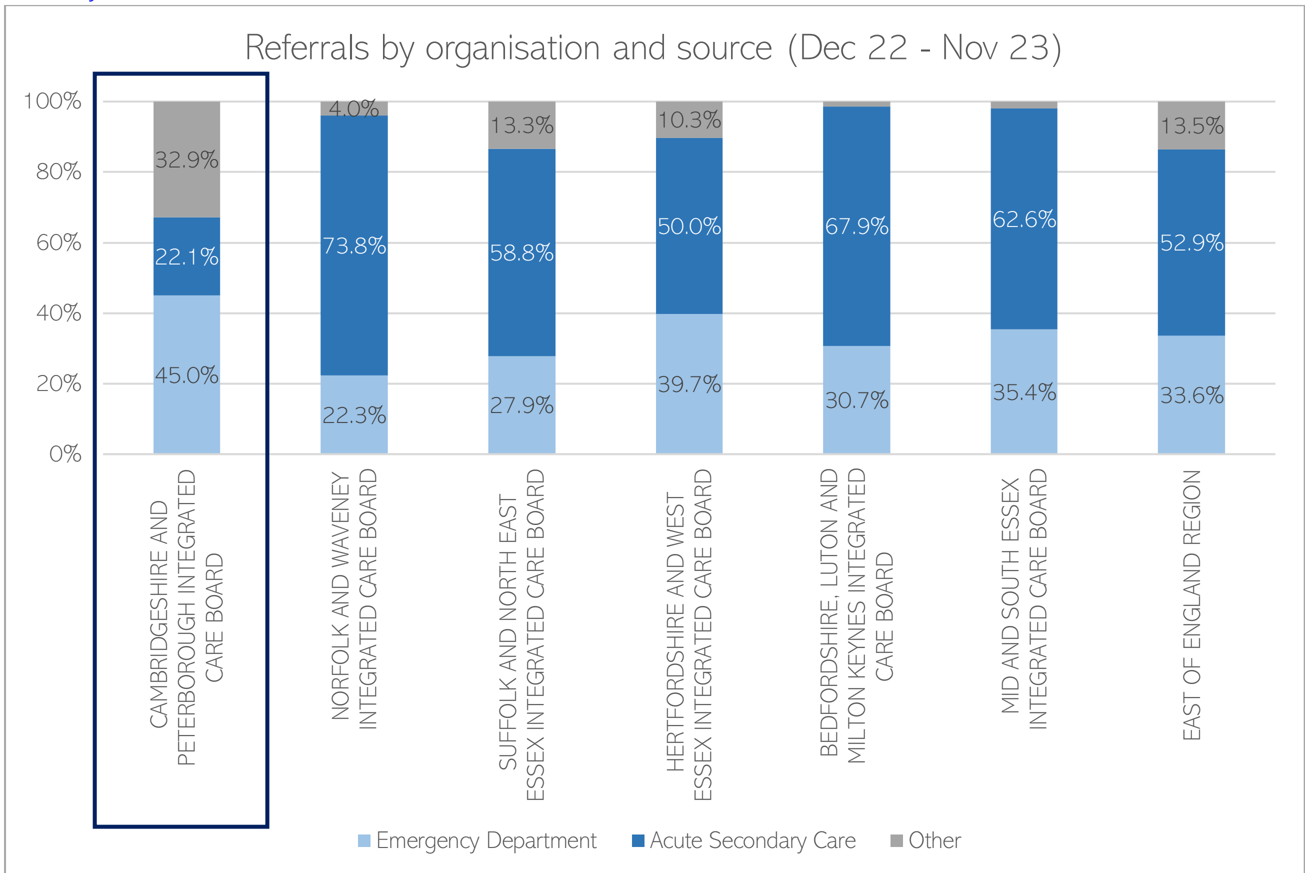
An evaluation of this service estimated that the use of JET prevented 3,626 hospital admissions between April 2017 and March 2018. It highlighted that close working between the CRHTT-OP and JET had been particularly successful in caring for older patients with dementia, frailty and delirium. This evaluation also found that 88% of patients said they were 'likely' or 'very likely' to recommend the JET team to friends or family.

Liaison psychiatry services

Liaison psychiatry provides psychiatric assessment and treatment to patients who experience mental illness whilst in general hospital wards (such as Emergency Departments and inpatient wards) or when the patient is admitted to a medical ward as a consequence of their mental illness (1). This is a consultation service which covers all wards in collaboration with the acute hospital treating team. National studies show that these services improve quality of care, reduce the length of time people stay in hospital and reduce the risk of adverse events linked to mental health (100).

Referrals to liaison psychiatry for older adults in Cambridgeshire and Peterborough are predominantly from Accident and Emergency (45%).

Figure 55: Referrals to Liaison Psychiatry for older adults by source, Cambridgeshire and Peterborough ICB, December 2022 – November 2023. Data source: [Urgent and Emergency Mental Health Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]



Note: For Cambridgeshire and Peterborough ICB, a higher proportion of referrals from 'other' is seen due to coding issues from one of the acute providers.

The provision of liaison psychiatry services for older adults in Accident and Emergency varies across Cambridgeshire and Peterborough:

- In Peterborough City Hospital, the liaison team supports older people 24/7 and has on-call support as needed.
- In Hinchingbrooke Hospital, there is no liaison service for older people outside 9am – 5pm Monday to Friday.
- In Cambridge University Hospitals (Addenbrooke's), there is no liaison service for older people outside 9am – 5pm Monday to Friday, instead this relies on on-call provision.

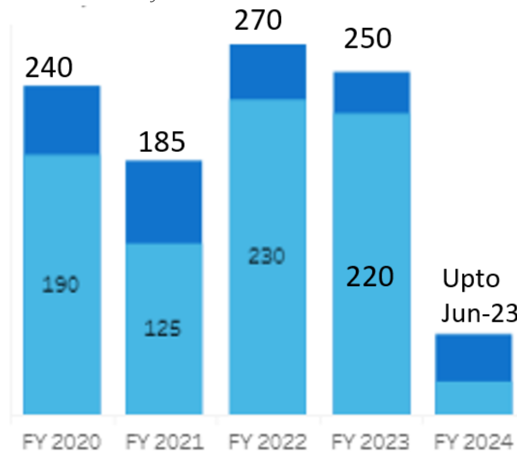
The trends in referrals to [older people's liaison psychiatry] for all three local hospitals (Addenbrooke's, Hinchingbrooke and Peterborough) have remained relatively stable since 2021.

Mental Health Act

The Mental Health Act is a law that allows people to be sectioned (detained in hospital) if they have a mental health condition and need treatment, and certain conditions are met. There are [different types of sections], which have different rules about how long people can be detained (103).

In Cambridgeshire and Peterborough there was 250 episodes of the Mental Health Act amongst older adults in the 2023 financial year.

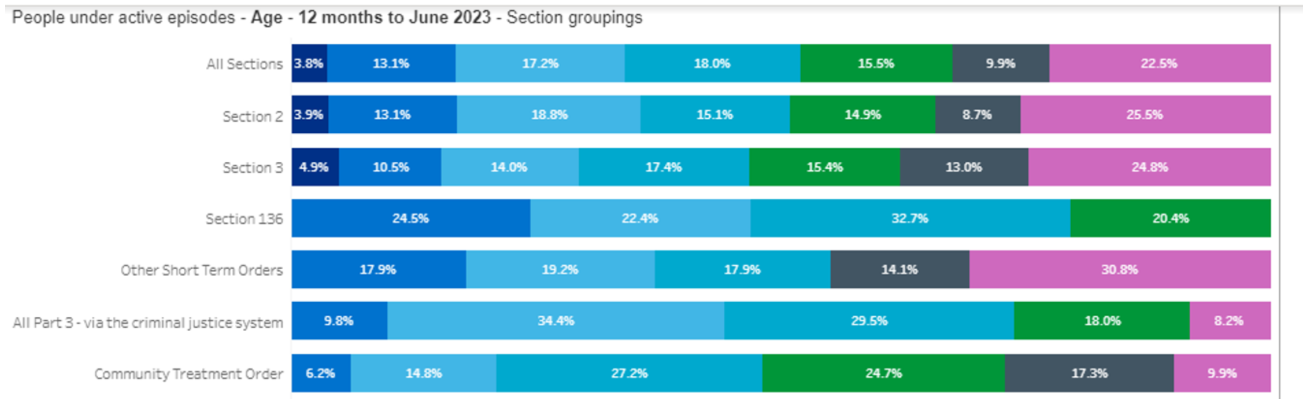
Figure 56: New episodes (light blue) and active episodes (dark blue) of the Mental Health Act in older adults, Cambridgeshire and Peterborough ICB, financial year 2020 – 2024

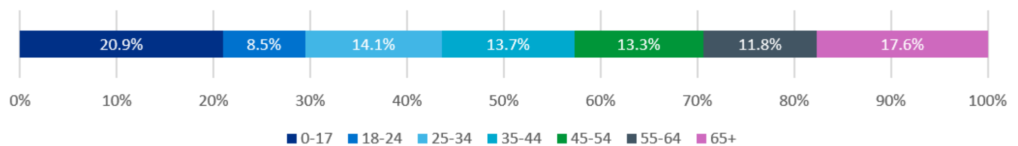


Types of detention

In Cambridgeshire and Peterborough, in the 12-month period ending in June 2023, 23% of people detained under the Mental Health Act were age 65+, This is the highest proportion for any age group. The ages of people detained varied substantially by the type of section, with 31% of all people detained under 'other short-term orders' were over 65 years old.

Figure 57: People detained under the Mental Health Act by age group, Cambridgeshire and Peterborough, May 2022 – June 2023. Data source: [MHA Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]





Repeat detentions

The proportion of repeat detentions under the Mental Health Act declined in 2022 and 2023, compared to 2021.

Figure 58: Proportion of repeat detentions (within 6 months of being detained) amongst older adults, Cambridgeshire and Peterborough ICB, financial years 2020 – 2024. Image source: [MHA Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform]

Additional Resources

- The Royal College of Psychiatrist guidelines [QN-CRHTT Standards for Crisis Resolution and Home Treatment teams: 5th Edition] has a section focusing on older adults

Inpatients

Acute inpatient services provide treatment when a person's mental health condition cannot be managed in the community, and where specialist care is required in a safe and therapeutic setting (1). Inpatient admissions should be purposeful, integrated with other services, open and transparent, and as local and short as possible (68).

NHS guidance on [acute inpatient mental health care] highlights that older adults and people with dementia are '*particularly vulnerable to delirium, falls, poor nutrition and functional decline while in hospital*', which can contribute to increased length of stay as well as poor mental wellbeing.

CPFT has four acute admission wards which support the assessment and treatment of older people, although younger people may also be admitted on a needs-led basis. The wards are located in:

- Fulborn Hospital in Cambridge: Denbigh ward is a 14-bed specialist dementia unit; and Willow is an 18-bed acute assessment ward, providing assessment and treatment for older adults with functional mental health conditions requiring hospital treatment;
- The Cavell Centre in Peterborough: Maple 1 is an 8-bed assessment and treatment ward for patients who have a primary diagnosis of dementia and behaviours that challenge; and Maple 2 is a 14-bed assessment and treatment ward for patients who have a functional mental health need.

Note that older adult mental health inpatient services do not follow the [333 model].

Table 10: Summary of Cambridgeshire and Peterborough indicators for the effectiveness of older adult acute mental health pathways, December 2022 – November 2023. Interpretations are based on [NHS England interpretations] (Appendix 6)

Measure	Local picture (Dec 2022 – Nov 2023)	Interpretation
Number and percentage of admissions involving people not known to services	Over this 12-month period, there were 0 admissions of older adults who were not previously known to mental health services in Cambridgeshire and Peterborough.	This is a positive indicator, as people should already be known to mental health services before the point of admission.

Number of mental health related A&E attendances	The number of mental health-related A&E attendances amongst older adults is increasing locally (1.6%) but is still lower than the regional rate (1.9%).	This could indicate that older adults in mental health crisis are able to access community-based crisis services instead of needing to attend A&E.
The percentage of mental health-related A&E attendances with waits lasting over 12 hours	An increasing proportion of older people attending A&E for mental health issues in Cambridgeshire and Peterborough spend over 12 hours in this department (50%), the highest rate out of all areas in the East of England (regional average 37%).	This may indicate that there are difficulties in flow in the system.
Average acute mental health length of hospital stay for older adults and rate of admissions per 100,000 weighted mental health population lasting over 90 days for older adults.	The mean length of stay for discharged hospital spells in Cambridgeshire and Peterborough the lowest in Cambridgeshire and Peterborough. 30% of admissions in Cambridgeshire and Peterborough lasted over 90 days, which is lower than the regional average (34%).	These may be positive indicators, which could show that Cambridgeshire and Peterborough has fewer older people staying for longer periods in hospital compared to other areas.

How many people are admitted?

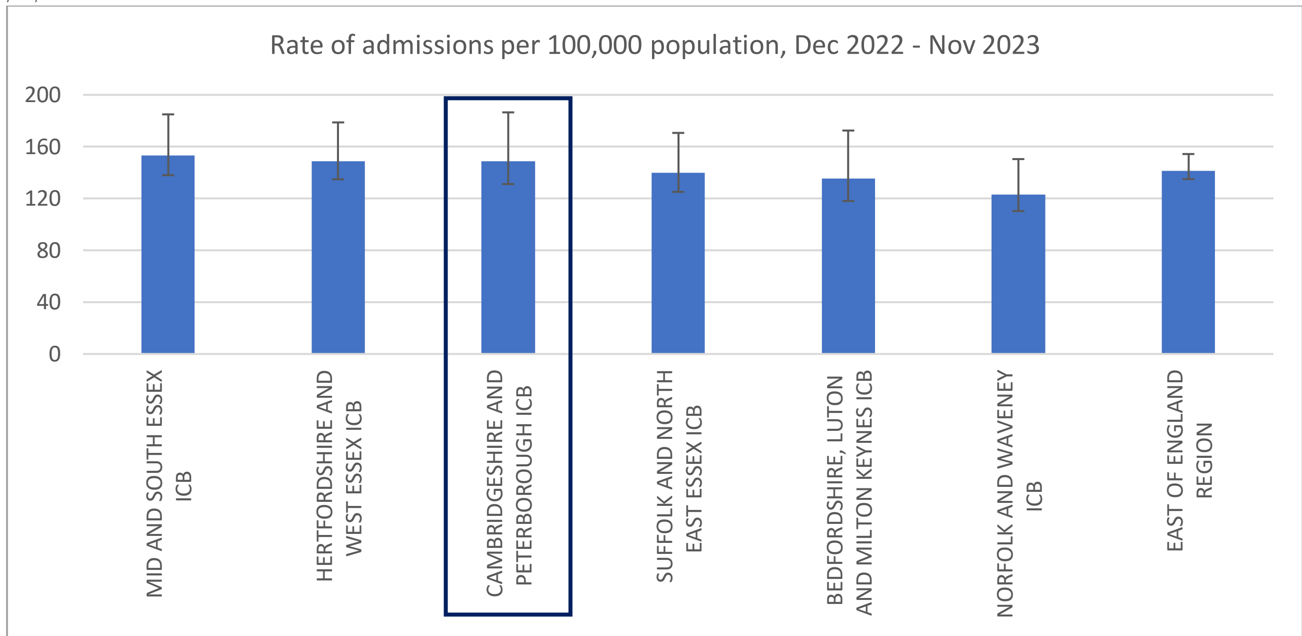
There have been similar numbers of people admitted to acute older adult mental health care in recent years, although an increasing proportion of admissions have been referred from crisis home resolution teams. From December 2021 to November 2023, all admissions were people previously known to mental health services.

Table 11: Number of admissions to acute older adult mental health care, Cambridgeshire and Peterborough ICB, December 2019 – November 2023. Data source: Workbook: Acute Mental Health Dashboard

	Total admissions	Out of which	
		Admissions via CRHT	Admissions not known to MH services
Dec 19 – Nov 20	260	5	5
Dec 20 – Nov 21	235	10	5
Dec 21 – Nov 22	260	50	0
Dec 22 – Nov 23	240	95	0

Admission rates per 100,000 of the older adult population in Cambridgeshire and Peterborough (149 per 100,000) were statistically similar to the East of England average from December 2022 – November 2023.

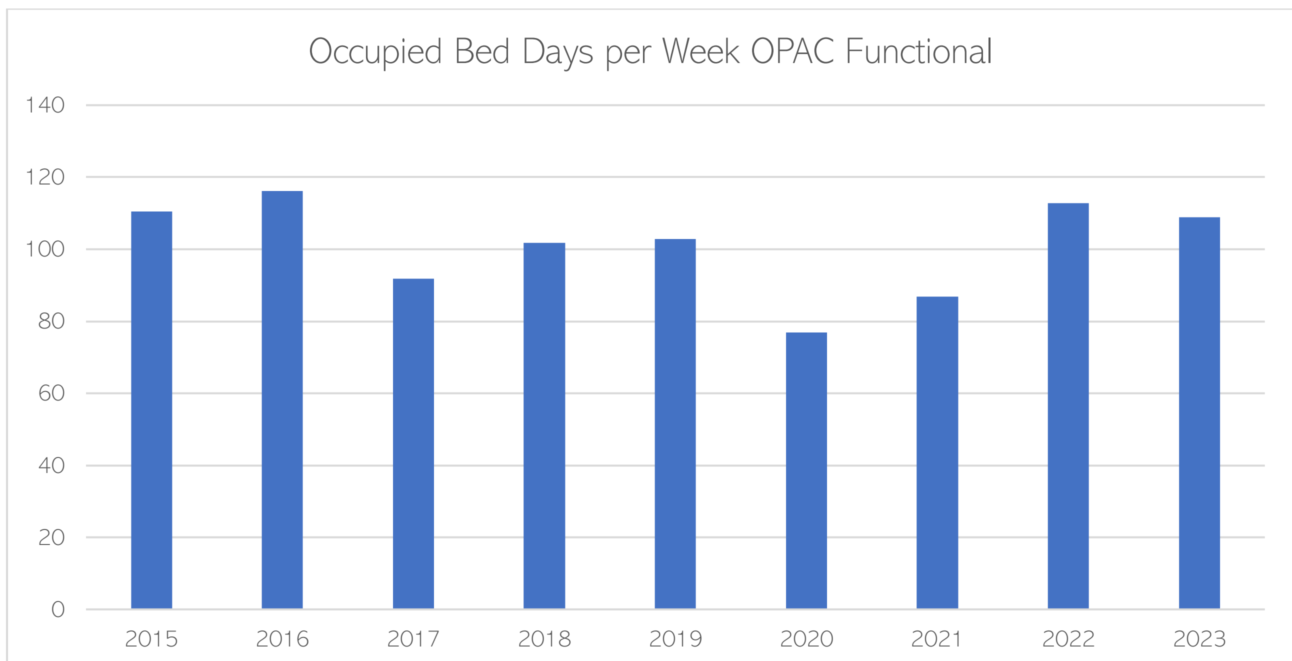
Figure 59: Rate of admissions admissions to acute older adult mental health care per 100,000 of the older adult population, December 2022 – November 2023. Data source: [Workbook: Acute Mental Health Dashboard]



How many beds are occupied?

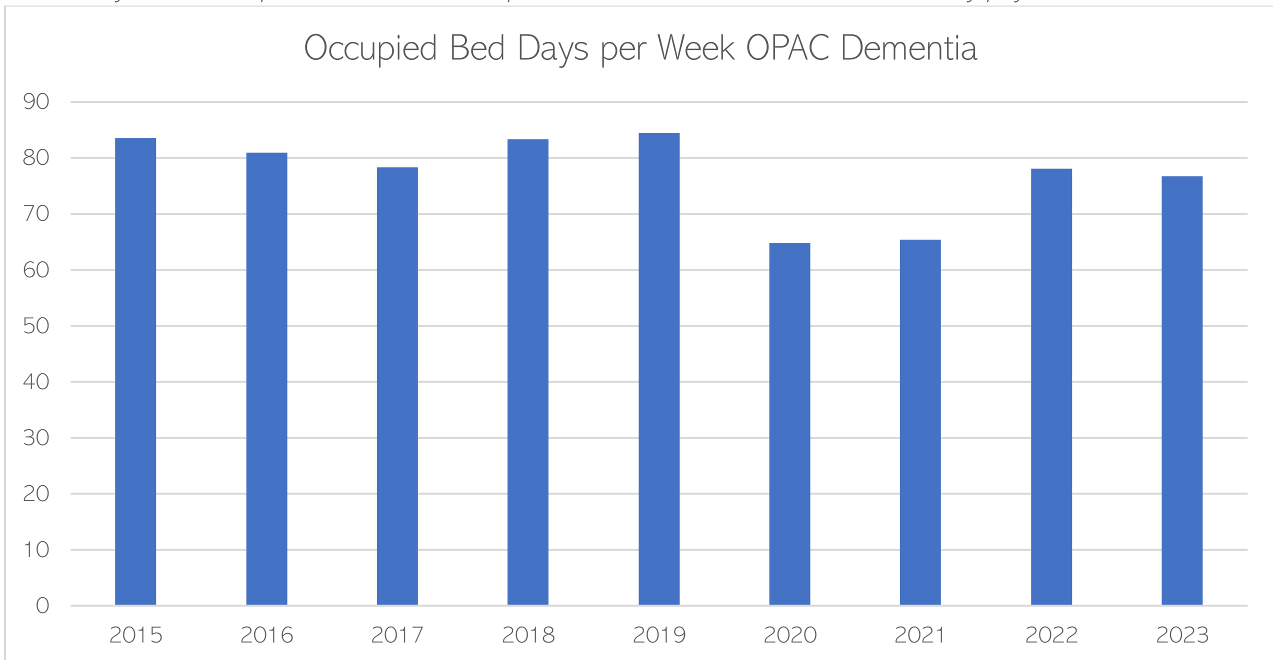
There was a notable drop in the average number of occupied bed days for older adults with functional mental health needs in 2020 and 2021, which is likely as a result of the COVID-19 pandemic. By 2022, the average number of occupied bed days returned to pre-pandemic levels.

Figure 60: Average occupied bed days per week for older adult (OPAC) functional mental health services, CPFT, 2015 – 2023. Data source: CPFT analysis of the impact of the COVID-19 pandemic on mental health and community physical health services



Similarly, there was a notable drop in the average number of occupied bed days for older adults with dementia in 2020 and 2021, which is likely as a result of the COVID-19 pandemic. This returned to pre-pandemic levels in 2022.

Figure 61: Occupied bed days per week for older adults dementia services (OPAC), CPFT, 2015 – 2023. Data source: CPFT analysis of the impact of the COVID-19 pandemic on mental health and community physical health services

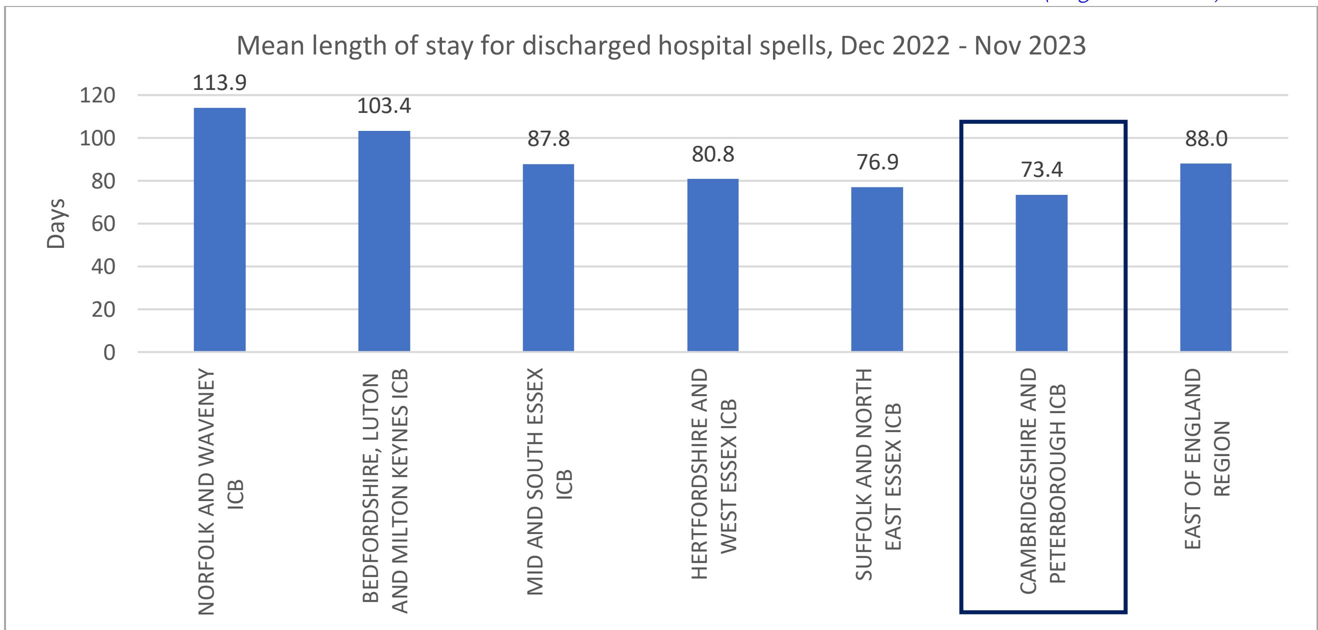


Length of stay

GIRFT highlights that the 'flow' of individuals between different services and levels of care is a key part of ensuring people have access to the right mental healthcare at the right time (Davidson, 2021).

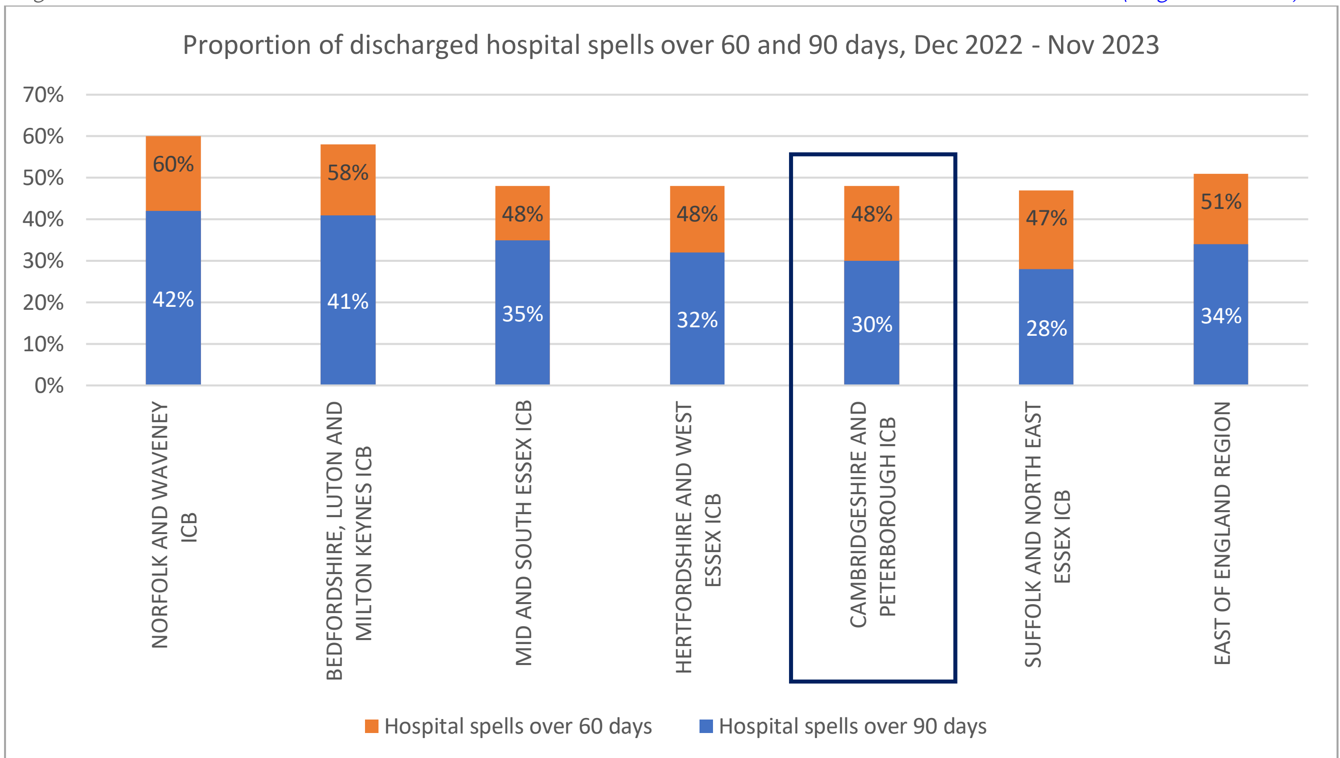
From December 2022 to November 2023, the mean length of stay in acute older adult mental health care was 73 days in Cambridgeshire and Peterborough. This was the lowest length of stay in the East of England.

Figure 62: Mean length of stay for discharged hospital spells in acute older mental health care, East of England, December 2022 – November 2023. Data source: [Workbook: Acute Mental Health Dashboard (england.nhs.uk)]



From December 2022 to November 2023, in Cambridgeshire and Peterborough almost a half (48%) of hospital spells in acute older adult mental health wards lasted over 60 days, and 30% lasted over 90 days. This is lower than regional averages.

Figure 63: Proportion of discharged hospital spells over 60 days and 90 days in acute older mental health care, East of England, December 2022 – November 2023. Data source: [Workbook: Acute Mental Health Dashboard (england.nhs.uk)]



Discharge

- There is a range of research into transitions out of general hospitals for older adults, which shows that older people are at an increased risk for health and care problems in the first 30 days post-discharge. As many as 1 in 5 older adults experience an adverse event over this time period, the majority of which are preventable (Jones et al., 2021).
- National research also shows that delayed transfers of care (DTOCs, when people are ready to leave hospital but are unable to do so) for older people can be reduced by increases in care home and home care provision, greater information flow and communication through the care system, and early planning for hospital discharge (Jones et al., 2021).

Additional Resources

- NHS England » Acute inpatient mental health care for adults and older adults
- Delivering adult and older adult acute mental health inpatient care competency framework

Voluntary and community sector

There is a range of voluntary and community sector organisations in Cambridgeshire and Peterborough which offer support for people with severe mental illness. The age of people accessing these services is not always recorded, which means we cannot always understand how many older adults access these services.

CPSL Mind

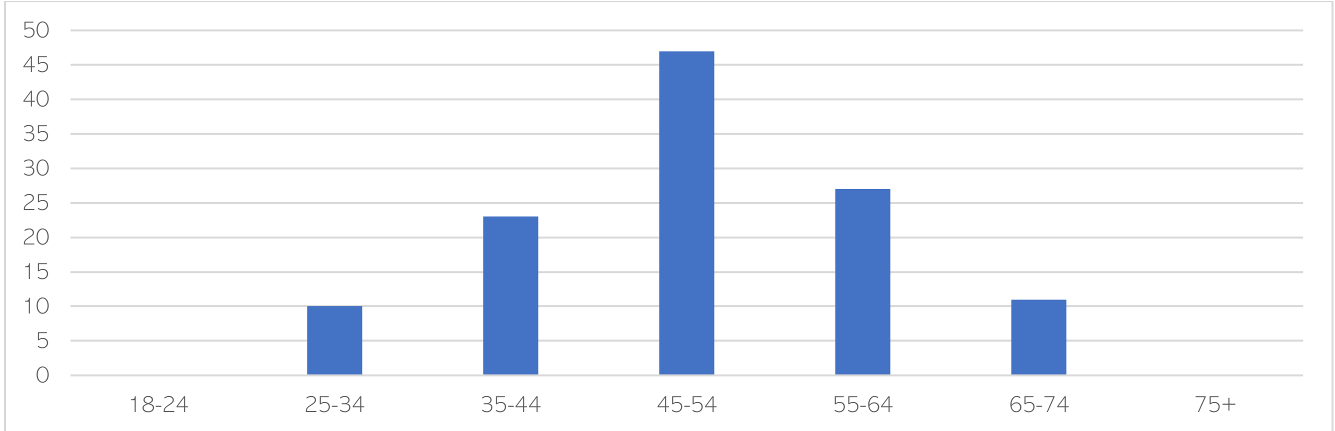
CPSL Mind (Cambridgeshire, Peterborough and South Lincolnshire Mind) provides a range of support services and activities that promote good mental wellbeing through the Good Life service. This includes 5 types of peer support groups, which offer opportunities to people to connect and form supportive bonds with others who have had similar experiences.

Lifecraft

Lifecraft run a range of services, which are developed and run by people with lived experience of mental health issues (Lifecraft, 2023). Any adults living in Cambridgeshire and Peterborough who have, or have had, lived experience of mental illness or mental health issues can become a member of Lifecraft.

In 2022/23, 9% of Lifecraft members were older adults. The most common age group accessing services was 45- to 54-year-olds.

Figure 64: Age breakdown of Lifecraft membership, 2022/23



Practical and social interventions

Social interventions support people with other issues that may be impacting their lives, such as housing and employment. This can be just as important to people's recovery as clinical interventions and can help to address inequalities. For example, SUN Network often hears feedback about how important social connection is to older people's mental wellbeing.

Previous sections of the mental health needs assessment have covered practical and social support for people of all ages, including support for carers.

Community-centred approaches

Community-centred approaches use assets within communities to promote community health and wellbeing and increase people's control over their health and lives (South et al., 2019). Where older adults are at risk of having poor mental wellbeing, NICE quality standards suggest that they should be offered tailored, community-based physical activity programmes and activities that encourage social participation (NICE, 2016).

Who accesses community-centred approaches?

A national survey carried out for the Care Quality Commission in 2022 looked at the experiences of 4,000 older adults who had used health and social care services in the past 6 months (Lambert et al., 2022). This included questions on organised/group activities that contributed to older adults health and wellbeing:

- 3 in 10 older adults who had accessed health or social care services reported that they took part in groups for exercise or hobbies, 18% volunteered and 16% attended religious activities.
- Almost half (48%) did not take part in any activities that contribute to health and wellbeing.
- Not taking part in any groups or activities was more common among disabled people (54%), daily users of health or social care services (68%), people from lower social grades D and E (60%) and those living in the most deprived areas (56%). Note that many of these groups overlap.

Feedback collected by the SUN Network highlights that some older people face barriers to accessing activities:

- There is not equitable provision of council funded day centres across Cambridgeshire and Peterborough

- Practical barriers, such as a lack of accessible toilets and limited public transport, can prevent people from accessing services. In particular, people with mobility issues report feeling 'left behind' by services.
- People who face digital exclusion may not be aware of what services are available or how to access them. There is consistent feedback that people do not know where services are.

What support is available in Cambridgeshire and Peterborough?

There is a wide range of community-based activities in Cambridgeshire and Peterborough, ranging from lunch clubs, activity groups and faith-based groups. Some of these activities are open to people of all ages, whilst others are specifically aimed at older adults.

Many of these activities are listed on the How Are You (H.A.Y.) website. This website began as H.A.Y. Peterborough and has since expanded to become a family of district sites, one for each of the localities in Cambridgeshire and Peterborough. It provides a support local resource of community assets, addresses barriers to accessing mental health support and provides information to help people to access community activities. It includes activities and support specifically targeted to older people.

Additional Resources

- PHE's Health Matters edition on community-centred approaches for health and wellbeing

Social care

This section is under development.

Additional Resources

- NICE guideline older people with social care needs and multiple long-term conditions

Voluntary and community sector support

There is a range of voluntary and community organisations that support older adults in Cambridgeshire and Peterborough, including organisations offering social and practical support.

- For example, libraries in Cambridgeshire and Peterborough provide support for older adults such as access to books, support with digital skills and a 'library at home' service which provides a monthly visit and books for people who are unable to visit the library in person.
- There is also a range of hyper-localised community groups, such as lunch clubs and groups based around sports, hobbies and interests.

Some of the largest organisations supporting older people in Cambridgeshire and Peterborough are Age UK and the Alzheimer's Society.

Age UK

Age UK provides a wide range of support. During 2022/23, Age UK supported over 15,937 people in Cambridgeshire and Peterborough and made 87,033 calls to service users. Over this year, (Age UK Cambridgeshire and Peterborough, 2023):

- Information and advice services supported over 900 people to claim £1,642,000 in Welfare Benefits
- Practical support services, including the Cambridgeshire Handyperson Service and Hospital Discharge and Admission Avoidance Support Services, helped to promote healthy ageing. For example, over 500 grab rails were fitted in people's homes.

- A range of social opportunity services, including Telephone Befriending and Friendship Clubs, helped to reduce isolation and loneliness. 7,309 people attended Friendship Clubs.

Alzheimer's Society

Alzheimer's Society runs peer support sessions for people with memory problems and dementia, as well as carers, family and friends of people who have been diagnosed with dementia. This includes support for people before they receive a dementia assessment, as well as signposting to other services and support for legal and practical issues.

Hospices

The NHS describes hospice care are holistic support for people with terminal illnesses. Hospices look after the '*medical, emotional, social, practical, psychological, and spiritual needs*' of people with terminal illness, as well of the needs as their family and carers (NHS, 2022).

Some people may have mental health needs as a result of their terminal illness, whilst others may have already had a mental health condition before developing a terminal illness. This includes people with severe mental illness, who may face barriers in accessing integrated end-of-life care (D. Edwards et al., 2021).

Bereavement support

Older people are more likely to experience bereavement, and in particular the death of a long-term partner and/or someone they cared for. Some people who experience bereavement may be supported by friends and family; whilst others may also benefit from bereavement support services. National research highlights which involved over 4,00 adults and interviewed older people found that (Independent Age, 2021):

- Only 1 in 5 older people who had been bereaved in the past 5 years received information about emotional support after bereavement.
- 12% of older people who sought out support following a bereavement were not able to access it.
- Older people report that that there is not systematic signposting to support for bereavement and that even when people know about support services, they can face barriers to accessing it.

Cruse is a national charity providing bereavement support for people of all ages, including by phone, online and one-to-one in person support. There are branches in Peterborough and Cambridge (covering Fenland and Uttlesford Area). In 2011/22, 296 people self-referred to this service and 295 were referred by health care professionals. 407 people completed treatment.

Additional Resources

- Age UK Cambridgeshire and Peterborough Annual Review and Impact Statement 2022/23

Recommendations for future work

Wider context

- Ensure that healthy ageing and the needs of older adults are embedded across local health and care system needs assessments and strategies.

Mental health need

- Work with the primary care team to understand the age breakdown of people with severe mental illness in Cambridgeshire and Peterborough on the SMI register, and how this is likely to change over the next 10 years. This should be used to understand the long-term physical and mental health needs of older adults with a severe mental illness, and reasons for A&E attendance or hospital admissions in this group.

Prevention and risk factors

- Work with local partners and communities to develop a healthy ageing strategy in Cambridgeshire and Peterborough, that includes dementia prevention
- Ensure that mental health is a considered in local strategies looking at frailty and physical health needs of older people
- Ensure that the commissioning of mental health and VCS services for older adults explicitly addresses health inequalities and meet the needs of our increasingly diverse older population
- Further work is needed to understand whether the mental health needs of people in care homes are being met

Dementia

- Investigate evidence-based screening criteria for frailty and dementia– considering the population benefit, cost to system, availability of services and impacts on individuals including risk of harm.
- Improve recording of ethnicity in dementia diagnosis data.
- Replicate Strategy Unit Analyses for Cambridgeshire and Peterborough: Changes in Dementia Incidence, Prevalence, Severity and Mortality
- Evaluate the strengths and weaknesses in access to pre- and post-diagnostic support for dementia.
- Build relationships across the ICS and develop communications to improve health inclusion for people living with dementia (as suggested in Raising the Barriers: An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England).
- Consider the cost effectiveness of developing a dementia support team for individuals with dementia that require less intensive support.
- Continue to monitor the extent to which memory assessment clinics meet NICE guidance around the identification of sensory impairments
- Previous local research found that 22% of care home managers in Cambridgeshire and Peterborough expressed difficulty in accessing mental health reviews and assessments in 2018 (Cambridgeshire and Peterborough Older People's Mental Health Delivery Board, 2018). This research should be repeated to assess if there are currently barriers to accessing mental health reviews.
- Investigate how a local pathway could be developed for people with alcohol-related dementia/brain damage.
- Investigate the proportion of people in the population who develop dementia who attend memory assessment services, using primary care, hospital and death certificate data.

Overview of mental health system

- Consider the Royal College of Psychiatrists recommendation that age 70 should be part of the criteria for specialist older adults' mental health services, rather than age 65
- Analyse the capacity of older adults' mental health services (in terms of workforce and inpatient beds), relative to growing population growth and need
- Improve recording of ethnicity across older people's mental health services.
- Continue to develop lived experience from a range of older adults, including those severe mental illness and those from Asian backgrounds which is a current gap.
- Review if all health services are confident in the ability of their services to make reasonable adjustments for disabled older adults, including older adults with frailty, cognitive impairment and/or sensory impairments.
- Review professionals' knowledge of older people's mental health across the health and social care system using the Older People's Mental Health Competency Framework and support teams to develop their own strategies to address any gaps.

Interventions for common mental health conditions

- Understand how many older adults access mental health support from primary care

Interventions for severe mental illness

- As a result of the Peterborough Exemplar project, new mental health services have been introduced for adults under the age of 65, such as the Psychological Skills Services (PSS) and the Primary Care Mental Health Service (PCMHS). Evaluate the impact of these changes on older adults and if this offer could be extended to support this age group.
- Evaluate the offer for older adults with complex emotional needs in Cambridgeshire and Peterborough
- Understand referral rates, capacity and caseload of crisis teams in Cambridgeshire and Peterborough, by age group
- Investigate the reasons behind long wait times for older adults attending Accident and Emergency for mental health-related reasons (including workforce, bed availability and Mental Health Act assessments) and how wait times could be reduced.
- Investigate mental health inpatient provision for older adults in Cambridgeshire in more detail, including:
    - Number of beds per size of the older adult population.
    - Occupancy, bed days when clinically fit for discharge and readmission rates.
    - The seasonality of admission rates.
    - Potential unmet need, in terms of waiting times for admission and use of out of area beds.
- Explore options for building on the learning from the JET team and extending the model.

Practical and social interventions

- Review the local support offer for people caring for someone with dementia, including if these are accessible to everyone.
- Continue to investigate the extent to which older people access mental health support from voluntary and community sector organisations.
- Continue to map and investigate if community support is accessible to older people across all areas of Cambridgeshire and Peterborough

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