

ALONE Opening Statement to the Oireachtas Sub-Committee on Mental Health, April 2023

The life cycle approach to mental health in the context of older people

ALONE welcome today's discussion on mental health in the context of older people and believe that focus on this area is overdue. A significant proportion of older people experience mental health difficulties. Unfortunately, they are under-recognised, under-diagnosed, and under-treated.

Firstly, **evidence suggests that there is a severe mental health crisis among older people which is not being captured by HSE and Department of Health figures.** Mental health difficulties among older people are under-recognised both by the medical profession and by older people themselves. TILDA research has shown that 78% of older adults who have evidence of depression, and 85% who have evidence of anxiety, do not have a doctor's diagnosis¹.

This is supported by ALONE data. The number of interventions to support mental health carried out by ALONE has increased by almost 300% in the past year. In Q4 2022, 29% of the 1,926 older people we assessed for our services identified they had issues relating to their mental health, **but over half of these had not attended a GP for support.** The Sláintecare implementation plan for mental health needs to incorporate findings from sources such as ALONE, and to work to capture and address the underreported mental health crisis that exists among older people.

Secondly, **we do not give older age due consideration as a time where mental health difficulties may emerge for the first time.** We do not discuss how the ageing process is associated with age-specific psychosocial risk factors for mental health difficulties, such as living alone, bereavement, physical illness, disability, and cognitive decline. **Without this discussion, sufficient preventative and supportive measures are not in place in community and health services.**

Other social determinants of mental health relating to areas such as the cost of living and the ongoing housing crisis are also hugely important. For example, CSO data indicates that older people are among the groups most impacted by the increased cost-of-living. We know that considerable anxiety is being felt, which we hear when older people call ALONE's National Support and Referral line after they have received a bill they cannot pay.

However, **mental health problems being experienced by older people often reach crisis point before intervention is made.** For example, our staff do considerable work around supporting older people with decluttering and hoarding, often to enable safe hospital discharge. At times this is so severe that other services, such as social workers and home support workers, will not enter the older person's home because of the risk to their own health. Hoarding poses a physical risk, but is often the result of psychological ailment. Generally, there is no service other than ALONE which will support an older person with this process. Organisations such as ALONE who work to mitigate the impact of risk factors for mental health difficulties for older people must be adequately supported to do so.

¹ <https://tilda.tcd.ie/publications/reports/pdf/w1-key-findings-report/Chapter6.pdf>

A central issue is the continuing impact of the COVID-19 pandemic and specifically of cocooning on the mental health and loneliness levels among older people, which cannot be overstated. ALONE assessed 1,926 older people for our services in Q4 last year. Among this group:

- 70% reported they felt lonely
- More than one in ten (11%) reported they had not been out socially for at least a year
- A further 8% reported they had not been out socially in the last six months
- Half did not record a response to this question, so the true numbers may be even higher.

Increasingly, we are working with older people who have completely cut themselves off from their family, friends, community and life in general due to fears around COVID-19 which have not subsided. Many were healthy and active prior to the pandemic. As a country we put significant effort into telling older people to cocoon and stay inside, and offering them support to do so. We have not done the same to support older people to reengage with their communities. **We need to identify and implement precision, research-backed interventions for the loneliness and social isolation which is impacting this group, and all other groups affected by loneliness.**

As co-founders of the Loneliness Taskforce, we have called for an action plan to combat loneliness and social isolation across all age groups for years. Development of the action plan was committed to in the Programme for Government, the Roadmap for Social Inclusion, and the Healthy Ireland Strategic Plan. It has still not been completed, or, as far as we can gather, even started. We have been told by the Department of Health that they are struggling to find a resource.

Loneliness and isolation impact our physical, mental and brain health. Loneliness and depression are closely linked, and loneliness leads to outcomes like increased risk of dementia, early mortality, and cardiovascular illness. Loneliness also has strong links to psychosis and schizophrenia, and TILDA research has shown it is strongly linked to the wish to die among older adults². We have quoted repeatedly the research which shows that loneliness has been shown to have as severe an impact on our health as smoking. Why has it not received the same public health response?

ALONE believe our experiences highlight the gaps in mental health policy and provision for older people, and the lack of joined-up thinking across mental health supports.

The Sharing the Vision plan has specialist groups set up to progress recommendations for youth mental health transitions, acute bed capacity, women's mental health, primary care, and digital mental health. The impact of COVID-19 on the mental health of our older population has been repeatedly noted, yet **there is no specialist group for implementing the Sharing the Vision recommendations for older people.**

Furthermore, Sharing the Vision recommends the development and implementation of a range of actions designed to achieve the goals of the National Positive Ageing Strategy for the mental health of older people. While this is a positive action, we cannot see that any new work is being done to achieve it. A list of actions has not been published, and the implementation plan cites previously established examples, including ALONE's own work, as evidence that this recommendation is being

² <https://academic.oup.com/ageing/article/50/4/1321/6133225>

progressed. **We do not believe that this demonstrates sufficient commitment to progressing mental health supports for older people.**

I would encourage everyone present, if they have not done so, to read the Mental Health Commission's report on services for older people published in 2020³, which more fully outlines the gaps in mental health provision than I have time to do here. Unfortunately, we cannot find that things have radically changed since the Mental Health Commission's report.

We are still waiting for the pilot of the Model of Care for Specialist Mental Health Services for Older People to begin. The model was published in 2019⁴. The Sharing the Vision implementation plan from Q4 2022⁵ reported that four pilot sites have been identified and other progress, but this is taking too long. Meanwhile, the HSE's 2023 Service Plan reported expected 2022 activity for the number of psychiatry of later life referrals seen by mental health services at 7,965⁶. This is a full 1,060 people and 12% below the expected activity of 9,025.

A Dáil debate took place in April two years ago on COVID-19, mental health, and older people. Many positive ideas were discussed, and not progressed. We believe that significant action on mental health difficulties being experienced by older people is urgently overdue. We would like to make a number of recommendations:

- Specific mental health policy, evidence-based programmes and research for older people must be committed to, funded, and implemented as part of Sharing the Vision. These should be developed in collaboration with experts and stakeholders working with older people
- The action plan to combat loneliness and social isolation must be completed, funded and committed to, including funding for Irish research, and older people must be provided with additional supports to reengage with their communities, in collaboration with experts and the community and voluntary sector
- Organisations which enable the mitigation of risk factors for mental health in older people should receive sufficient support

Mental health for older people is a hugely diverse area and I do not have time to address several key areas including the roll-out of social prescribing, the need for safeguarding legislation⁷, the Assisted Decision Making legislation, the po impact of ALONE's Support & Befriending services on the health-impacts of loneliness (evaluated through the HALO project⁸), our research and pilot activities in mental health (including an online counselling solution for older people, in partnership with Helplink Mental Health, and Mental Health Reform), the reform of the Mental Health Act, and importantly, the voices of older people experiencing these difficulties. We are happy to discuss these matters further at any time. Thank you for your attention.

³ <https://www.mhcirl.ie/sites/default/files/2021-01/Mental-Health-Services-for-Older-People-Report-2020.pdf>

⁴ <https://www.hse.ie/eng/about/who/cspd/ncps/older-people/moc/specialist-mental-health-services-for-older-people-model-of-care.pdf>

⁵ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/250725/78b485dd-fd6f-41a8-8a8b-b930aa42c4bd.pdf#page=null>

⁶ <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2023.pdf>

⁷ <https://alone.ie/alone-highlights-the-need-for-safeguarding-legislation-this-safeguarding-awareness-day/>

⁸ <https://alone.ie/wp-content/uploads/2022/11/HALO-Report-3.pdf>