



Older People's Mental Health Prejudices

Patient feedback – November 2024

Contents

About Healthwatch South Tyneside.....	3
Executive summary.....	4
Background.....	5
How we gathered insight.....	7
Summary of findings.....	9
Next steps.....	14
Response to our findings.....	14
Acknowledgements.....	15
Appendix 1: Demographics.....	16

About Healthwatch South Tyneside

Healthwatch South Tyneside is your dedicated consumer champion.

We work with users of local NHS and social care services to hear about your experiences, identify any issues or problems and help generate improvements.

We also assist commissioners and providers of healthcare services by conducting patient surveys, visiting healthcare venues, and attending meetings with user groups and feeding back our findings in regular reports.

Healthwatch South Tyneside:

- Has the power to enter and view services.
- Influences how services are set up and commissioned by having a seat on the local health and wellbeing board.
- Produces reports which influence the way services are designed and delivered.
- Provides information, advice, and support about local services.
- Passes information and recommendations to Healthwatch England and the Care Quality Commission.

Executive summary

In discussion with the Living Well Alliance, Healthwatch South Tyneside agreed to provide insight into older people's current experiences of mental health care.

Our engagement team attended older people's groups in South Tyneside and spoke to them to help understand their experiences.

We found that:

- Physical health was the main focus of health care professionals within GP surgeries.
- Lack of face-to-face appointments were a barrier to opening up about mental health.
- Ten-minute appointments did not lend themselves to fuller discussions needed to talk about more than one concern.
- Technology including e-consult was a barrier for many.
- Stigma remains an obstacle in asking for support.
- Confidentiality, mental health signage and public reception areas were some of the barriers identified to ask for support.
- Continuity of care was raised as a concern in terms of having the right relationships to open up about mental health.
- Younger doctors were seen to be more in tune with mental health needs.
- Some older people were very open to self-help and the greater promotion of this would be welcomed.

This insight is being shared with the Living Well Alliance to inform the creation of mental health objectives for older people within their Operational Framework. We look forward to discussing this insight and continue to offer our support in the development of this work.

Sheila Scott

Operations Manager, Healthwatch South Tyneside

Background

The North East & North Cumbria Integrated Care Board (NENC ICB), through its work on the Living Well Alliance framework, wants to understand whether older adults are receiving an equitable service when it comes to identification of their mental health needs.

The areas NENC ICB is considering in its work include:

- Do ageist attitudes and assumptions about mental health in later life negatively impact the response and mental health offer for older people?
- Are older people sometimes excluded from services and support that could help them to enjoy a healthier and happier later life?
- Are opportunities to promote good mental health in later life too often missed, with support to address mental health difficulties not provided?
- Are there cultural issues that help perpetuate these prejudices?

In May 2024, NENC ICB asked Healthwatch South Tyneside, if, during our community engagement work, we could ask the following question to help them better understand the prevalence of older persons mental health in South Tyneside:



When you meet professionals in health and social care, do they ask about your mental health, or just focus on your physical health?



What is the North East and North Cumbria Integrated Care Board?

The North East and North Cumbria Integrated Care System (NENC ICS) is a partnership of organisations including NHS, local councils, and voluntary and community services that provide health and care across the North East and North Cumbria.

Led by the NHS Integrated Care Board (ICB) it works collectively, joining up resources and expertise to provide the best health and care for our local communities.

For more information visit: <https://northeastnorthcumbria.nhs.uk/>

How we gathered insight

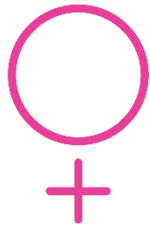
Between May and September 2024, we engaged with **123 older people** in the following settings:

- Vision and Hearing Support – B Social group
- A Better U Mental Health Awareness Week Drop-in at Cleadon Park Health Centre
- Happy at Home Men’s Group at Jack Clark Park
- Happy at Home Women’s Group at Sacred Heart Church
- ACTS Men’s Group – Beach Road, South Shields
- South Tyneside Hospital
- Cleadon Park Health Centre
- NAAFI Break at Action Station
- Jarrow Big Local at Coffee Plus Group
- Alzheimer’s Society
- WHiST (Women’s Health in South Tyneside)
- Arts4Wellbeing

We asked participants this question provided by the North East and North Cumbria Integrated Care Board:

 ***When you meet professionals in health and social care, do they ask about your mental health, or just focus on your physical health?*** 

Our engagement team used this to start a conversation for participants who shared their views and experiences with us as set out in the next section.



Full demographics can be found in Appendix 1.

Summary of findings

There were clear themes that arose from our conversations across the groups we spoke to.

Length of appointments

At each of the groups visited, the majority of respondents stated that they were asked only about their physical health when attending appointments.

On the whole, participants told us that they thought doctors **should routinely ask** about mental health and lack of availability for face-to-face appointments demonstrates that doctors do not have the capacity to do so:

“The GPs don’t have time to listen. Where are all the doctors? The waiting rooms are always empty when I go.”

“They don’t have the time”.

“Too busy dealing with the immediate problem”.

“If people are asked about their mental health, it would encourage them to talk about it.”

“Would be useful if clinicians asked how are you feeling but they don’t have enough time.”

A high number of participants mentioned having to make a **double appointment** to discuss more than one issue with some surgeries displaying notices to reinforce this:

“Doctors have no time. Told to ask for a double appointment if you have more than one reason for visiting.”

Comments from participants highlighted how **time constraints** on doctors plays a part in why the older generation don't seek help for their mental health:

"You are told that you only have so long with the GP. They don't have the time. I wouldn't ask for two separate things. Sometimes it is hard to ask for help especially when it is your mental health."

"I have had a recent bereavement and visited my GP. This was the perfect time to ask. Instead, the GP said that they were sorry for my loss."

"NHS are so stretched and underfunded that they don't have the time."

The introduction of **telephone consultations** as part of the referral process, in some cases, we were told creates an additional barrier:

"GP appointments tend to be telephone consultations so you probably wouldn't mention it unless that's what your appointment is for."

A high percentage of the people we spoke to do not have a mobile phone or use a computer, so **technology** was an issue for some. We heard that using e-consult can be a challenge with many older patients opting for visiting the GP surgery to make an appointment, where the receptionist is on hand to assist:

"Before long everything will be through e-consult, and we won't see a doctor."

Mental health stigma

Many times, throughout discussions the word **stigma** was used, although participants acknowledged that mental health is more widely discussed in today's society.

Although there were a proportion of people who would rather not be asked for reasons such as stigma, being old school and of the generation where you just **"don't think about it"**, there were a number of men and women who would welcome the opportunity to discuss:

“It’s embarrassing to talk about your mental health. I would like them to initiate the conversation.”

“I have had counselling. It could have happened earlier, but I had to pluck up the courage.”

“Yes, they should ask about your mental health; it affects your whole being. Being a veteran, some things never heal.”

Some of the **barriers** participants told us about which would prevent them coming forward if they recognised that they needed support were:

- Confidentiality.
- Mental health signage in GP surgeries or hospital waiting areas.
- Giving details to the receptionist in the public waiting area.

“At Flagg Court there is a green sign that says mental health. I don’t want people to know where I am going.”

“The term mental health makes you think of a breakdown.”

Participants told us that **re-phrasing** the term ‘mental health’ would go some way to removing the stigma attached.

Phrases such as “how is your wellbeing or emotional wellbeing”, “how are you feeling”, “do you have any issues which you would like to share” were seen as more appropriate helping patients to accept that they might need support.

Doctors “don’t care”

Perceptions identified within a number of groups were that as you get older the doctors “don’t care”, and many health issues are put down to **your age**. A familiar response that GPs tend not to look at their patients, focusing on their screens during appointments reinforced this belief:

“You are only supposed to talk about one thing at the GP. I don’t feel there is any connection with the patient as they are on their computers. I’m seeing the nurse so that she can explain.”

“When talking to a doctor you feel like you are talking to a brick wall, there is no eye contact as they spend time typing into their computer.”

“Told to join groups but you don’t have the motivation, so you just plod on.”

“What do doctors class as elderly, I feel like they right you off.”

“If they asked, I would feel that they were interested in me.”

Many residents expressed dismay about rarely seeing the same doctor twice and thought that was detrimental to **doctor patient relationships**. They told us that this prevents cases such as a bereavement in the family or a life trauma from being identified and discussed in-depth:

“You never see the same doctor twice. On the old system the doctor would know.”

“I feel left out and forgotten about by GP; they don’t follow up with me. The pharmacist always follows up.”

“Regular, familiar doctors know their patients and are easier to talk to. Locums and new doctors do not and seem to have less time.”

“Where are the doctors? The waiting rooms are always empty when I go.”

Positive feedback

We were told younger doctors are seen to be more in tune with mental health issues and those doctors and nurses who know the family well are more able to pick up on issues needing to be discussed:

“Older GPs don’t always know about mental health, but the younger GPs do.”

“It is not fair to put this on clinicians.”

Motivation and self-care

A high number of participants said that their physical health has an impact on their mental health to some extent. Taking a **holistic approach** is seen as being beneficial, as any changes to circumstances can have an impact.

Several people mentioned that **self-help** rated highly on their own agenda stressing the importance of taking accountability for themselves. This included going for regular check-ups described as an annual MOT or well women clinic.

Strategies for how they support their own mental health were shared through healthy eating, exercise and combating social isolation by attending local voluntary groups to build friendships.

Making available details of groups helping to support social isolation was seen as a positive way forward:

“I attend a Happy at Home group. It gets me out of the house and some members of the group come and visit me at home, so I don’t feel lonely or isolated.”

“Up until the age of 74 you feel ok then your physical health starts affecting your mental health.”

“You might go to the doctors for something physical, but it could be related to mental health.”

Next steps

Healthwatch South Tyneside has shared the insight within this report with North East and North Cumbria Integrated Care Board to support the drafting of mental health objectives of the Living Well Alliance Operational Framework.

Response to our findings

North-East and North Cumbria Integrated Care Board (NENC ICB) has worked collaboratively with Healthwatch to undertake a patient engagement exercise to understand South Tyneside's older people's current experiences of mental health care.

There is detailed literature and research that highlights how older adults are receiving an inequitable service when it comes to the identification of their mental health needs.

Ageist attitudes and assumptions about mental health in later life are continuing to negatively impact our response and offer for older people as they are sometimes excluded from services and support, that could help them to enjoy a healthier and happier later life.

Furthermore, there is a recognition that opportunities to promote good mental health and wellbeing in later life are too often missed. In addition, older people who present with a mental illness are often overlooked and not provided an equitable service.

Research shows that older people who present with changes in their mental health often put this down to the ageing process, and routinely do not seek support. In addition, research shows that social isolation and loneliness have a serious impact on older people's physical and mental health, quality of life, and their longevity.

The effect of social isolation and loneliness on mortality are comparable to that of

other well-established risk factors such as smoking, obesity, and physical inactivity. The feedback highlights the need for this to be tackled as part of the wider system strategy to improve health and social care outcomes.

North-East and North Cumbria Integrated Care Board (NENC ICB) intends to work with and support local organisations, particularly voluntary, community social enterprise and faith-based organisations at neighbourhood level to reduce social isolation and health outcomes for older people.

The North-East and North Cumbria Integrated Care Board (NENC ICB) vision is better, fairer, health and wellbeing for everyone. This is intended to be an inclusive vision, capturing the need to improve health and broader wellbeing for everyone across the North-East and North Cumbria.

We recognise that health and care services play an important part in determining overall health and wellbeing outcomes for our population and our aim is to work collaboratively with our system partners to improve these outcomes.

The insights within the report will be utilised to shape how we transform services to ensure that our older residents receive holistic equitable care. Furthermore, we intend on developing an age-friendly health system with special features, structure, and functions to meet the special needs of older people and improving their health status and quality of life.

We will continue to work collaboratively with Healthwatch to ensure that the findings of the engagement inform the next phase of addressing these important issues.

Acknowledgements

Healthwatch South Tyneside would like to thank all the groups who took time out of their day to support and contribute to this report. We would also like to thank North-East and North Cumbria Integrated Care Board (NENC ICB) for giving Healthwatch South Tyneside the opportunity to collaborate with the Board on this piece of work.

Appendix 1: Demographics

	65 to 75 years old	76 to 90 years old	More than 90 years old
Female (69%)	33	48	4
Male (31%)	22	16	0



White British	Mixed ethnicity
122	1

NE31	NE32	NE33	NE34	NE35	NE36	SR6
9	23	16	47	7	3	18



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