

mental health
and well-being
in later life:
older people's
perceptions

Published by Health Scotland, Woodburn House,
Canaan Lane, Edinburgh EH10 4SG

ISBN: 1-84485-135-4

© NHS Health Scotland, 2004.
www.healthscotland.com

The views expressed in this report do not necessarily represent those of the Scottish Executive, the National Programme to Improve the Mental Health and Well-being of Scotland's Population, or Health Scotland.

Contents

Executive summary	1
Part one – the context	4
1. Introduction	4
2. The research	7
Part two – focusing on priorities	9
1. Family and friends	9
2. Positive attitudes	12
3. Keeping active	14
4. Maintaining capability and independence	17
5. Negotiating transitions	20
6. Involving minority groups	23
7. Key recommendation	26
8. Conclusion	29

Executive summary

This report is based on research commissioned by the Scottish Executive and Health Scotland.

One of the key aims of the research was to support older people to prioritise the issues that affect mental health and well-being in later years. The key issues that arose were:

- family and friends
- positive attitudes
- keeping active
- maintaining capability and independence
- negotiating transitions.

Issues relating to older people within minority groups were also explored.

Priority issues

Family and friends

For many older people involved in the research, the family was the most important factor in promoting positive mental health and well-being, although families could also be a source of stress.

Having a positive attitude

Having a positive attitude contributed to mental health and well-being among older people. This was often linked to having a sense of values, being open and tolerant of new ways of doing things, and being willing to learn. The attitudes of others towards older people were also influential, in particular the respect in which older people are held in society. Ageism was perceived as prevalent in society.

Keeping active

Keeping physically active was recognised as not only helping physical well-being, but also mental well-being. While many older people described themselves as 'active', there was little evidence of significant levels of physical activity. Mental activity was also seen as important, but opportunities could be severely hampered by uncorrected sensory impairments. Social activity and interacting with others was seen as essential to maintaining mental health and well-being.

Maintaining capability and independence

Loss of capability or loss of health were defined as the main barriers to mental health and well-being in later years. It was essential that independence and choice be retained in older age. Support to enable older people to live independently in their own homes was seen as being restricted to arbitrary boundaries, and was often insufficient to meet their needs. Those who do not have a knowledgeable advocate or support from a family member felt they were likely to be disadvantaged.

Negotiating transitions

While retirement brought a sense of freedom and liberation for many, for others it brought a sense of not being valued and a loss of social contact. Financial security was seen as important to mental health and well-being, and there were concerns about funding the later years.

Moving from the family home into sheltered or residential accommodation was viewed with great concern by some (mostly younger) people, but the experience of those who had actually made the move was universally positive. The difficulties faced by those who have lost their partners and are having to adapt to life alone should be more widely recognised.

Involving minority groups

There is a need for more thorough investigation of the evidence in relation to the factors affecting mental health and well-being among minority groups and how they may differ from the general population.

Key recommendation

NHS Health Scotland should undertake a comprehensive review of the evidence on factors that impact on mental health and well-being among older people to establish the current knowledge base and identify gaps and areas for further research. Proposed areas for review are detailed.



Part one – the context

1. Introduction

When the older people who took part in the research described in this report were asked to define what mental health and well-being meant, they found it a difficult task. Coming up with a simple statement that would encapsulate all the factors that have an impact – having contact with family and friends, having a positive attitude and keeping active, for instance – was not easy. Eventually, after much debate and discussion, one group attempted this – *‘having something to get up for in the morning’* was how they defined it.

Their struggle to find a definition reflects the complexity of the subject. But the research shows that identifiable key factors play a big part in either promoting, or acting against, mental health and well-being. These key factors relate to issues such as:

- family and friends
- activity
- capability
- health
- independence
- attitudes
- retirement
- finance.

It is to these issues that policy makers, professionals, communities and older people must turn to make a difference to older people’s mental health and well-being.

Despite the evident rise in the numbers of older people in the population, policy thinking about older people has often tended to focus on a limited view of dependent older people in need of health and care services.

These views of ageing have been well and truly challenged in recent years as our understanding of the older population has grown. We now know that older people:

- are not a homogenous group: they cover a vast age range, and there is as much social, educational, financial and health diversity among the group as there is in any other section of society
- live in every community in Scotland
- can be found among all ‘minority groups’, such as ethnic minority and gay communities
- make significant contributions to the economic and social fabric of Scotland.

A national workshop on Mental Health and Well-being in Later Life, held in March 2003, built on work already underway within the National Programme to Improve Mental Health and Well-being of Scotland’s Population, the Scottish Executive’s Older People’s Unit and Health Scotland’s Health in Later Life Programme, to increase awareness of the needs of older people. The research described in this report makes a very meaningful contribution to developing that progress still further.

The National Programme for Improving Mental Health and Well-being works both nationally and locally to raise the profile of, and to support further action in, mental health improvement (promotion and prevention), to address the stigma of mental ill health and to prevent suicide in Scotland. The work of the national programme forms a key part of the Scottish Executive's work on improving health in Scotland and in achieving greater social justice by working to address mental health inequalities and reduce the opportunity gap experienced by people with mental health problems.

Improving the mental health and well-being of older people is a key priority area of the national programme and as a result has led to the development of a programme of work to address mental health and well-being in later life. *Mental Health and Well-being in Later Life: Older people's perceptions* will be used in the development and implementation of this national three-year collaborative programme.



2. The research

The research aimed to identify what older people believe to be the key factors that affect mental health and well-being in later life. A key element was the use of methods to enable older people themselves to define the factors most likely to help them achieve good mental health and well-being, and the factors that impose barriers.

The research was undertaken in two stages during June and August 2003. Stage one consisted of three half-day workshops with older people aged 50 years and over, using reminiscences, collages, and vignettes. Stage two was directed by the outcomes of the first stage and involved a series of single and mixed-sex focus groups, and interviews and discussions with older people and representatives from minority groups (see Figure 1.)

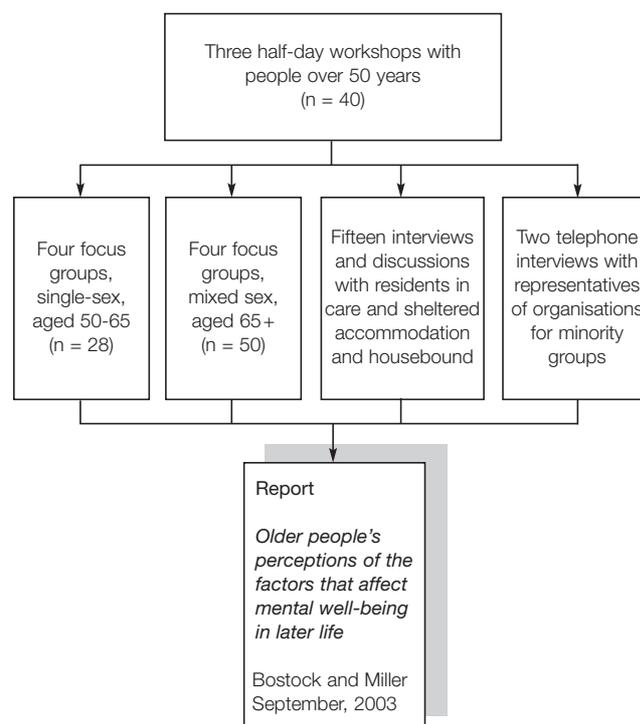
The study design took great care to avoid defining older people as a homogenous group. The differences in life experiences, lifestyles, perceptions and goals between people in their early fifties and those in their late nineties, for instance, were recognised and acknowledged. Older people in the research ranged in age from those in 'later middle age' (likely to be in their fifties, in employment or recently retired, with teenage children and perhaps an elderly relative as dependents), through 'early old age' (nearly all retired, although some had part-time jobs), to 'later old age' (some of whom lived in residential care due to the loss of the ability to maintain independent living).

Similarly, when the research investigated the perceptions of older people from ethnic minority and other minority groups, the wide diversity of culture, beliefs, traditions and preferences represented were respected and acknowledged.

The research method, which was largely focused on group work, did not allow for exploration of deeply personal issues with individual older people. It is therefore likely that some key factors which will have an impact on older people's mental health and well-being, such as physical intimacy and sexuality, have not been investigated.

A full report of the research has been prepared and is available from Health Scotland.

Figure 1. Research design





Part two – focusing on priorities

1. Family and friends

Family

For many older people involved in the research, the family was the most important factor in promoting positive mental health and well-being.

Some spoke about how the family had been the predominant focus of their lives – *'Everything we did, we did for our children'* – and how their mental health and well-being was affected by the strength of family ties and the extent to which they felt loved and supported by their families.

Great pride was taken in seeing their children grow and become successful as adults. It was as if their children's passage into successful independent living was a reflection of their own life's purpose, although adult children could also be a source of stress and strain. Older people in all age ranges still had concerns, and sometimes responsibilities, for teenage and adult children.

Many older people spoke of the positive effect their grandchildren had on maintaining a sense of well-being. Interacting with grandchildren was clearly a joy for many. Some men mentioned the fact that they had not been able to spend much time with their own children, and to be able to do this with their grandchildren was greatly appreciated.

One participant was always glad when the phone rang and he was asked to care for the grandchildren. *'It makes me get up and get out, when otherwise I might just have sat there'*, he said. *'It makes you realise you're not on the scrapheap'*. The activity of young grandchildren, although at times exhausting, was something that kept older people active and alert. It also gave them a reason for keeping up-to-date with current trends. One mentioned how this ongoing learning was *'a quite unconscious process for some, while others had to work hard at keeping in touch with young people's world'*.

Practical help and support was clearly important, especially as people got older and needed more care from their families. Knowing they were there for them, even if they were geographically distant, was reassuring. Some, however, were resentful when families were *'over-attentive, over-fussy or over-protective'*. This made them feel they were not being allowed to make decisions for themselves, especially in the aftermath of an individual having a major health problem such as a heart attack.

Lack of family was perceived as being isolating. The lack of family or close friends was described by one as *'making people turn inwards'*.

Regular family contact could be inhibited by family members being geographically widely dispersed, and family relationships generally were seen as weaker than a generation ago. Some believed families did not visit older relatives in the same way as they did when they themselves were younger; as one put it, *'I think the days of going to aunt and uncle as a family unit are long gone'*.

Friends

Friends, contacts and social interaction were also seen as important in maintaining mental health and well-being, although to varying degrees. Some older people felt sufficiently self-reliant not to need others, while others craved company and saw it as vital to their sense of well-being. Problems with capability, sensory impairment and resources were also prominent as barriers to making and keeping friends.

Work was a source of many friendships in late middle age, and retirement was responsible for a sense of isolation among this group. Older participants spoke of the need for '*companionship*', particularly after the death of a spouse.

Voluntary organisations organise many events for older people which can offer good opportunities for them to get out and socialise, and which were greatly valued. But there were difficulties for older people, first, in knowing about them, and second, in getting to them. The fact that many events seemed to be geared to the needs of groups rather than individuals was also off-putting for some.

There is no sense in waiting around for '*someone to knock on the door*', as one participant put it. Older people have to be proactive in making friends in later years, participants felt. It was recognised, however, that this comes more easily to some than others. Having your own circle of friends, and not relying on those of your spouse or partner, was also highlighted as an important issue; it was felt that women were better in this regard than men.



2. Positive attitudes

Having a positive attitude, a factor that cut across and underpinned all other issues, was seen as very important in coping with the process of getting older and dealing with the need to adapt.

A positive attitude was believed to be much more than simply 'hoping for the best' or 'thinking positively'. It was the kind of attitude that focused on the benefits, as well as the negatives, of a new situation, and allowed the individual to take advantage of them. Retirement, for example, was seen by those who had positive attitudes not as an 'ending', but as a new opportunity to develop interests and hobbies.

Having a positive attitude also meant facing up to and dealing with the distressing realities of life. It was a positive attitude that allowed a woman who had lost her partner of 40 years to cope with the grief and to find a new way of life and new friends. *'It was about living, enjoying and having something to look forward to each day'*, she said.

Some participants believed 'being positive' was an attribute people were born with, rather than one that can be developed, but many others took the view that with encouragement and practical help to cope with change, a positive attitude could be fostered. As one man said, *'I think it is through experience ... when you are getting into situations when you are thinking "God, this is awful, things are taking a turn for the worse". And you come through the other side of it, and something better happens.'*

A sense of perspective that comes with increasing years was also seen as something that could enhance well-being through the development of improved coping strategies and heightened tolerance. Some stressed the importance of staying 'open to new ideas' and remaining tolerant as they got older, pointing out the risks of going in the opposite direction. One person believed, for instance, that younger family members could be put off from paying visits because of older people's negative attitudes.

Others referred to having 'compassion' and trying to understand another person's point of view as a trait that would enhance mental health and well-being. *'It is more life-enhancing to find other people you meet as interesting, and to be accepting of their differences'*, one said. A sense of humour and the ability to laugh was also often mentioned as being important.

Mental health and well-being arises, as one man put it, from *'the values that have been instilled in you throughout your life'*. One particularly important value was 'respect', but there was a strong sense in the groups of a lack of respect for older people in today's society, and a lack of respect for others generally. Older people perceived that ageism still exists in society, and negative attitudes to older people impacted on the way they were treated by health and social care professionals, some believed.

Regret was expressed about the ending of apprenticeship schemes, which, it was felt, had been instrumental in passing on positive values and attitudes. The current day equivalent, people believed, no longer taught respect for others. Some felt that children had *'less of a sense of right from wrong'* now than in previous times.

Although there was some talk in the groups of the need to have a set of values, there was very little discussion of the role religion or faith played in forming attitudes or maintaining mental health and well-being. The church was occasionally mentioned, but more in its role as a centre of the community.



3. Keeping active

Physical activity

Keeping physically active has been shown not only to help physical well-being, but also to have beneficial effects on mental well-being. This was recognised by many older people in the research study, but knowing what was good for you and actually doing something about it were quite different matters.

While many felt they were doing well to keep busy, there was little evidence of significant levels of physical activity. Consequently, there were many older people in the groups who thought they were physically active, but who were in fact probably less active than necessary to achieve maximum health benefits. This was especially the case for those in the 50–65 age range. There was nevertheless a great fear among the groups of becoming unable to undertake activities currently taken for granted.

Mental activity

The groups believed that keeping mentally active was important in facilitating mental health and well-being. Having a range of activities – reading, watching TV, listening to the radio, reading newspapers, keeping abreast of and maintaining an interest in current events, crossword puzzles, Scrabble®, quizzes and social interaction, for instance – provided the stimulus to keep the mind exercised and alert. The ability to participate in many of these activities can, however, be severely restricted by sight or hearing impairments if uncorrected.

One group interviewed in a day care centre met regularly to discuss a whole range of issues. They found discussion an interesting and enjoyable way to keep mentally active. Some individuals had undertaken courses of study, primarily out of interest in the course subject and to gain a sense of achievement, but also as a means of staying mentally active and alert. Others embarked on evening classes or learned to use a computer or become familiar with the Internet.

Some attributed the secret of ageing well to '*continuing the learning process throughout life*', but many felt it took longer to learn new things and retain information as they got older.

As people anticipated they would be less physically active as they got older, sustaining mental activity and staying mentally alert were seen as important ongoing priorities.

Social activity

Social activity and interacting with others were seen as essential to maintaining mental health and well-being. Many had been helped by organisations which encouraged them to join in with community-based activities, but some were anxious about this for a variety of reasons. One group took the view that older people need encouragement to try new forms of activity or learning experiences.

Confidence could be encouraged and nurtured, the groups believed, by people:

- keeping in contact with older people
- taking older people out of their homes for periods of time
- including older people in social events
- making older people feel they have a part to play in life
- making older people feel they are important
- helping older people in finding an interest.

Most of these suggestions include social contact and reinforcing the importance of the role that older people play in their families and communities.

A lack of social contact, for whatever reason, can leave people feeling vulnerable and so less likely to take part in physical or mental activity, and it was vitally important, participants believed, that symptoms of depression in older people were recognised early. The link between developing the confidence to take part in physical and mental activity and the confidence to interact socially was clearly recognised.



4. Maintaining capability and independence

Loss of capability, chronic ill health and the linked fear of losing independence and becoming a 'burden' to others came up consistently as the key barrier to achieving positive mental health and well-being in all groups and across all age ranges.

Getting access to appropriate help and treatment when they needed it was identified as a problem for some older people. The groups recognised a need for older people to be provided with appropriate support, tailored to their individual needs and involving a range of choices. Retaining control and choice was identified as very important to maintaining a sense of independence across all groups, including those with severe disabilities. It was acknowledged, however, that pride can lead older people to be unwilling to ask for help, erecting barriers to accessing the services they need.

Physical capability can deteriorate gradually through, for instance, the effects of arthritis or dementia, or suddenly as the result of a heart attack, stroke, or fall. One person described the frustrations of physical incapacity: '*Limits are placed upon what you can do, and activities that were once taken for granted become difficult*', the participant said. There were fears that loss of capability could cause older people to 'wind down' in all aspects of their lives.

'Quality of life', generally taken to mean having sufficient capacity to make your own decisions and to have some independence, was an issue raised in some of the workshops and focus groups. This was identified as an essential component of well-being, and there were concerns about the impacts of incapacity on quality of life.

Many of those in the 50–65 age range spoke of their concerns about becoming a burden on their families in future. This was felt particularly acutely by those who have cared for elderly relatives and would not like to put their own children through the same experience. As one woman put it, '*I don't mind growing old as long as I have my health. I know myself, personally, if I become mentally or physically disabled in my old age, I do not want my family to be burdened with me.*' Concerns such as this led some older people to consider the use of initiatives similar to 'living wills', although these were not cited by name.

Loss of hearing was a problem for many older people, adding to a sense of social isolation and contributing to lack of confidence. This is a problem that must be taken seriously by health professionals, the groups believed. Loss of sight was feared by several respondents as they approached older age. One described how his sight slowly deteriorating was, for him, a source of particular distress: '*I find it difficult and depressing*', he reported.

Capability and independence in the home

Many older people felt that while there may be help to support them to live independently in their own homes for as long as they can, the help was restricted to arbitrary boundaries and was often insufficient to meeting their needs. Participants described, for example, instances where home helps would not change light bulbs or clean the insides of windows, as these activities would involve standing on ladders. Some older people would then put themselves at risk trying to carry out the tasks themselves.

Participants spoke of the restrictions of services. As one put it: *'There may be help to buy groceries, but no help to get a grandchild's birthday present or get to the dentist.'* While it was recognised that voluntary organisations can help, accessing them involves having a good social network within the community, and not all have such networks.

Some older people, participants agreed, can be stubborn about accepting help in their own homes, and might object to what can be seen as *'someone coming into their home and telling them what to do'*. Where systems of support are available, they are often complicated and older people need relatives to *'help them through the maze'*. Those who do not have a knowledgeable advocate are likely to be disadvantaged, the groups felt.



5. Negotiating transitions

Older people face many transitions in the course of their lives, each of which has the potential to impact positively or negatively on mental health and well-being. The research focused on the key transitions of: retirement and the linked topic of resources; moving from the family home; and bereavement.

Retirement

For some, retirement brought liberation from the routine constraints of work and provided time to spend with grandchildren or on hobbies. For others, it brought a sense of not being valued and a loss of social contact.

Retirement was raised as being a key factor affecting mental health and well-being in the workshops. Many described how it was the best thing that had ever happened to them. Current work environments were perceived as increasingly stressful, and retiring was eagerly anticipated. As one woman said of her husband, *'He was living last year for his retirement – we were on the countdown – so many days – counting the days.'*

But participants could also define a downside. Far from being the *'opening up to new opportunities'* that some identified, not working could become a *'closing down'*.

Several male respondents described how they felt they had been *'thrown on the scrapheap'*. Without work, they did not feel valued. These respondents tended to have stayed in the same job for most of their lives. If forced to take early retirement as a result of closure or redundancy, the sense of being 'put out of work' and no longer needed was even greater. It was clear they had had greater difficulty in coming to terms with retirement. They were less likely to have had help with retirement, or been offered any kind of pre-retirement training/counselling.

Distress on retirement was not caused solely by feeling worthless because of no longer being economically productive; it was also related to feeling isolated from friends and colleagues – the loss of the benefits of the workplace.

Some people felt that the opportunity to carry on working beyond the current official retirement age would be beneficial, reflecting the fact that they feel fit and well and more than capable of carrying on working. One respondent in particular positively welcomed the recent legislation that allows people to continue to work until they are 70. But this view was not universal, with some seeing it as a daunting prospect. As one man said, *'They are talking about changing the retirement age to 70 – I couldn't handle that.'*

There was also genuine concern about employers' views of older people in the workplace. Several respondents felt they had been discriminated against on the grounds of their age: one woman, a fit, active 54 year old, described an interview in which her physical ability to take on a job as a housecleaner had been questioned.

For most respondents, including those whose retirement was described as *'pleasurable and enjoyable'*, living through the transition phase and adapting to retirement was not easy. There were also issues for couples, particularly women, who had not been used to having their spouse/partner around the house during the day. Participants felt that the key to overcoming these problems was to establish routines in which both partners could have time for themselves, while at the same time enjoying their new-found freedom to do things together.

Resources

For most older people, becoming older is linked to becoming less well-off. Financial security was seen as an essential component of mental health and well-being in later years. Participants spoke of the need to have enough money to be able to live comfortably. Their aspirations seemed modest, and none sought a lavish lifestyle.

The recent downturn in the financial markets has shaken many who have been ploughing money into pensions or other savings schemes for years. Some asked, '*What is the point of saving money?*'. Those on modest budgets were more noticeably influenced by their financial constraints, and were more concerned about money in general and having enough to manage. Some had returned to work after taking early retirement, with '*genuine hardship*' cited as one reason why those on small pensions seek employment after reaching retirement age. Campaigning for improved pensions and benefits for those on low incomes was a central function of one of the groups.

Moving from the family home

Moving into a sheltered home or residential care from the family home is a big decision for any older person to take, and can cause much anxiety and even distress.

Participants who had moved into sheltered or residential care late in life were of a generation who had not moved house often – some had been in their own homes for as long as 60 years. Once they had made the move, however, many felt happy and spoke of '*no longer having to worry about the maintenance of the building*' and of '*feeling more secure*'.

But for some, giving up the family home was an almost impossible act. The major hope among all groups was that when the time came, the move would be initiated and controlled by the older person; the major concern was that all too often it was out of the person's control, either through lack of planning by the individual or through some unanticipated catastrophe, like the sudden death of the breadwinner or serious illness.

Many in the younger age group were determined this would not happen to them, and that if they did leave the family home at some time in the future to move into sheltered or residential care, it would be at their own behest, and under their own control. People in this group, who were still many years from having to make such changes, felt they would be able to plan their move. They saw themselves as being more likely to see such a move as being positive and liberating, unlike people in older age groups, who perhaps feared change. But the key thing for them was '*staying in control*'.

Bereavement

Bereavement and coping with loss was clearly a very difficult area for discussion in the groups. One elderly respondent in residential care expressed his deep sadness at having lost, in quick succession, four of his friends – and spoke of his loneliness and sorrow at coming to terms with this loss. As one of the few remaining male residents in the home, he genuinely felt that his life now was about '*waiting*'.

Many older women spoke of difficulties at this stage of their lives, while others discussed loss and bereavement in less personal terms. Some knew of bereaved women who '*had never written a cheque or changed a plug*' while their husbands were alive. It was important that both partners should have knowledge of all of the basic tasks of everyday living. There was a view that recognising the difficulties faced by those who have lost their partners and are having to adapt to life alone would be a step in the right direction.



6. Involving minority groups

'Minority groups' is a catch-all term for a very wide variety of people, including those from ethnic minority communities, people with disabilities or sensory impairments, people with learning disabilities, and people who are lesbian, gay, bisexual or transsexual (LGBT).

A specific strand of the research looked into the needs of people from ethnic minority and LGBT groups across a range of issues. Interviews were carried out with representatives from these groups. Ultimately, the conclusion was reached that more thorough investigation of the evidence in relation to the factors affecting mental health and well-being among minority groups and how they may differ from the wider population is needed.

Ethnic minorities

The notion of 'double disadvantage' among older people in ethnic minority communities – in that they are subject to both ageism and racism – was borne out by the experience of the representative of ethnic minority groups in the research. In fact, it may be even more severe than 'double' disadvantage: issues about difficulties with language and access to health care services can make it 'triple' or even 'quadruple' disadvantage.

There is a tendency to impose cultural norms on services and facilities within communities, which discriminates against people from ethnic minority backgrounds, and there is limited understanding of the needs of the diverse groups who make up the minority ethnic community. A comprehensive review of needs of these groups and assessments of whether the models used in the provision of care are culturally appropriate is required.

The research probed specific priority areas on mental health and well-being and explored their relevance for people from minority ethnic communities. Specific discussions around work and retirement, for instance, revealed that many people work in low-paid jobs and work long hours, often in poor conditions. Many were self-employed, and therefore do not receive benefits when sick.

The popular belief that family support is more readily available to older members of minority ethnic families was exposed as an exaggeration by the representative. Younger people in minority ethnic communities are subject to the same pressures and have the same expectations as those from the wider population. While there is a higher incidence of multi-generational families in ethnic communities, this has been affected by changes in government immigration policies.

Ageing does, however, retain considerable status in many minority ethnic communities. Asian women, for example, enjoy greater prestige and enhanced status when a son marries and a young woman joins the household. Contrary to public perception, however, many minority ethnic families have very little support, and don't have access to an extended family during a crisis.

Keeping active is as important to minority ethnic people as anyone else, but participation can be restricted by problems of language, transport and access. Geographic location may also be a barrier to participation if community activities take place in areas in which racist behaviour is overt.

Good physical health is another key factor affecting mental health and well-being, but barriers to good health for minority ethnic people are compounded by levels of knowledge and provision of services. The representative identified getting appropriate help as a potential problem for specific groups, such as gypsy travelling people and asylum seekers.

LGBT

The view of the representative of the LGBT community in this study was that little is known about older people within the LGBT community. Older people may tend to be less tolerant of homosexuality, making it more difficult for some to openly express their sexuality. They may also have grown up in a society less tolerant or open about sexuality so may have felt considerable societal pressures against 'coming out'. Considerably more research is required with older people who have 'come out' to discuss their experiences and attitudes.

Social support systems are lacking for many older gay people. While the LGBT community has a wide network of support groups, older people may not see them as being particularly appropriate for their needs. The majority of this group are not likely to participate in the 'gay scene', where the facilities are primarily geared for younger age groups.

Homophobic discrimination means not only that some older people are unable to access the social support they need; it also means that some may never be able to express their true sexuality. They may be living within heterosexual marriages, constantly denying their sexual orientation and identity. Research suggests that people living in this state are less likely to be happy and confident, and this is liable to impact negatively on their mental health and well-being; research also suggests they may be more prone to addictions and liable to indulge in risk-taking behaviours.



7. Key recommendation

The research identified a number of issues that impact on mental health and well-being among older people, relating to:

- society's attitudes and attitudes of professional groups
- accessing voluntary and statutory help and resources
- physical well-being and physical activity
- help with adapting to transitions
- maintaining independence, having choice and staying in control
- mental health and well-being among minority groups.

The key recommendation is that:

Health Scotland undertakes a comprehensive review of the evidence to establish the current knowledge base and identify gaps and areas for further research.

The proposed areas for review follow.

Society's attitudes and attitudes of professional groups

While respondents felt that attitudes are changing for the better, review is needed of the evidence on (particularly) health and social services professionals' attitudes to older people and the extent to which negative and ageist views determine the treatment older people receive.

Accessing voluntary and statutory help and resources

People need to know about services and how to access them. Ensuring that information is available directly to the public through a variety of routes (such as via health and social services) is vital. We therefore need to know what help people need, and how people can best access it.

Physical well-being and physical activity

Clear information about types and levels of physical activity for older groups is needed. As many in these groups are not used to activities such as going to a gym, they are most likely to respond to activities that can easily be incorporated into their lifestyles.

Help with adapting to transitions

Information, training and counselling services to help people plan for and make transitions is important. The research identified the following areas as key transition times:

- pre-retirement
- moving from the family home
- moving into sheltered housing or care
- bereavement.

A review should examine the availability and quality of existing information and how it can be accessed.

Maintaining independence, having choice and staying in control

There is a need for increased awareness of the importance to older people of retaining independence, choice and control over as much of their lives as is possible, and for as long as possible. Evidence relating to older people retaining and exercising choice and control should be identified.

Mental health and well-being among minority groups

More thorough investigations of the evidence are needed in relation to the factors affecting mental health and well-being among minority groups and how they may differ from the general population.



8. Conclusion

Perhaps the most important message to emerge from the research is that while the mental health and well-being of older people across the age ranges is affected by similar factors – family and friends, attitudes, physical and mental activity, capacity and independence, and the challenges of negotiating key transitions in life – their responses to these factors, and the effect they have on them, are very diverse.

For instance, the importance one person attaches to regularly seeing family could be perceived by another person as being ‘mollycoddled’. Group activities with other older people may spell ‘joy’ for one person, while for another it may spell ‘anathema’. One person’s celebration of achieving the freedom of retirement could be another person’s misery at losing his or her job and perceived status in life. And one person’s horror at having to leave the family home to move to residential accommodation may be another person’s relief that the responsibilities of maintaining a home have finally been lifted.

This spells out to policy makers, health and social care professionals and communities that older people are, first and foremost, *individuals*, with individual tastes, beliefs, preferences and expectations.

The pursuit of individual policies and practices that will meet the mental health and well-being needs of *all* older people, regardless of age, employment status, ethnic background, education and life experience, is therefore fatuous. What is required is a *range of options* across all of the key areas identified in this research, options which will enable older people to make choices that suit their circumstances and meet their individually perceived needs.

The research has shown that the transition into older age can be an ‘opening up’ to a new-found freedom, or a ‘closing down’ with the prospect of little support, diminishing resources and fewer opportunities. Key factors likely to have an influence have been identified. A review of the research that exists in relation to these factors is the next logical step in defining the options that are most effective in meeting older people’s needs, and to identify areas for further research where the evidence is lacking.



SCOTTISH EXECUTIVE

