Older people roundtable meeting
Cardiff
Saturday 20th September 2018

"It's an enormous privilege to work with older clients and to enable them to tell their stories"

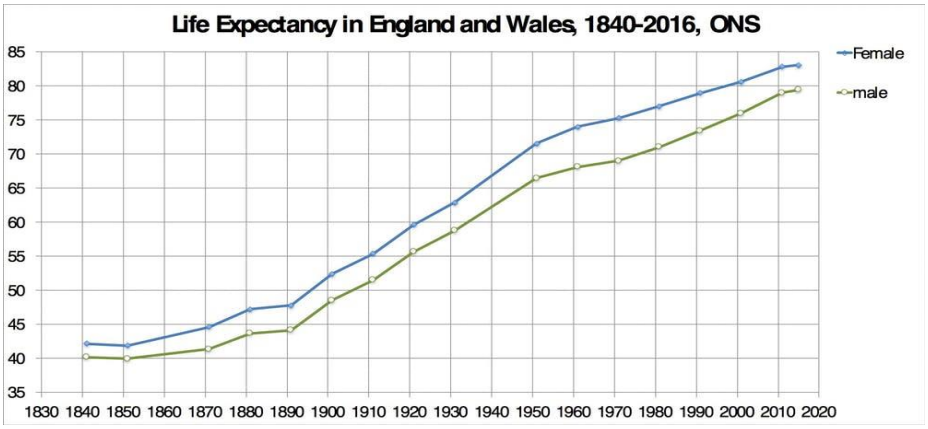
BACP members from South, Mid and North Wales with interest and experience of working with older people met to share their experiences and consider how BACP's older people strategy can best work to support increased later-life wellbeing in Wales. Discussions focussed on understanding the barriers and enablers to older people accessing therapy, and what steps can be taken to ensure that older people's health and wellbeing is supported by counselling.

Key Themes

- Counselling remains an unknown and untried source of help for older people.
- Barriers to access are complex and include geographical, social and financial constraints as well as personal values and beliefs and the stigma still attached to mental health.
- Opportunities exist to articulate and communicate the definition, purpose, process and value of counselling directly to older people in partnership with community organisations across Wales.

BACP Older People Strategy overview

The context for BACP's older people strategy is an ageing population, with people across the four nations of the UK living longer, but not living more healthily. The population profile of Wales shows it to be the oldest and most rapidly ageing of the four nations.



Consistent and worrying evidence indicates that older people are less likely to recognise symptoms of anxiety and depression and more reluctant to seek help for mental health problems.[1]

BACP Older People Strategy

The older people strategy has two long-term objectives:

1. **increase the numbers of older people who access therapy.**
2. **increase the availability and provision of counselling to older people.**

A broad view of the definition of 'older people' is being taken and the strategy focuses on the life events and transitions that happen more frequently (though not exclusively) to people aged 50+ and the barriers that make it more difficult for older people to access help for their mental health.

Working across the various BACP roles (research, policy, campaigning, professional *standards) the three key themes of the strategy are:*

1. **Increasing knowledge and understanding of perceptions and efficacy of counselling for older people.**
2. **Calling for increased access to therapy for older people**
3. **Promoting working with older people to the BACP membership**

Issues relating to the mental health needs of older people have been identified as initial areas of interest:

Issue	
Long-term conditions	The prevalence of long-term conditions rises with age, affecting about 50 per cent of people aged 50, and 80 per cent of those aged 65 and many older people have more than one chronic condition - *The Kings Fund (2013) Delivering better service for people with long-term conditions*
Depression	Nearly half of adults (7.7million) aged 55+ say they have experienced depression and around the same number (7.3 million) have suffered with anxiety.' *Age UK https://www.ageuk.org.uk/latest-news/articles/2017/october/half-aged-55-have-had-mental-health-problems/* IAPT data from England shows that patients receiving treatment for anxiety and depression aged 65+ have better outcomes (60.4% recovery) than younger patients (45.4% recovery). *NHS Digital (2016). Psychological therapies. Annual report on the use of IAPT services 2015-2016.*
Work	Over 30% of people in work in the UK are aged 50 and over - *CIPD (2015) Avoiding the demographic crunch* There are 3.6 million people aged 50—64 who are not in work – *Centre for Ageing Better (2017) Addressing worklessness and job insecurity amongst people aged 50 and over in Greater Manchester*
Relationship breakdown/ divorce	An Ipsos/Mori poll commissioned by BACP in 2017 indicates that rates of depression are highest (31%) amongst older adults (55+) who had experienced divorce or relationship breakdown in the past five years
Loneliness	More than 1 in 3 people aged 75 and over say that feelings of loneliness are out of control - *Independent Age (2016)* https://www.independentage.org/news-media/press-releases/one-third-of-older-people-say-feelings-of-loneliness-are-out-of-their
Retirement	Retirement has been recognised as a risk factor for depression – *Gabriel H. Sahlgren (2013) Work longer, live healthier – the relationship between economic activity,health and government policy. Institute of Economic Affairs discussion paper no.46*

Drugs and alcohol	Older men are at greater risk of developing alcohol and illicit substance use problems than older women. However, older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medications – *Royal College of Psychiatrists, London (2011) Invisible addicts.* Only 6–7% of high-risk people with substance misuse problems over 60 years of age receive the treatment that they require – *Royal College of Psychiatrists London (2015) Substance misuse in older people - an information guide*
Bereavement	Whatever the circumstances, the loss of a loved one is associated with intense suffering and can lead to serious mental and physical health problems - *Stroebe, Schut,& Stroebe, (2007) The health consequences of bereavement: A review. The Lancet.* A 2017 research project suggests that community-based bereavement counselling may have long- term beneficial effects to people experiencing or at risk of complicated grief – *Newsom et al (2017) Effectiveness of bereavement counselling through a community-based organisation: A naturalistic, controlled trial*
Dementia	There are over 40,000 people with early-onset dementia (onset before the age of 65 years) in the UK and in older adults, prevalence increases from 1.3% among those aged 65–69 to 32.5% among those aged 95 years and over. – *Alzheimer's Society (2014) Dementia UK update* Counselling does not appear to have a significant effect on dementia symptoms, but it may contribute to improving the quality of life of people with the disease in the short and medium term - *Hill, A. and Brettle, A. (2005) The effectiveness of counselling with older people: Results from a systematic review Counselling and Psychotherapy Research*
Suicide	Whilst suicide rates in the older population are generally lower than for younger people, there is an increased risk of suicide amongst men aged 80+ - *The Samaritans (2017) Suicide statistics report 2017*
LGBTQ	LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care facilities –*American Psychological Association (online) lesbian, gay, bisexual and Transgender Aging.* Prevalence of depression in older gay men and lesbians is higher than the general population – *Institute of Medicine (US) (2011) The health of lesbian, gay, bisexual, and transgender people: Building a foundation to better understanding.*

Care homes	There is an absence of specialised support, including counselling and assistance with communication in care homes – *Bowers H et.al (2009) Older people's vision for long-term care. Joseph Rowntree Foundation*
Prisons	The numbers of older people in prison is rising. 15% of the prison population in England and Wales are aged 50 and over. *Allen, G and Watson, C (2017) UK prison population statistics. House of Commons library* Some older prisoners have a physical health status of 10 years older than their contemporaries in the community. This can be due to a previous chaotic lifestyle, sometimes involving addictions and/or homelessness. *House of Commons justice committee (2013) Older Prisoners. Fifth report of session 2013-14: Volume 1*

This list is not exhaustive and will grow over time. In discussion of the range of topics, it was suggested that 'cancer care' is a distinct area of work to be added to the issues facing older people, and includes support to older family-members, partners and carers.

Workshop 1
Increasing understanding of efficacy of counselling for older people.

Current knowledge from published literature:

One in four older people in the community have symptoms of depression…. Depression occurs in 40% of people living in cares homes and often goes undetected[2].

Only 1 in 6 with depression discuss their symptoms with their GP.[3]

The Royal College of Psychiatrists estimates that 85% of older people with depression receive no help at all from the NHS.[4]

Many older people express a preference for talking therapies.[5]

Ipsos/Mori public perception survey:

BACP commissioned a public opinion poll of 1,685 adults aged 55 and over to increase understanding of the potential barriers to accessing therapy and exploring attitudes towards psychological therapy amongst older adults.

Key findings:

- 31% of respondents who had visited a healthcare professional for either depression or anxiety went on to attend counselling or talking therapy. This number reduces with age.
- Fewer men than women attended counselling and there was a direct relationship between income and attendance (people on lower income less likely to attend).
- 42% of respondents agreed that 'people of my generation know how to manage without counselling or talking therapy' and this increases to 51% of people aged 75+.
- 68% said they would be open to counselling if it were recommended to them, and of those who had attended therapy, 87% would recommend to family or friends with symptoms of depression.

Existing research and literature about therapy for older people is limited. Discussion focussed on identifying sources of existing information such as reports and evaluations of counselling services, case-studies of older people who have received counselling, therapists' reflections and accounts of their work, and potential partner agencies who share interest in increasing understanding of the impact and perceptions of counselling for older people.

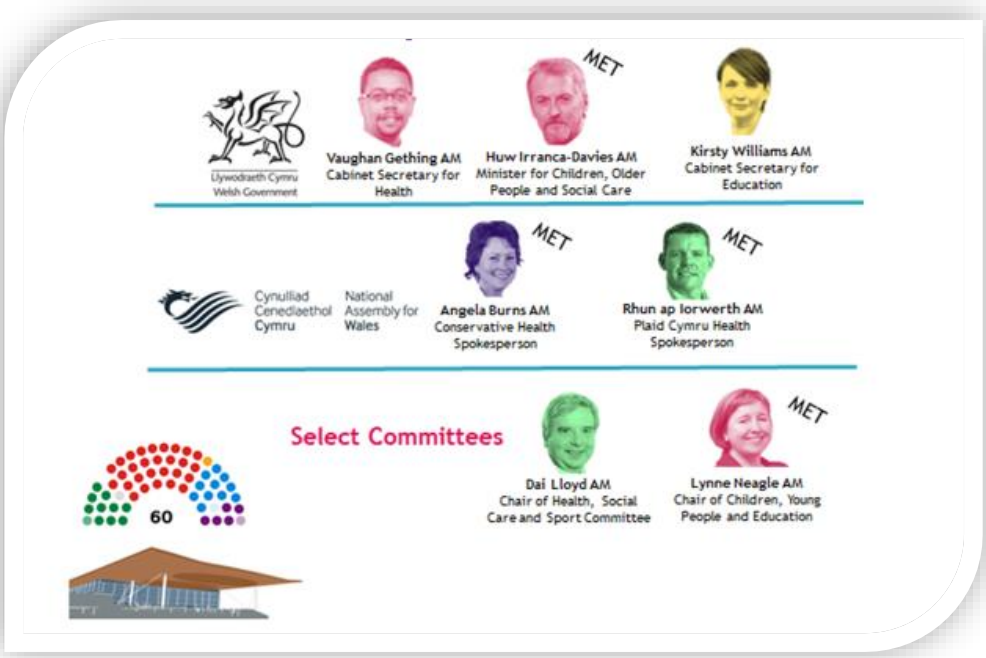
National, regional and local examples can be especially relevant in tailoring key messages and communications.

Output from Workshop Discussions	
Potential Source of Information	Next Steps
Age Connects Cardiff and the Vale	JB to contact Age Connects
Age Connects North Wales	Possible article and access to data from 'Voyager' project (JB/RW)
Universities of South Wales and Swansea may hold data on counselling/therapy	Contact with universities to introduce BACP older people work and explore partnership (JB)
Therapist accounts/case studies	Stories for *Therapy Today* or BACP web site that highlight work with older people (All – *please get in touch with ideas for articles or blogs)*
Re-Live.Org.UK	Review output for examples of older people discussing mental health and examples of 'talking heads' telling stories of later-life (JB)
Hywel Da Bereavement Service	Training includes focus on work with older people (JB to follow up with SDL)
Promoting counselling to older people	Next Steps
Need to produce resources with key messages for a range of audiences that describe and de-mystify therapy	Work with members in Wales to identify acceptable messages that demonstrate the value of counselling in promoting mental wellbeing and develop tools and processes to deliver to: • Older people's networks • Welsh government • OP Commissioner for Wales • Partner organisations
Focus on promoting wellbeing rather than on 'treating mental health problems' – the language and messages need to adapt to be acceptable to a wide range of audiences.	
Use existing 3rd sector older people networks to deliver the key messages (e.g	

Workshop 2

Calling for increased service accessibility for older people experiencing mental health problems.

BACP''s four nations lead, Steve Mulligan, presented an overview of work we are undertaking in Wales to secure positive change. We are leading a targeted programme of activity to promote the profession and ultimately influence Welsh Government to increase investment in, and access to, counselling, along with the politicians from the main parties.



Whilst visibility with members of the Welsh Assembly has so far been good, we are in the midst of a surprisingly changeable period for Welsh politics, with all the main parties either recently replacing their leaders (Lib Dems in January, Conservatives and UKIP in August, Plaid in September). We will see a new Labour first Minister in December, with either c Mark Drakeford AM (current favourite and Finance Secretary) or Vaughan Gething AM (Health Secretary) expected to replace Carwyn Jones AM, who shocked Welsh politics when he announced he would step down in April. Whatever happens it will provide an important opportunity to restate the case for counselling in Wales, and particularly with regards to supporting older people to secure the critical support they need.

Wales is the only Nation in the UK to have stipulated a Minister with named responsibility for older people - **Huw Irranca-Davies AM**, Minister for Children, Older People and Social Care. We had good links to Huw whilst he sat on the Mental Health Cross Party Group in the Senedd. Wales was also the first nation in the UK to appoint an Older People's Commissioner, an independent champion, standing up and speaking out on behalf of older people and shaping change at the very top of Welsh Government and society. The current Commissioner, Heléna Herklots CBE, started her role in August 2018. She was informed of our meeting and has asked BACP to provide a report detailing key themes and messages.

Output from Workshop Discussions	
Targets and focus of key messages	Next Steps
It was felt the current legislative frame work provided a useful lever to help us push local health boards to do more to provide counselling support for older people and wasn't currently being applied.	BACP to review this issue - this could be part of the key communication messages that we share with BACP representatives on the ground to help us make the case to local authorities on the ground
A very Welsh specific issue is the impact of post-industrial decline, especially in the coalfields and valleys, where young people have left to find work and the community left behind are older, and physically isolated. The challenge is further compounded by austerity cuts to local budgets, which has further reduced funding and removed mobile interventions designed to help these hard-to-reach communities. An additional complication is the harder to define cultural barriers that exist. A couple of speakers noted that there was a provide with working class, welsh committees which often prevented them reaching out for help and therefore any intervention would need to be sensitive to this.	We are keen to explore these issues further, we believe this narrative provides a very welsh specific focus in line with our Four Nations strategy and also helps satisfy our corporate focus on Social Justice.
A number of members noted that it would be good to get commissioners of services to meet and speak with counsellors and beneficiaries to improve their understanding of positive outcomes.	BACP is looking at improving the voice of counsellors and beneficiaries in all our comms work. We are keen to explore providing "ambassadors" with resources, such as predesigned presentations to help to promote the profession.
A few members noted that Older people in Wales, particularly in the north and west were predominately Welsh Speakers and were not being served by Welsh speaking therapists (in line with the Welsh Language Act).	BACP to explore this matter further. Keen to see if this is an issue with other services and how they combat this.

The group noted that newer communities In South Wales faced a similar challenges with regards to accessing therapists with requisite language skills – Somalian and Polish communities in Cardiff were examples.	
Members noted that BACP should reach out to existing organisations such as Mind Cymru, Gofal, Hafal and Age Cymru / Age Connect	BACP has good relations with the mental health lobby in Wales through the Senedd all-party group but we are keen to establish better links to older people charities and representative groups. Alongside our direct engagement we would like members to begin to enage with these organisations on our behalf, particularly at more local contexts.

Discussion

Members were invited to share their experiences and reflections of counselling older people in discussing three specific issues.

What is different in working with older clients?

- It can take more time to establish the therapeutic relationship with an older person.
- Many older people have experiences a number of transitions, including loss of their spouse, health changes and perhaps moving away from their family home.
- It's not uncommon to be working with a client on one issue (e.g bereavement) and to find that as the therapy unfolds there are other issues that have been buried or ignored and that date back to past trauma or difficult life events.
- Some therapists have found that older clients are willing to work at levels of considerable depth and value the time that they are being allowed to tell and make sense of their stories.
- It's important to be prepared to work in a psycho-spiritual way as it is more likely that older clients may wish to engage in issues around their own mortality ("More time has passed than lies ahead").
- Self-care for the counsellor is important in all areas of work, but additional diligence may be needed when dealing with existential issues and the therapist's own mortality may come into focus.
- Often older people need to deal with practical issues before they engage in therapy. "The client may not even have hot water in their house. We need to find a way to deal with more pressing needs before delivering therapy".

What are the barriers to older people accessing therapy?

- Older generations are less aware of counselling and unfamiliar with the language of mental health, wellbeing etc. and therefore therapy has a 'sense of mystery' attached to it.
- Some may believe that it is 'rude' to talk about themselves. Others have long-held belief that they shouldn't 'air their dirty linen' to others.
- Some former industrial towns and communities have deep-rooted traditions and values that make them unfamiliar or even wary of doing things differently (this may include reluctance to 'accept charity' where the 3rd sector are delivering services). The emigration of younger people from these communities, can further isolate and embed old values.
- Practical barriers such as transport and mobility can stop people getting the services and support they need.
- Service structure and requirements may be at odds with the needs of older people. Limiting numbers of sessions hinders therapeutic processes. There is a danger of creating 'impatient therapists'.
- The relative age if the practitioner may prove an initial barrier to an older client; they may see themselves as the sort of person that others cone to for advice. Some clients have expressed 'surprise' and 'disappointment' that their counsellor is a trainee – it takes time to move past this to the therapeutic relationship.

What small changes can make a difference?

- Being flexible from the outset and adapting initial sessions to reassure, answer questions and enable the client to feel at ease in talking about themselves.
- Taking time to explain clearly the difference between 'having a chat' and the therapeutic process.
- It's important to give older people time to get to deeper issues.
- Services could offer home visits to increase.
- There is a need for specialist training, like specialisms in children and young people – others suggest that recognition of OP issues could be incorporated additionally into existing training.
- Workshops and presentations to community groups in the more rural and isolated areas.
- Make re-referral easier, so that session-limited services can effectively be extended – but don't encourage dependency!

Next Steps

- Case-studies and stories of BACP members' experience of work with older clients are very welcome – if you have an idea that you'd like to discuss please get in touch.

- Key themes from the meeting will be incorporated into our report to the Older People's Commissioner for Wales.

- Updates on the older people strategy work will be included in your BACP e-bulletin, Therapy Today and on the older people landing page of the BACP web site.

- The *Older People Expert Reference Group* remains open for interest of members as part of the BACP volunteering scheme.

Comment from feedback forms	
What was most beneficial aspect of the meeting?	Further comments
Discussion	More in Cardiff, please
Increasing information	More conferences in Cardiff
The fact that BACP is highlighting this issue	Thanks for coming to meet us all
Sharing experiences/opinions	
Networking – reigniting my passion.	
Opportunity to share experiences with other practitioners.	Always an act of skill to host a round-table discussion with impassioned people and limited time and to retain structure to the proceedings! Topics mixed and merged but overall the issues were thrashed out and covered, with opportunity for further engagement post-meeting. Thanks guys ☺

Thanks to all who contributed to the discussion and shared so openly and respectfully their experiences and reflections on their work.

[1] Age Uk (2016). *Hidden in Plain Sight – The unmet mental health needs of older people.*

[2] Godfrey, M et al (2005). *Literature and policy review on prevention and services. UK inquiry into Mental Health and Well-Being in Later Life*. London: Age Concern/Mental Health Foundation.

[3] Chew-Graham, C; Burns, A & Baldwin, R (2004) Treating depression in later life: we need to implement the evidence that exists. Editorial. *British Medical Journal*329: 181-2.

[4] Royal College of Psychiatrists press release, 29 October 2009

[5] Givens, J; Datto, C; Ruckdeschel K et al (2006). Older patients' aversion to antidepressants: a qualitative study. *Journal of General Internal Medicine*. 21:146-51.