

# **Positive Mental Health – learning from Ageing Better**

## **Introduction**

Ageing Better is a test and learn programme. It is collecting information and insights from across 14 partnerships to identify learning that will be useful for other programmes and organisations delivering activities aimed at reducing social isolation in people aged 50+.

This paper is based on the learning and insights from Thanet, Middlesbrough, Leeds, Leicester, Sheffield and Hackney Ageing Better areas who attended a workshop to explore the importance of mental wellbeing.

## **Context**

### **Ageing Better context**

We know from our learning so far that the reasons why people aged over 50 become socially isolated are many and varied, often occurring in combination meaning that people's situations and circumstances will be both individual and complex.

One of the key risks for social isolation identified so far within our learning is having a mental health issue (whether diagnosed or not). We have also found an additional risk is that of people having poor self-confidence and poor self-esteem. This lack of confidence can weaken social connections and potentially contribute to a downward cycle leading to poor mental wellbeing.

Equally a highlighted point of learning was that if you can increase someone's wellbeing and improve their self-confidence, then this will have a positive effect in helping to reduce a person's social isolation.

Many of our usual learning reports have gone on to explore and report on specific projects and interventions which have taken place under the theme being considered. In this report we want to explore and acknowledge the messages we have heard from areas about the impact that positive mental wellbeing can have in both building an individual's resilience to cope with life transitions and in helping to prevent social isolation and loneliness.

We also go on to highlight the importance of and the impact that someone feeling

part of a network and community plays in reducing social isolation and loneliness. We end with a summary of the learning around the role that groups play in this and consequently their role in supporting positive mental wellbeing.

## **Mental Wellbeing in people aged 50+**

Although much of the focus of work in Ageing Better has been on addressing problems when they have become entrenched, Ageing Better has also sought to work in a preventative way.

The Mental Health Foundation<sup>1</sup> identifies that *‘Preventing the onset of mental health problems before they occur, and supporting people to stay well, is an important approach to improving mental health in our communities’*

Working in a preventative way will, it is hoped help reduce some of the scale of the challenge linked to poor mental health in people aged over 50. Research by Age UK and NHS England<sup>2</sup> identified that 7.7 million adults aged 55+ have experienced depression and 7.3 million have suffered anxiety. Saga identified a third of over 50’s experienced a mental health challenge and one in five had experienced a decline in their mental health.<sup>3</sup>

But the flip side is that four out of five older people do not report a decline in their mental health. Through our Ageing Better work we identified some common characteristics of people with positive mental wellbeing. They were:

- Connected - they had a support circle of family and/or friends as well as being part of a wider network of people
- Purposeful - they continued to have a sense of purpose, beyond work, including volunteering or being with others
- Proactive - they felt confident, and were willing and able to ask for help when they needed it and planned for their retirement or the next phase of their lives
- Secure - they had appropriate and suitable housing and finance. They felt able to live within the limitations of their mobility, health and level of service accessibility allowing them to remain active and connected

These factors are also identified by wider research. The Mental Health Foundation also identify five key factors which affect the mental health and wellbeing of older people: Discrimination, Participation in Meaningful Activities, Relationships, Physical Health and Poverty. The research by NHS England and Age UK showed that 72% of older people thought having more opportunities to connect with other people would be the best way to help people experiencing mental health problems.

**Key Message: Poor mental health is an actual and potential problem for a large number of people aged 50+. However, there are people with positive mental health who share common characteristics including being connected, having financial security, as well as a purpose and being willing to reach out and ask for help**

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<sup>1</sup> <https://www.mentalhealth.org.uk/a-to-z/p/prevention-and-mental-health>

<sup>2</sup> <https://www.ageuk.org.uk/latest-news/articles/2017/october/half-aged-55-have-had-mental-health-problems/>

<sup>3</sup> <https://newsroom.saga.co.uk/news/one-in-five-report-a-decline-in-mental-health-with-age>

## What puts mental wellbeing at risk?

We know there are a variety of factors that can impact the mental wellbeing of people aged over 50. This includes not just those with diagnosed or undiagnosed mental health conditions, but also those who are potentially at the beginning of a downward spiral.

There are a wide range of factors that influence our wellbeing. NHS England and Age UK identified bereavement, physical health and financial worries as common triggers to poor mental health. Work by Guy Robertson on the psychological drivers of loneliness<sup>4</sup> also identifies how important a person's perception of their experiences are and how important it is to support people identify strategies for moving forward and allowing people to take more control and increase their sense of purpose.

Our work with front line workers within Ageing Better has identified a wide range of factors that can put a person's mental wellbeing at risk. These include lacking a sense of purpose, changes in physical health as well as life transitions, including bereavement.

A key message from front line workers we hear continually is the importance that the lack of confidence plays as a key risk factor for people's mental health wellbeing. There are many causes for this loss of confidence but all impact by preventing people from engaging in the kinds of protective activities that contribute to positive mental wellbeing. Lack of confidence acts as a barrier to people engaging with meaningful activities, including taking part in groups or volunteering.

Another key risk factor is older people being unwilling to ask or accept help (as well as not knowing what help may be available). Again there are many factors linked to this including that of the perceived stigma around mental health, links with dementia and lack of mental health services for older people. The research by NHS England and Age UK identified that 1 in 4 older people felt it was more difficult for older people to discuss mental health problems compared to younger people. There are also additional specific cultural implications which impact here. These can also act as a barrier for people aged 50+ being willing to ask for help.

**Key Message: There are several risk factors which contribute to people's mental wellbeing declining. Frontline workers continually identify a lack of confidence and self-esteem as a barrier to people engaging in activities and the consequence this has for engaging in protective activities.**

### **Insights from Ageing Better on improving mental wellbeing**

Our insight from Ageing Better highlights the importance of offering a variety of opportunities in as flexible a way as possible for people to engage with. In effect this means providing a combination of specific interventions, groups and community work which help people maintain a sense of purpose and connection.

### **Group activities**

The main preventative work undertaken through Ageing Better has been establishing and supporting a wide range of group activities. Through Ageing Better new groups have been formed but we have also gained a greater awareness of both the importance of and ways in which existing groups work. Being part of a groups can act

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<sup>4</sup> (<http://positiveageing.org.uk/about-us/>) <https://www.emerald.com/insight/content/doi/10.1108/QAOA-03-2019-0008/full/html>

in a preventative way as it provides people with a range of meaningful activities to engage with in a social environment. It can also provide a route both to a wider range of social connections and a wider range of activities to engage with, including volunteering. The groups can also raise awareness of the range of specific services that may be available including those around mental health.

We have learned from Ageing Better that some groups can be self-sustaining with minimal support. But there will be groups, particularly those supporting people with additional needs where ongoing engagement and resourced support is needed. We also know that not all groups will be appropriate for all people and a wide range of choice in both groups and activities within any community is needed.

Our learning around the groups is developing and we anticipate providing more detail in a future learning report. Our considerations when developing group activities based on the learning from Ageing better to date include:

- A warm welcome - across Ageing Better there are a variety of different ways in which groups provide a warm welcome. This includes providing a welcome buddy or identifying a member of the group who welcomes people on arrival. The warm welcome can also extend to checking in with people who fail to attend and helping to connect people to other activities and services they may find beneficial. It is also important to build in flexibility with the option to pause support if people need it and to not add additional pressure on someone - whilst keeping in touch and ensuring they can return when they are ready.
- Sense of ownership - we have found groups benefit from a sense of ownership. This often includes some form of financial or skills contribution. We find people are often put off by a formal 'ask' to run a group but are happy to help out at sessions. A flexible approach to volunteering to help the group run is needed. It is also important to give people flexibility and choice about how and when they engage with the group.
- Choice - we have found that effective groups provide members with choice. This includes helping to set the activities, design the programme or take part and run particular sessions. This also includes the opportunity to go outdoors and to help people stay active.
- Work in partnership - this is important in terms of finding the participants who will be involved in the group. Working with already trusted individuals or groups in a community will be vital especially around the theme of mental health. Links and (where appropriate) specific referral pathways to other organisations and sources of support will also be important.
- Opening up the group - many groups have a "closed" membership and there can sometimes be good reasons for this. However, we have found opening up the groups at times to a wider network of friends, family and the community, including opportunities for intergenerational work can help raise the profile of the group, aid sustainability and can have a direct benefit to the members.
- Venue and facilitator - the venue is important from a number of perspectives. This include location, access into the building and the facilities available. Our learning is that often the venue needs to be informal and "neutral", providing a place where people feel comfortable and "safe". It is equally important to have the right and consistent facilitator for the group. This contributes to making people feel welcome but also helps to build relationships and to support signposting for people in need.

- Promotion of a group - we found making use of group members including those who can act as ambassadors or champions for the group can help raise awareness and drive up participation. Language used when promoting the group is also important e.g. not using words like loneliness or old or mental health.
- Managing change - all groups go through change. This includes changes in both membership and leadership. We found through Ageing Better that groups are also vulnerable to low level conflict which can be destabilising for the group. We found it is helpful to provide additional training and support to people running groups including support around conflict resolution and managing any financial element such as the collection of subscriptions or charges.
- Recognise barriers - for some people there are physical barriers to attending groups including the lack of or cost of available transport. Even when groups are 'free' to attend there are often hidden costs for participants in attending them e.g. food, transport and clothes. We found it was important to understand the barriers and work to overcome them. This can include offering subsidised transport or developing buddy systems to help more people attend.

**Key Message: Groups play an important role in preventing a decline in mental health by providing meaningful activities that people want to engage with. Some groups will be self-organising but others, particularly those supporting people with more complex needs will have an ongoing need for support from other organisations which will include paid staff**

## Specific interventions

The purpose of this paper is not to detail the Ageing Better approaches and interventions to address poor mental health. Ageing Better areas have, however, identified a range of approaches that can help engage people who are at risk of declining mental wellbeing and so act in a preventative way.

We heard that it was often effective to link discussions about mental health to other activities. This includes examples of where mental health and wellbeing are linked to activities like walking football or takes place in social settings and groups. This work helps raise awareness of what is available for people if mental health declines. Part of this is linked to continuing perceptions of and stigma related to mental health. Again, we learnt that the language used to describe a group's activities and their membership will be important to consider.

We also found that peer support was effective at encouraging people to both take part in groups and activities and to then go on and share information. This was particularly powerful as the people providing the information and support had had similar experiences and were more likely to be listened to. A further message was that it was useful and effective for activities around mental health and wellbeing to take place outside of a clinical environment.

Connecting and engaging people takes time and we found it is important to build relationships that will allow and support people to ask for and access help when they need it and in their own time. It is important therefore to offer opportunities for people to engage with activities over a flexible and non-pressured length of time. This also means building empathy and listening to people - allowing space and time for relationships to build also allows the conditions for people to spot the signals that

things may not be going well.

We also identified that it was important to provide opportunities for people to plan and set goals, helping them to develop meaningful activities and a sense of purpose. In Leicester they have developed a mental health curriculum to help people reflect on the specific actions they could take in their own life to improve or maintain their personal mental wellbeing.

Social Prescribing can play an important role in helping to connect people who are at risk of a decline in mental wellbeing with groups and activities. However, it is important for funders and commissioners to recognise the importance of funding the activities to which people are being prescribed and that these need support.

**Key Message: Delivering interventions to promote mental wellbeing work well when delivered away from a clinical setting. We found it works to deliver sessions as part of other social activities and to help raise awareness of the support that is available and reduce stigma. As far as possible activities and offers should be long term to allow relationships to be built and to allow peers and professionals to be able to identify warning signs of any decline in mental health.**

### **Further information**

- Ageing Better Middlesbrough - [Story of loneliness conference - the value of mental health support for older people](#)
  
- Age Better in Sheffield - [Keep calm and listen - holding effective conversations with people with a mental health condition](#)
  
- Bristol Ageing Better - [Wellbeing Pilot Projects Key Learning](#)  
& [Mental Health & Wellbeing](#)

More information on Ageing Better and on our wider insights from across the programme are available at [Ageing Better](#)