



Commissioner for Older People
for Northern Ireland

Draft Mental Health Strategy Consultation 2021-2031

**Response from the
Commissioner for Older People
for Northern Ireland**

March 2021



Consultation Questions:

Vision and Founding Principles

Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?

Mostly agree

Further Comment:

The Commissioner for Older People for Northern Ireland welcomes the opportunity to respond to the Department's consultation on the Draft Mental Health Strategy. More people in Northern Ireland are living longer and healthier lives than ever before. As the population in Northern Ireland becomes older (by 2043, 24% of the population will be over 65 years) more creative, strategic decisions are required to respond to the needs of older people. A ten-year strategy for mental health provides the opportunity to provide comprehensive planning for Northern Ireland that meets the needs of this changing demographic in Northern Ireland.

Since the start of the pandemic, older people 'have experienced a higher risk of mortality and faced isolation due to restrictions on visits from family members, resulting in deterioration in mental and physical health'.¹ Public (and community) service provision for older people across most sectors has been reduced, modified or halted entirely.

While the full impact upon older people in our society remains to be seen, our caseload, early-stage data and research points to the need for extensive increased public service provision for older people to address the growing fall-out of the crisis. COPNI holds that the disproportionate harm endured by this section of society during the pandemic requires a commensurate uplift in public expenditure to tackle the inequality experienced.

¹ How Coronavirus has Affected Equality and Human Rights, Equality and Human Rights Commission, 2020, p.6

Increased investment in mental health services is required to ensure further instances of health inequality do not recur; and that older people, amongst those most isolated during the pandemic, are supported to re-integrate into community networks.

While the rationale for challenging health inequality is self-evident, supporting the process of re-connecting isolated older people to society post pandemic must not be regarded as an extravagance.

Older people's ability to survive without certain services in their community over the past year should not be construed by policymakers as indicative of a lack of need (and therefore funding) for such services. Additionally, the corollary of the adverse impacts to living in care homes, could drive a major requirement for increased mental health services for older people in the community.

Do you agree the founding principles set out provide a solid foundation upon which to progress change?

Mostly agree

Further Comment:

The inclusion of principles is a good basis for all policy, decision making and allocation of resources. It is important that there will be emphasis given on the importance of all organisations having due regard to the principles in all decisions for mental health services together with consistency in the application of the principles in practice.

Theme 1: Promoting wellbeing and resilience through prevention and early intervention

Do you agree with the ethos and direction of travel set out under this theme?

Mostly agree

Further Comment:

Theme 1 relates to the two important areas of prevention and early intervention. Paragraph 38 of the draft strategy recognises that *'it is important to focus on the promotion of wellbeing, prevention and early intervention throughout the whole life of*

the person, incorporating initiatives from perinatal and early years through childhood and early adulthood, working life and into later life.'

The draft strategy also acknowledges that the various factors impact on older people including:

- unemployment
- isolation / social inclusion
- emotional resilience and mental well being

However, in the Actions recommended under Theme 1, there is no specific reference to the needs of older people in terms of prevention and early intervention. Therefore, the proposed action plans to be developed under Action 1 will require specific, dedicated focus on the needs of older people. As well as the areas already outlined in the research in the draft strategy document, consideration should also be given to other prevention and early intervention services including:

- Access to appropriate bereavement services that consider the needs of older people. Older people are more likely to experience bereavement than any other age group and are less likely to seek help than younger bereaved people.² The further disproportionate, negative impacts experienced by older people during the pandemic emphasises the need for commensurate interventions and protections being in place to tackle the consequences upon this section of society.
- Specific support and services for dementia. It is estimated that around 20,000 people in Northern Ireland are currently living with dementia.³ . A recent study published in the Lancet evidences that lifestyle factors including exercise, diabetes, depression and obesity could all potentially play a part in the prevention of dementia and that more than a third of dementia cases might be preventable.⁴

² <http://www.cpa.org.uk/information/readings/bereavement.pdf>

³ <https://www.alzheimers.org.uk/about-us/policy-and-influencing/national-policies/dementia-strategy-northern-ireland>

⁴ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31363-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31363-6/fulltext)

Theme 2: Providing the right support at the right time

Do you agree with the ethos and direction of travel set out under this theme?

Mostly agree

Further Comment:

For those older people requiring targeted mental health support, availability and access to the right services is essential. The draft strategy focuses on the needs of the younger population. However, in accordance with the United Nations Principles for Older Persons⁵, older people have the right to be healthy and have the right to adequate care. There must be clear and transparent accountability for the delivery of adequate, effective, and safe care for older people.

ACTION 8 does specifically address the needs of older people adding that *'the artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.'* Services designed to meet individual needs are important, and COPNI acknowledges that there needs to be more modern services that reflect the current needs of the increasing older population. Research demonstrates that where there is specific focused service provision, the needs of the older population are better met. The British Journal of Psychiatry⁶ reports significantly fewer unmet needs in patients attending specialist old-age services; and the UN/WHO Global Report on Ageism cites evidence that mental health professionals are often not adequately trained to diagnose and work with older patients.⁷

It is vital that Action 8 of the strategy is further expanded to confirm that specialist services for older people will be provided and developed or enhanced where required. This is required to ensure that adequate resources are dedicated to older people's services. Without specific reference to the provision of sufficient good quality specialised mental health services for older people, there is the very real risk that their needs will be unrecognised and remain unaddressed due to the lack of adequately funded services.

⁵ United Nations (1991) United Nations Principles for Older Persons

⁶ <https://pubmed.ncbi.nlm.nih.gov/26450580/>

⁷ <https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un>

Respect for personal autonomy and human rights should be central tenets in ensuring the needs of older people are identified and met. When circumstances arise whereby older people require treatment or assessment for mental health, they themselves should play an active role in the decision-making process. Whilst policy determinations should not be reached solely on the basis of age, the autonomy of older people needs to be protected and respected.

The draft strategy refers to 60% of care home residents experiencing mental health problems. This can include a lack of availability of suitable high-quality beds in residential or nursing homes, adequate rehabilitation support as well as timely access to aids and adaptations.⁸ Work is ongoing in public health in Northern Ireland to consider the requirements for enhanced clinical care in residential care settings, recognising the evolving complexity of the medical needs in care homes. The needs of the residential care population have to be considered in the light of the current pandemic. The decrease in care home occupancy will directly impact on the increased demand for community services that will be required to be in place to address the mental health needs of higher numbers of older people remaining at home. This should also be considered in relation to Action 9, and the requirements for the right community services to be available for older people.

The new Mental Capacity Act provisions in relation to deprivation of liberty impact directly on older people with orders made in relation to those older people diagnosed as lacking capacity, and their subsequent deprivation of liberty in care homes. Consideration should be given to further specific reference to this in Actions 15 – 18 of the draft strategy.

Action 20 relates to substance abuse and older people. Again, there is no specific reference in the draft strategy to the differing needs of older people. A 2011 report by the Public Health Authority⁹ (PHA) found that Alcohol and substance abuse among older people is widely under reported. The report refers to research from The Royal College of Psychiatrists which indicates that approximately ‘1 in 6 older men and 1 in 15 older women are drinking enough to harm themselves.’ Services need to be

⁸ https://www.copni.org/media/1121/prepared_to_care_modernising_adult_social_care_in_northern_ireland.pdf

⁹ <http://conflictresearch.org.uk/wp-content/uploads/PHA-Substance-Misuse-among-Older-People-May2011.pdf>

developed to address the needs of older people that are suitable for their age and circumstances, together with focused and targeted training for those working with older people on issues related to the different forms of substance misuse including alcohol abuse and the abuse of both legal (prescription medication) and illegal substances.

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Mostly agree

Further Comment:

Whilst the new ways of working proposed in the draft strategy are to be commended, it is important to note that inherent discrimination on the basis of age is prevalent in many policies and decisions about the provision and funding of services for older people. Negative attitudes to older people have been brought into even greater focus across society as a result of the pandemic. The media narrative openly described an ageing population draining public resources and health provision, which feeds the existing wider public perceptions and attitudes that older people are a burden as opposed to valued members of our society.

This has been highlighted in research during the pandemic. The World Economic Forum in 2020 emphasised that *“Ageism tends to paint all older adults as the same. The reality is that older persons are diverse and have several different identities. They are more than their age”*¹⁰

A report by the World Health Organisation (WHO) published in March 2021 confirms that ageism is associated with poorer mental health. *“Ageism has serious and wide-ranging consequences for people’s health and well-being. Among older people, ageism is associated with poorer physical and mental health, increased social isolation and loneliness, greater financial insecurity, decreased quality of life and premature death. An estimated 6.3 million cases of depression globally are estimated to be attributable to ageism. It intersects and exacerbates other forms of bias and*

¹⁰ COVID-19 worsened ageism. Here’s how to help older adults. | World Economic Forum (weforum.org)

disadvantage including those related to sex, race and disability leading to a negative impact on people's health and well-being.”¹¹

Prioritisation

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

The highest priority for COPNI is Action 8 in relation to the services of older people, together with Action 1 (prevention and early intervention).

¹¹ <https://www.who.int/westernpacific/news/q-a-detail/ageing-ageism>