

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

MHI 46

**Ymateb gan: | Response from: Cymdeithas Geriatreg Prydain | British
Geriatrics Society**



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Russell George MS
Chair, Health and Social Care Committee
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24 February 2022

Dear Mr George,

Mental health inequalities – Submission from the British Geriatrics Society

The British Geriatrics Society (BGS) welcomes the opportunity to contribute to the Health and Social Care Committee's inquiry into mental health inequalities. The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,500 members across the UK, including more than 200 in Wales.

Disproportionately affected populations

Older people are at significant risk of mental illness and depression is more common in people aged over 65 than any other age group.ⁱ 22% of men and 28% of women over the age of 65 are affected by depression.ⁱⁱ Older people as a population are disproportionately at risk of mental ill health and many find it difficult to access the treatment and support they need.

Older people's mental health can be sub-categorised into three broad areas. As already described, older people experience conditions such as depression, anxiety and psychosis which can affect people at any age. Older people are also at risk of developing progressive neurodegenerative disorders such as dementia. Approximately 42,000 people in Wales have dementia with the disease affecting one in 20 people aged over 65 and one in five people aged over 80.ⁱⁱⁱ Dementia is estimated to affect 1.4% of the population of Wales.^{iv} Finally, many older people experience social isolation and loneliness due to a range of factors including bereavement, longevity (outliving a spouse or friends) and poor health limiting mobility and socialisation.^v

Within the older age group, there are several groups of older people who are further disproportionately affected by poor mental health with a variety of factors affecting access for each group.

Patron HRH The Prince of Wales

- Those unable to access services – some older people are simply unable to access services because they are physically unable to attend clinics and other services, especially older people who have frailty. Older people who do not have family or friends to advocate for them can also experience difficulty in accessing services. This can be compounded as society moves to online solutions further disadvantaging older people.
- Lower socioeconomic groups – those from lower socioeconomic groups face a multitude of barriers to accessing services.
- Ethnic minority communities – people from ethnic minority communities face a variety of barriers to accessing services, especially for dementia. For some, there are language barriers which can result in a delay to diagnosis. In some cultures there is a taboo around dementia or a lack of understanding with some languages not having a word for dementia.^{vi} BGS members in Wales report particular problems engaging with older people from Eastern European backgrounds, finding that many have come to the UK from very deprived areas of their home countries. They often have problems with alcohol dependency in the UK and struggle to access services due to language barriers.
- Rurality – many older people in Wales live in rural communities which are often more deprived. There is a lack of health service availability in some of these areas as it is difficult to recruit staff to these areas. The impact of this, particularly in primary care, is that many of these areas are served by locum GPs and older people are not able to develop relationships with their GPs and build trust. They are therefore less likely to raise concerns about mental health with healthcare professionals that they do not trust.
- One group that is particularly neglected in terms of older people's mental health in Wales is carers. Many are also older people themselves and find they neglect their own health and wellbeing while trying to arrange care for their loved one.

Barriers to better care

Better recognition of mental illness in older people.

Depression in older people can be harder to diagnose when compared to younger populations. Many older people present to health services with apparent physical health conditions masking mental health conditions. These patients are inevitably referred to services such as physiotherapy, hospital clinics or for scans to further investigate illness rather than being referred to mental health services. Better awareness of mental illness in older people is needed among both the general public and healthcare professionals to ensure that older people are referred to appropriate services the first time, rather than having unnecessary physical investigations first.

Services for people with dementia remain a challenge. Only 53% of patients with dementia in Wales currently have a diagnosis according to Alzheimer's Research UK.^{vii} The development of the nurse consultant post is a huge improvement but much more needs to be done to improve diagnostic services for people with dementia.

Healthcare services are also not as good as they should be at recognising grief and providing services to support people who are grieving. Many older people experience grief, having outlived partners and friends. The COVID-19 pandemic has affected older people more than any other population group and more older people now are experiencing delayed grief. Healthcare professionals do not have the skills they need to recognise when older people are struggling with their grief and when they do recognise that their patients are grieving, they do not have the services available to refer them to.

Access to non-pharmacological interventions

Access to non-pharmacological interventions for mental health conditions, such as cognitive behavioural therapy, is very limited with many people waiting months to receive treatment. Research from Mind Cymru found that thousands of people across Wales are waiting longer than the target time of 26 weeks to access psychological therapies.^{viii} The Wales Audit Office found considerable regional variation in the availability of psychologists and psychological therapists with Gwynedd and Carmarthenshire having substantially better provision than other parts of the country.^{ix}

In addition, psychological therapies are often provided remotely using digital technology. This can make it difficult for people with cognitive, hearing or visual impairments to access. Older people are also less likely to have access to digital technology. Although the number of older people with access to the internet is rapidly increasing – 54% of those aged 75 and over in 2020, up from 29% in 2013^x – a large number of older people are still digitally excluded with only 36% of people aged 75 and over in Wales possessing basic digital skills.^{xi} Providing psychological therapies through digital technology can have the unintended consequence of excluding older people who do not have the equipment or skills to access such technology.

Welsh language capacity within the NHS

In some parts of Wales, access to healthcare professionals who speak Welsh is a particular problem. Some people with dementia revert to speaking their first language, forgetting other languages that they have learned subsequently; for example, people who speak Welsh as a first language, can forget English. While some healthcare professionals speak Welsh, (6.2 Welsh speaking GPs per 10,000 Welsh speaking population)^{xii}, many healthcare professionals in Wales do not speak Welsh. Nursing deficits in particular mean that many nurses in Wales have come from overseas and do not speak Welsh.

Access to residential care for people with dementia

Older people with mental health conditions find that they are unable to be discharged from hospital as quickly as other as there is a lack of capacity within the community mental health service and not enough placements in residential care homes for older people with dementia. Delayed discharges can have particularly negative consequences for older people as they can decondition both physically and mentally if they are in hospital for too long without medically needing to be there. This may lead to additional temporary placements or ward moves which are known to be harmful.

Impact of Welsh Government Policy

BGS members report particular problems with the availability of funding especially funding from the Senedd which is distributed on an annual basis. Because funding is non-recurring, it can be difficult to recruit staff without a guarantee that the funding will continue the following year. BGS members report that by the time funding from the Government begins, it is not possible to recruit for more than a nine-month period. Funding recipients are also required to report on a quarterly basis, providing an additional burden. This includes programmes such as GP-led memory clinics and Memory Link services for older people with dementia.

BGS members also have concerns about the geographic distribution of funding with services in the south of the country more likely to receive funding. This often means that some areas of the country

are significantly under-served by services and patients need to travel considerable distances to receive the care that they need. One example of this is people with Parkinson's Disease travelling from Powys to Aberystwyth to receive care.

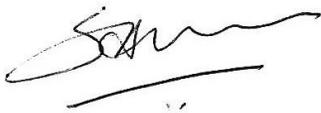
We welcome the Senedd's commitment to funding to the role of National Clinical Lead for Falls and Frailty. BGS members are actively engaged with the lead to support the team, ensuring that older people are prioritised by the Government.

Conclusion

BGS members report that older people's mental health services in Wales are currently in crisis. Provision of services is not sufficient to match demand and members report a recent increase in the number of relatives of people with dementia who are in crisis. Support for both patients and families is lacking with people waiting more than eight weeks for a support package. This wait in itself has a significant impact on mental health with people becoming suicidal while waiting for support. We welcome the Committee's focus in this area and would urge immediate action to improve mental health services for older people and their families in Wales.

Thank you for the opportunity to contribute to this important inquiry. If you wish to discuss our submission with us or would like a member of the BGS Wales Council to give oral evidence to your inquiry, please contact our Policy Manager Sally Greenbrook at to make arrangements.

Yours sincerely,



Professor Sam Abraham
Chair, BGS Wales

ⁱ Audit Commission in Wales, 2004. *Developing mental health services for older people in Wales: A follow-up to Losing Time*. Available at: <http://www.wales.nhs.uk/documents/MHSOP-20report.pdf> (accessed 4 February 2022)

ⁱⁱ Mental Health Foundation, 2016. *Mental Health in Wales: Fundamental Facts 2016*. Available at: <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf> (accessed 4 February 2022)

ⁱⁱⁱ NHS Wales, Undated. *Health in Wales: Dementia*. Available at: <http://www.wales.nhs.uk/healthtopics/conditions/dementia#:~:text=Dementia%20is%20a%20major%20public,over%20the%20age%20of%2080>. (accessed 4 February 2022)

^{iv} Alzheimer's Society, 2015. *The hidden cost of dementia in Wales*. Available at: https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/the_hidden_cost_of_dementia_in_wales.pdf (accessed 4 February 2022)

^v British Geriatrics Society and the Royal College of Psychiatrists, 2019. *Position statement on loneliness and social isolation*. Available at: https://www.bgs.org.uk/sites/default/files/content/attachment/2019-12-16/BGS%20Loneliness%20position%20statement%202019%20FINAL_0.pdf (accessed 4 February 2022)

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- ^{vi} Alzheimer's Society, 2021. *Ethnic Minority Communities: Increasing access to a dementia diagnosis*. Available at: https://www.alzheimers.org.uk/sites/default/files/2021-09/ethnic_minorities_increasing_access_to_diagnosis.pdf (accessed 7 February 2022)
- ^{vii} Alzheimer's Research UK, 2021. *Dementia Statistics Hub: Diagnoses in the UK*. Available at: <https://www.dementiastatistics.org/statistics/diagnoses-in-the-uk/#:~:text=The%20dementia%20diagnosis%20rate%20in,Scotland%20was%2067%25%20in%202018.> (accessed 23 February 2022)
- ^{viii} Mind Cymru, undated. *Too long to wait: Specialist psychological therapies in Wales*. Available at: https://www.mind.org.uk/media/7181/too_long_to_wait.pdf (accessed 10 February 2022)
- ^{ix} Wales Audit Office, 2005. *Adult mental health services in Wales: A baseline review of service provision*. Available at: http://www.wales.nhs.uk/documents/adult_mental_health_services_baseline_review.pdf (accessed 23 February 2022)
- ^x Office for National Statistics, 2021. *Internet Users: UK, 2020*. Available at: <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2020> (accessed 10 February 2022)
- ^{xi} Digital Communities Wales, undated. *Digital inclusion in Wales*. Available at: <https://www.digitalcommunities.gov.wales/digital-inclusion-in-wales-2/> (accessed 15 February 2022)
- ^{xii} StatsWales, 2019. *General Practitioners Welsh language ability by local health board and year*. Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/pre-march-2020/gpwelshlanguageability-by-localhealthboard-year> (accessed 15 February 2022)