

Older people roundtable meeting - December 2018

Overview

12 BACP members interested in shaping our work with older people shared their experiences of working with older clients and considered how these can be represented within BACP's older people strategy. Discussions highlighted barriers and enablers to older people accessing therapy with a focus on counselling in a Northern Irish context.



The group also considered 'next steps' in relation to engagement with the strategy and supporting its objectives in Northern Ireland.

“Counselling builds resilience... Resilience builds communities”

Attendees shared information about their backgrounds, revealing a wide range of expertise at different points in the commissioning and delivery of counselling (i.e. [Victims and Survivors Service](#), CEO of [East Belfast Community Counselling](#), [Women's Aid](#), voluntary counselling for Samaritans and Cruse, GP practice-based counselling, work in care homes and private practice).

Over time, counsellors are seeing more older people being referred by GPs. Several noted that referrals tend to come from the same GPs and that there remain some GPs who do not appear to refer patients at all.

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. There is consistent and worrying evidence that older people are less likely to recognise symptoms of anxiety and depression and more reluctant to seek help for mental health problems.

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**



Summary of BACP's Older People Strategy delivery and links to further information

- [Landing page on the BACP web site](#) provides a 'hub' for information on the strategy.
- Members' roundtable meetings have also been held in Leicester and Cardiff.
- [The 'Older People Expert Reference Group' \(OPERG\)](#) has been convened as part of [the BACP volunteer scheme](#) - the call for prospective members of the group remains open *and there are currently no members from Northern Ireland in the group.*
- Articles published in [Therapy Today](#) and in [divisional journals](#).
- A research strategy has been developed identifying key partners and areas of research (see below).
- Work with counselling services to analyse service data in relation to older clients.
- Policy and influencing work in the four nations of the UK and with Greater Manchester devolved administration is highlighting the value of counselling for later life wellbeing (e.g. consultation responses to loneliness strategy initiatives).
- Key topics of interest in relation to later-life wellbeing have been identified (see below).



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 - <i>The Kings Fund (2013) Delivering better service for people with long-term conditions</i>
Depression	<p>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.’ <i>Age UK https://www.ageuk.org.uk/latest-news/articles/2017/october/half-aged-55-have-had-mental-health-problems/</i></p> <p>IAPT data shows that patients receiving treatment for anxiety and depression aged 65+ have better outcomes (60.4% recovery) than younger patients (45.4% recovery). <i>NHS Digital (2016). Psychological therapies. Annual report on the use of IAPT services 2015-2016.</i></p>
Work	<p>Over 30% of people in work in the UK are aged 50 and over - <i>CIPD (2015) Avoiding the demographic crunch</i></p> <p>There are 3.6 million people aged 50–64 who are not in work - <i>Centre for Ageing Better (2017) Addressing worklessness and job insecurity amongst people aged 50 and over in Greater Manchester</i></p>
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 - <i>Independent Age (2016) https://www.independentage.org/news-media/press-releases/one-third-of-older-people-say-feelings-of-loneliness-are-out-of-their</i>
Retirement	Retirement has been recognised as a risk factor for depression - <i>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</i>

<p>Drugs and alcohol</p>	<p>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 - <i>Royal College of Psychiatrists, London (2011) Invisible addicts.</i></p> <p>Only 6-7% of high-risk people with substance misuse problems over 60 years of age receive the treatment that they require - <i>Royal College of Psychiatrists London (2015) Substance misuse in older people - an information guide</i></p>
<p>Bereavement</p>	<p>Whatever the circumstances, the loss of a loved one is associated with intense suffering and can lead to serious mental and physical health problems - <i>Stroebe, Schut,& Stroebe, (2007) The health consequences of bereavement: A review. The Lancet.</i></p> <p>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 - <i>Newsom et al (2017) Effectiveness of bereavement counselling through a community-based organisation: A naturalistic, controlled trial</i></p>
<p>Dementia</p>	<p>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. - <i>Alzheimer's Society (2014) Dementia UK update</i></p> <p>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 - <i>Hill, A. and Brettle, A. (2005) The effectiveness of counselling with older people: Results from a systematic review Counselling and Psychotherapy Research</i></p>
<p>Suicide</p>	<p>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+ - <i>The Samaritans (2017) Suicide statistics report 2017</i></p>
<p>LGBTQ</p>	<p>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 -<i>American Psychological Association (online) lesbian, gay, bisexual and Transgender Aging.</i></p> <p>Prevalence of depression in older gay men and lesbians is higher than the general population - <i>Institute of Medicine (US) (2011) The health of lesbian, gay, bisexual, and transgender people: Building a foundation to better understanding.</i></p>

<p>Care homes</p>	<p>There is an absence of specialised support, including counselling and assistance with communication in care homes - <i>Bowers H et.al (2009) Older people's vision for long-term care. Joseph Rowntree Foundation</i></p>
<p>Prisons</p>	<p>The numbers of older people in prison is rising. 16% of the prison population in Northern Ireland aged 50 and over (<i>Department of Justice 2016</i>)</p> <p>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. <i>House of Commons justice committee (2013) Older Prisoners. Fifth report of session 2013-14: Volume 1</i></p>



Discover more about BACP's Older People Strategy and how counselling changes lives

<https://bit.ly/2AI6XS7>

Increasing understanding of efficacy of counselling for older people

BACP Senior Research Fellow, Jo Pybis shared information about studies related to older people's mental wellbeing and access to therapy (see slide set).

Key messages from the presentation were:

- Counselling is effective for older people
- Older people are not accessing therapy at the same rate as younger people
- Evidence indicates unwillingness amongst some GPs to refer/encourage patients to explore counselling.
- Access to counselling for care home residents is patchy - we plan to explore how this can be tackled by planning and delivering a feasibility study.

Scoping Review of Effectiveness of Counselling for Older Adults

A systematic review of published research identified relevant papers, evaluated effectiveness, cost-effectiveness, feasibility and appropriateness of therapy for older adults.

Despite a lack of research, there is evidence for counselling working well for older people with depression and anxiety. Counselling is not an effective intervention to treat dementia but can improve the wellbeing of people affected by dementia and their carers.



Ipsos/Mori public perception survey

BACP commissioned a public opinion poll in the summer of 2017 aiming to increase understanding of the potential barriers to older people 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 52% of people aged 75+
- 70% of those aged 55-74 compared to 61% of those aged 75+ would be ‘open to counselling or psychotherapy in the future’ if it were recommended to them.

Research strategy

BACP is working with academics, funding bodies and partner organisations to explore potential research projects.

Future research will include focus on exploring further GP referral of older people to counselling in the light of [recent published research](#) indicating reluctance to GP referral.

Counselling in care homes is very patchy and we have included this in our research strategy.

As part of the strategic aim to increase understanding of perceptions and efficacy of counselling for older people, we are interested in accessing:

- Reports and evaluations of services
- Case-studies (the voices of people who have benefitted from counselling).
- Members’ knowledge and learning from their work with older clients.

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

The BACP four nations lead was unable to attend the meeting, but provided an overview of work that the policy team do to promote the profession and make calls for increased provisions across the UK parliaments, with specific focus on engagement with the devolved administrations.

BACP is engaging with all political parties in Northern Ireland. Despite the political impasse and with no Assembly or Executive since January 2017, communications and relationships are being established with health leads in the political parties. A recent example is involvement in the start of work on a loneliness strategy being led by SDLP MLA Sinead Bradley.



Four nations lead, Steve Mulligan will attend a launch in Stormont on 30th January 2019 by NI Campaign group - Participation and the Practice of Rights (PPR) to mark their ongoing **#123GP** campaign which calls on the Health and Social Care Board (HSCB) to provide much more funding to improve access to counselling in GP settings across Northern Ireland. BACP has been supportive of the campaign since meeting them last summer as this also mirrors campaign activity we discussed taking forward with NI Counselling Forum.

There is more about the campaign here:

<https://www.pprproject.org/gps-patients-and-counsellors-unite-in-a-call-for-increased-funding-for-counselling-in-gp-practices>

Discussion

Sharing experience of working with older people. *‘Barriers’ and ‘enablers’ to work with older people.*

Cultural barriers

Discussion focussed initially on the attitudes and beliefs that are more common amongst older people and that can present barriers to acknowledging mental health needs and taking action to address them. Further exploration of the topic highlighted examples of structural and practical barriers to access to counselling.

“A lot of the people we see are from the generation where men don’t cry”

Common with situations reported by BACP counsellors at previous round-table meetings, it was highlighted that often older clients often seem more interested in other people than in themselves and may even be apologetic for taking up the therapist’s time.

Even within the age-range 50+ there are distinct cultural norms, with younger clients (those in their 50s and 60s) reporting that whilst they understand and value therapy, their parents would not come to counselling, the older attitudes typified by phrases such as there’s no such thing as depression - just dust yourself off and get on with it”.

“Often older people don’t come with a specific problem and it’s only through the therapeutic work that problems come out.”

“People don’t know what they don’t know - if you don’t know that counselling will help you, how will you know to ask for it.”



It was suggested that there is a need to consider the language that is used, with terms such as ‘mental health’ and even ‘counselling’ itself having potential negative associations for some older people. Fears remain from the old-style institutions where people with mental health problems were ‘sent’ - leading to stigma about asking for help.

Practical barriers

For some older people, mobility issues or access to transport can present barriers to accessing counselling.

Economic barriers exist for those on low incomes when there is a charge for counselling. Home visits are costly in terms of time spent travelling, transport costs and the additional governance required to ensure safe delivery.

Being a carer limits the time that people have to attend counselling sessions.

Structural barriers

With no IAPT service in Northern Ireland, it can be a ‘lottery’ accessing therapy, depending on whether there is a service linked to the surgery or if there are known and trusted private practitioners.

GPs can refer into service that they are funding, but can also refer or recommend private practitioners. Fears were expressed that in some instances, GPs see their role as about responding to physical health needs rather than being holistic and including mental health.

Opportunities for GP referral vary greatly from practice to practice. Some have ‘in-house’ services, while others rely on 3rd sector providers. It was felt to be a benefit to have counselling based in GP surgeries as people are more likely to attend.

The mental health hubs (‘IAPT in all but name’) is reportedly managing many more referrals than was planned when it launched. ‘Social prescribing’ may be a way to increase access to counselling.

Many voluntary services have grown from the communities that they still serve. Sometimes these will have a narrow appeal within a community and won’t feel accessible or welcoming to others.

Because there are so many free services, there is a risk that counselling is being under-valued.

There was a difference in experience of working with care homes. One person reported a student placement offering free counselling service to a number of care homes - none took up the offer. Another attendee reported the practical difficulties of getting through care home security to visit a client. For another, ‘Care homes are not prisons’ and there should be no ‘gatekeeping’ if residents want to have a counsellor. Admiral nurses, memory clinics, GPs can all be made aware of counselling offers and are reported sources of referral.

Therapist barriers

An existential element to work with older clients can be expected. Older people may be more aware and focussed on their own mortality and the therapist should be prepared to explore these issues with their clients and be mindful of the impact that it has on both client and counsellor.

Discussion moved on to whether work with older people should become a distinct competency in counselling training. There was consensus that there are additional considerations in working with older clients, but that this could be a CPD rather than a training issue, as it may present an unnecessary barrier to working with older clients.

Enablers

“Older people have a depth of life experience and have a need to be heard.”

The context of counselling provision can be a key enabler. Working alongside case-workers and social workers provides relevant referrals. In taking a holistic view of needs and introducing people to counselling as part of a trusted relationships, case-workers can help in finding the right support at the right time.

The presence of ‘trust’ as an intermediate step to accessing counselling emerged as a theme.

Some practitioners have found that for older people, being part of a group can provide a safe and comfortable first step, allowing them to develop trust and to establish for themselves whether they think that counselling will benefit them.

‘Trust’ was also identified in older people acting upon the recommendation of their GP, word of mouth from a friend or from community organisations. Some counsellors encourage their clients to tell their GP about counselling and the benefit that they have received from it.

Providing home visits for those unable to attend counselling services. It was noted that this requires good governance and will incur extra costs. Some services provide taxis for those who struggle to get to counselling service locations.

Experience of work with older clients is that they are more likely to keep their appointments and attend all sessions than younger clients.

In response to overcoming the barriers that language can present, an example was given of work with people preparing for retirement, talking about adapting to new identities and focus on changes to status, social opportunities, relationships and connections, rather than referring to challenges to mental health.

Getting information into groups and locations where older people meet could be a useful way of promoting awareness or counselling. These could be libraries, community organisations, groups focussing on specific health needs (e.g. stroke) or businesses such as crafting shops that include places for customers to work and chat. Faith groups and churches could be contacted with a view to promoting counselling for older people.

It was suggested that posters could be useful in making the link between counselling and older people. Women's Aid reported a successful advertising campaign, including information on the side of buses.

Local context

The historical context of the conflict in Northern Ireland presents a particular need for older people. Everyone in Northern Ireland has been affected directly or indirectly by 'the troubles', and it is important to understand and articulate the role that counselling can play in response to this need.



Often people don't see themselves as victims or survivors because societal violence was normalised. An example was given of a man who was referred to counselling because 'his nerves were bad' and in the course of therapy it emerged that he had lived for 30 years on a

“peace line” with regular exposure to violence but had not made a connection between his environment and how he was feeling.

Some victims and survivors of the conflict have physical injuries and impairments related to their injuries and it is important that these needs are met in provision of support.

Promoting work with older clients to BACP members **and Next Steps**

Members are being invited to share their knowledge and learning with others to raise the profile of counselling older people, and to articulate its value, both to the client and the practitioner.

Opportunities for further involvement include:

1. Writing an article for Therapy Today - [author's notes are here](#).
2. Sharing service evaluation/impact reports.
3. Further signposting to relevant organisations and/or public representatives.
4. Joining to OPERG
5. Providing a 'case study' or 'blog' about experience of work with older clients.

Members suggested further engagement around the BACP older people strategy with:

The Fold housing association ([Radius Housing](#))

[Engage with Age](#)

[Department for Communities](#)

[Belfast City Council's 'Age-friendly City' project](#)

All Health and Social Care Trusts

[Clare](#)



Key Messages from the Meeting

- Talking therapy builds resilience. Resilience builds communities.
- Many people in Northern Ireland need to process their pain and sorrow - counselling can help.
- There is a trained and under-utilised workforce in Northern Ireland that can be deployed to great effect.
- Practical help such as access to free therapy-rooms would help.

Attendee comments:

“Excellent opportunity to share experience and establish useful networks”

“Most helpful thank you. I think the way forward is continuous, cohesive working towards improving lives through counselling”.

“A useful workshop addressing the barriers for older people. Very informative. Thank you.

“This was my first BACP event. It was very relaxed and informative and we are all ‘singing from the same hymn-sheet’.

“Let’s keep exploring...”

Thank you to all the BACP members who attended the meeting and to [The Northern Ireland Counselling Forum](#) for their support in promoting this event.