

## Summary of NSPA discussion on reaching and supporting older adults, 15<sup>th</sup> July 2020

Challenges	Ideas and Suggestions from Participants
<p>Risk factors</p> <ul style="list-style-type: none"> <li>• Increased isolation during lockdown has made people lonelier</li> <li>• During lockdown rural communities have been even more isolated as travel was restricted and they could not access the normal support</li> <li>• Increased pressure on carers in lockdown, lack of respite. Particularly for those caring for someone with dementia</li> <li>• Increased pressure of lockdown leading to relationship breakdown with those older adults are living with – partners, spouses, children</li> <li>• Challenges of lockdown on people of all ages can lead to a breakdown or reduction in support for older adults</li> <li>• With Covid-19 particularly affecting older adults, they are at more risk of being bereaved and needing bereavement support</li> <li>• Older adults are less likely to recognise symptoms of poor mental health such as anxiety or depression, and less likely to ask for help once they do recognise them</li> <li>• Ageism and therefore acceptance that depression is a part of getting older rather than needing support and treatment</li> <li>• Self-harm is a risk for older adults, but the focus of support is often on younger people</li> <li>• Older people managing pain conditions are facing a longer wait time for surgery/procedures</li> <li>• Those that were still working may find themselves without work or furloughed</li> <li>• Recent retirees finding shift to retirement in lockdown much harder than anticipated as none of the planned activities available</li> <li>• Possible increase in domestic violence/abuse during lockdown affects older adults too</li> <li>• Office for National Statistics produced a report '<a href="#">Coronavirus and the social impact on older people</a>' which gives a useful overview of main concerns, impact on health and well-being, coping mechanisms, and concerns for the future</li> </ul>	
<p>Isolation and Loneliness:</p> <ul style="list-style-type: none"> <li>• There is lack of family contact due to COVID risks</li> <li>• Lockdown has changed the way we handle relationships with friends, family etc., older adults struggling with the new norm</li> <li>• Dementia patients deteriorating faster due to lack of stimulation and family connection</li> <li>• Lack of normal activity/routine has caused a decline in mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Community hubs are working together to contact and target those who have been shielding, so useful to share information and resources through them</li> <li>• Look at ways we can help family members to support older relatives and identify possible needs</li> <li>• Build a good community network with other local charities and organisations to work together and support those in need</li> </ul>

<ul style="list-style-type: none"> <li>• Both those living alone and those in relationships are struggling with the changes of lockdown</li> <li>• The “Good Sam” app has given many people contact during this time, as we return to a new normal, will we still have this in place for those who have come to rely on it?</li> <li>• As those who have been volunteering during furlough return to work, is there still support for those shielding?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Campaign to End Loneliness</a> has published a report ‘<a href="#">The Psychology of Loneliness</a>’ including useful case studies</li> <li>• Every Life Matters in Cumbria created a ‘<a href="#">Mental health wellbeing during Covid-19</a>’ leaflet and posted to each home across the county during lockdown</li> <li>• Planning online groups to do creative activities and supporting people to learn new skills</li> <li>• Online video support groups have worked well, those who are shy can turn their camera off but still feel part of the group and build up confidence</li> <li>• Some online support groups have reduced numbers so attendees can feel more comfortable in smaller groups</li> <li>• Three-way phone calls could support older adults to get help, especially if they are not comfortable calling alone</li> <li>• If an older people do not want to go to a support group alone, Social Prescribers, can attend with them for support</li> </ul>
<p>Digital exclusion:</p> <ul style="list-style-type: none"> <li>• Many services not resuming face to face contact for the foreseeable future, using Zoom etc., older people do not have access to these facilities</li> <li>• Many advertisements for services refer to online support or a website, which not all older adults have access to or are comfortable using</li> <li>• Online/social media awareness raising campaigns may not work well for older adults</li> <li>• In rural areas wifi and broadband are not always available</li> </ul>	<ul style="list-style-type: none"> <li>• Some services are finding older people prefer phone calls than video calls</li> <li>• Community hubs are sharing printed information and posting through doors</li> <li>• People over the age of 70 can still want to new skills, so it’s a matter of finding ways to support that - could communities arrange a way of the younger generations teaching older adults how to use technology?</li> </ul>

<ul style="list-style-type: none"> <li>• The cost of technology and can be an added burden to older adults</li> <li>• Teaching older adults to use technology is not easy in lockdown</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for those who cannot afford technology to get the access they need, especially if a second wave does happen and we re-enter into lock down</li> <li>• For those with a basic understanding of technology, services could use a screen sharing programme to teach older adults how to use different apps or programmes</li> </ul>
<p>Providing services:</p> <ul style="list-style-type: none"> <li>• Fewer staff available to go out and do house visits</li> <li>• Teams are finding phone calls not as effective as face to face support</li> <li>• There is a lack of appropriate transportation for older adults to access services, particularly in more rural communities, making them less likely to feel safe attending appointments</li> <li>• Self-harm is often seen as a young person problem. The stigma needs to be removed for older adults to access help</li> </ul>	<ul style="list-style-type: none"> <li>• Community suicide awareness training refreshed to ensure it is relevant for older adults and those working with and supporting older adults</li> <li>• See Keele University's leaflet '<a href="#">Self-harm in older adults</a>' and NSPA's online discussion on reaching those who self-harm (<a href="#">here</a>)</li> </ul>
<p>Healthcare:</p> <ul style="list-style-type: none"> <li>• Some GPs are not comfortable discussing mental health, if first attempt to get help does not go well, they are not likely to go a second time</li> <li>• GPs more likely to prescribe older adults antidepressants rather than offer therapy options</li> <li>• Lower uptake of IAPT services among older people</li> <li>• Lockdown has caused underlying anxiety about leaving the house and attending appointments in healthcare settings</li> <li>• Older adults are coping at home with poor mental health, then presenting to A&amp;E when symptoms are more severe</li> </ul>	<ul style="list-style-type: none"> <li>• Social prescribing link workers are a huge asset working with GPs to identify and support those at risk</li> </ul>

**Summary of NSPA discussion on reaching and supporting older adults, 13<sup>th</sup> May 2020**

Challenges	Ideas and practice from different local areas
<p>How to reach older adults not online?</p> <ul style="list-style-type: none"> <li>• How get messages out to older adults in isolation when many public health awareness raising campaigns are online, which may not reach them, but other usual routes are not available</li> <li>• How to provide support to older adults with disabilities, including hearing and sight loss? Particularly a challenge if someone relies on lip-reading if people are wearing masks.</li> <li>• Can't run any of our usual groups, so people are feeling very isolated</li> <li>• Many older clients are not very technologically savvy – how get message to them that we are available to provide support?</li> <li>• Important to consider languages in which we're providing information – in many communities there are lots of people who don't have English as a first language, particularly older people, so need to ensure they can access help</li> </ul>	<ul style="list-style-type: none"> <li>• To reach older adults not online some services are getting resources printed and sent out through local community support hubs – they are already co-ordinating the provision of food and medication to those self-isolating so will know who might need help and can share resources</li> <li>• One service is working to deliver mental health boxes with well-being support and activities via community hubs</li> <li>• Another service is using neighbourhood support groups to get care packs to those who need it, to advertise local services and the support available</li> <li>• It has been invaluable to work with other services who may be in contact with older adults in need, such as food banks, co-operatives, charities, pharmacies – both to share information on services, and to avoid duplication of efforts</li> <li>• Some services are reaching people online, including using live chats on their website or online groups – which have increased in size, and plan to continue online groups after lockdown</li> <li>• One service has reached out to supermarkets to help get information out via people shopping for others</li> </ul>
<p>Risk factors for older adults:</p>	<p>Support and projects being delivered:</p>

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| <ul style="list-style-type: none"> <li>• Worried about people being in isolation, feeling isolated and older adults may be isolated for longer, including with no physical touch for months</li> <li>• Carers are feeling isolated, particularly those caring for dementia sufferers</li> <li>• Anecdotally – increases in older adults reporting suicidal feelings and self-harm, connected to fears of being a burden, which is heightened at present</li> <li>• Additional risks of suicide due to combination of factors: co-morbidities, fear of going to hospital, isolation, caring for loved one</li> <li>• Older adults may be more likely to experience bereavement of friends</li> <li>• Some national decisions or plans are communicated badly – such as the possibly of not being able to leave lockdown until there is a vaccine – increasing anxiety levels, the sense of being left behind and lost – so important to include support messaging and reassurance</li> <li>• Some services working with older mental health service users have seen increases in people struggling to manage their benefits because there is less support for it and so increased poverty, also issues managing housing situations. Some services that would usually help with practical issues are closed, or people want face to face support and can't manage the phone or skype very well. People feeling alone and isolated, some not eating.</li> <li>• People with long-term physical or mental health problems might usually see a clinician every few weeks or months, but are currently not seeing them, so not feeling supported.</li> </ul> | <ul style="list-style-type: none"> <li>• NHS England are asking for weekly figures on suspected suicides, and recently asked to include age in the data provided. Would be useful to also include gender, as that may be a factor</li> <li>• Instead of dementia cafes one service has established a 1:1 befriending service using staff and volunteers, who call people and check in. Planning to establish a virtual dementia café - particularly to support the carer, as it will help people see what is going on</li> <li>• Before Covid-19 one area had commissioned a creative project run by someone bereaved by suicide to create a memorial quilt, encouraging and support those affected by suicide to create their own personal square for the quilt. Though physical event cancelled they have moved the project online and have had lots more interest, with people valuing the creative aspect and the peer support element</li> <li>• Bereavement support vital for anyone bereaved by Covid-19 or during lockdown, especially older adults</li> <li>• A library service is delivering online reading groups, poetry writing groups and others</li> <li>• A sense of connection is important, as is having a sense of meaning and purpose – so some older people would be keen to get involved in volunteering and helping others, safely and from home</li> <li>• Though there are lots of unknowns, and complex risk factors linked to Covid-19, the mechanisms of suicidal thinking are not changing, and we know and can work with those</li> </ul> |
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<ul style="list-style-type: none"> <li>• Those who need regular physio or other treatments are not getting those at present, which could have long-term impacts on their physical health, so increasing concerns about the future and impacting well-being</li> </ul>	
<p>Care homes:</p> <ul style="list-style-type: none"> <li>• Residents may be scared having seen the news about the number of deaths, and may experience more bereavements – so need to support them</li> <li>• Staff support in care homes is important – they are doing their best, but may not be trained in mental health, suicide awareness or prevention, may not recognise signs and symptoms of depression</li> </ul>	<ul style="list-style-type: none"> <li>• Greater Manchester Resilience Hub are offering support to all key workers, including care home staff</li> <li>• Some care homes are introducing more structure in the day and activities – for example creating a café in the garden, so residents who regularly visit a café can still do that</li> <li>• Some dementia care homes allow visitors to say hello through a window to prevent residents from forgetting their families during this time, but for others that would be more distressing – as may not understand why the family don't come inside to say hello</li> </ul>