The Mental Health Experiences of Older People During the Pandemic

Mental Health Foundation

Independent Age

Contents

Key Messages

- Many people in later life have coped well and shown resilience during the COVID-19 pandemic, with some having positive experiences of neighbourly support and closer links with friends and relatives. However, others have faced challenges that have caused worry and anxiety and negatively affected their mental health and wellbeing.

- Significant, often overlapping, challenges include bereavement, chronic loneliness, long-term or voluntary shielding, deterioration in physical health, mobility or confidence, difficulties accessing health services and challenges using public transport. Due to these, some will have experienced poor mental health and are likely to have mental health support needs.

- For some older people, the end of lockdown restrictions did not make much difference: there was no happy 'return to normal'. They will continue to face the same illness, loneliness or isolation, or a combination of these, as they did before and/or during the pandemic.

- The pandemic has highlighted the value and importance of being digitally connected, especially for social connection and contact with health professionals and other care providers. While some older people have benefited from this during the pandemic, many others are digitally excluded or prefer other types of contact. Ensuring people have a choice of how they connect with health and care services is essential.

- Important coping strategies for some people in later life have been going for a walk outside, contacting family, spending time in green spaces, and keeping up to date with relevant information. However, many have been unable to do this, which has negatively affected both their physical and mental health.

- As we look to winter and beyond, governments must ensure that their mental health wellbeing and recovery plans fully consider the needs of people in later life. This must include a focus on social connection, bereavement support, and appropriate routes to access treatment and care to bolster people's mental health.

Introduction

Too many older people's mental health needs were invisible before COVID-19,[1] and the pandemic has only exacerbated this problem.

An older person is commonly understood as someone who is over the age of 65[2]. However, it is important to note that there is huge diversity in older age, and each person will have different physical and mental capacities that are related to more than just their chronological age[3]. The Office for National Statistics estimates that nearly one in five of the UK population (19%) is made up of people aged over 65 (12,508,638)[4], which underlines the importance of ensuring that any mental health response addresses the divergence of older people's needs and experiences.

Mental health or mental wellbeing refers to our emotional, psychological and social wellbeing, and fluctuates as we move through different stages of life. It affects how we think, feel and act. Therefore, when we have good mental health we are generally able to think, feel and act in a way that feels right for us; conversely, when we are struggling with our mental health this can become a lot harder.

Prior to the pandemic, one in four older people lived with a mental health condition, the most common being depression, which affects around 28% of women and 22% of men, followed closely by anxiety[5]. The prevalence of mental health problems is higher among specific groups of older people, such as those living in care homes, older carers, older people going through a bereavement and those who have multi-morbidities, which is common among older people[6].

Methodology

In this briefing, we report some specific findings from the 'Coronavirus: Mental Health in the Pandemic' study, looking at the experience of older people. The study is led by the Mental Health Foundation, in collaboration with the University of Cambridge, Swansea University, the University of Strathclyde and Queen's University Belfast. Since mid-March 2020, the project has undertaken regular, repeated online surveys of more than 4,000 adults who are representative of people aged 18+ and living in the UK. The most recent statistics reported in this briefing come from Wave 11 of the study, with data collected from 4,004 individuals between 18th June – 2nd July 2021. More detailed information on the coronavirus and mental health study is available here.

In addition, we have undertaken qualitative investigation in the form of 14 in-depth interviews with older people aged over 60yrs. These were conducted by the MHF research team in collaboration with the charity Independent Age via telephone or Zoom across Great Britain from April to June 2021. Interviews yielded rich information about a range of people's experiences and situations, although we do not claim to represent every challenge people face. *Please note that individuals' names have been changed*.

We will show that while many older people in the UK have coped well throughout the pandemic, others have faced a range of challenges that have heightened their anxiety and worry and harmed their mental wellbeing. We also look at how people in later life have used coping strategies to help their own mental health. Finally, we explore the policy implications of our findings, and suggest how the UK Government and devolved administrations could support older people's mental health as we emerge from the pandemic and begin to live with COVID-19 in a different way.

Older people's sense of risk and resilience

The qualitative work we conducted highlighted that whilst all the people interviewed had had different experiences, many felt that the pandemic had been frightening. Concerns about contracting the virus and of passing it on to others were the most common reasons shared for feeling fearful:

> *"There's different levels of being scared. And this is a level I've never been in before. … I mean, one friend that I worked with, she was like me, terrified of getting the virus… she wouldn't go out or anything.''* (Ellie, 70-74)

Some people were acutely aware that increasing age meant a higher risk of serious illness or death from COVID-19. One man we spoke to felt relieved to have survived this long, given how much he felt the disease 'targets' older people:

> *"You know what, when they first started [talking about COVID-19], it was almost as if it was a death sentence to anybody that was over 70. That was [how] they were talking at the very start, you know. And it was a matter of, we used to go to the fridge every day and smell the mint to make sure you'd still got smell [and weren't ill], you know?... We were told that we were the target in the mix to start with, you know, because of your age."* (Barry, 75-79)

One woman explained how this knowledge was in some ways freeing, bringing clarity about her need to protect herself:

> *"There's been a shield around us because we can say, 'Well, we are 80.' So, we don't feel guilty about saying, 'Right, we don't want to see anybody', we've not offended anybody, we say, 'We are at risk.' So, it's made life easier really, I think, being older."* (Christine, 80+)

In contrast, another person felt that using an age threshold as an indicator of risk for who should be shielding resulted in an unrealistic perception of risk and had an undesirable effect on people's behaviour:

> *"I think this process that they did now of saying, 'Well the over-seventies [are at risk]…' it really honestly made it look like all over-seventies needed to be shielding. I understand the theory behind it, but it made it look like we were all unfit to go out and do things or whatever using the process."* (Anita, 70-74)

The experience of having survived or lived with illness in the past also gave some people a sense of resilience. We heard several older people refer to the Blitz/the Second World War as something they had experienced that demonstrated their ability to cope:

"I have had double pneumonia, I have had a clot on my lung, I have had scarlet fever, I have had rheumatic fever. I could go on forever with what I have had. I think that in itself, maybe, I was born with this inbuilt ability to cope. I don't know, but it makes you stronger and you think, 'Well what will happen will happen, what doesn't, [doesn't]." (Natalie, 90+)

"I don't know that it's age, I think it's attitude. They're all people older than I who've got more courage in their little finger than I've ever had in my whole life, who I admire tremendously and they're the sort of people who, during the blitz, just got on with it and... didn't make a lot of noise about it or a song and dance, they just got on with it."(Ellie, 70-74)

Coping well with the stress of the pandemic
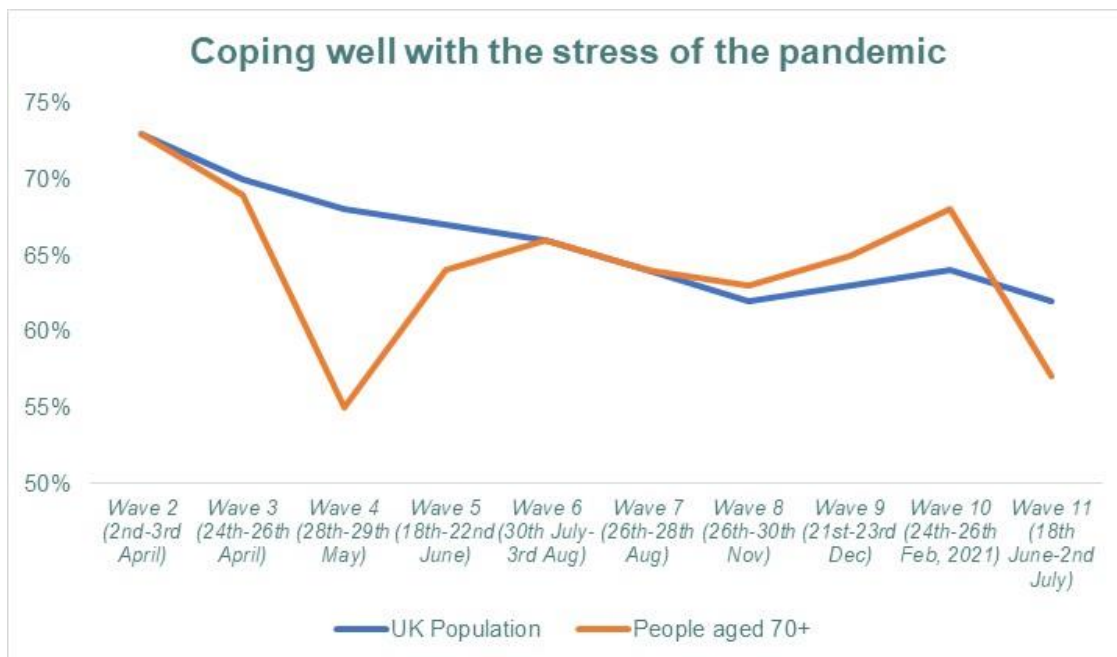
As shown by our interviews, the chart above also illustrates a mixed picture for older people coping with the stress of the pandemic. As restrictions started lifting in Spring 2021 (wave 11), it is clear that older people coped less well than the UK population as a whole. For some, this was due to anxiety around restrictions easing.

As the chart below shows, while anxiety levels fell during the summer they were still at significant levels during the warmer, lighter months and post-lockdown.

Some people may have found the second lockdown (in Winter 2020-21) even more emotionally difficult than the first, in Spring 2020. One interviewee shared this feeling, and said this may have been influenced by it being winter, with cold, dark and short days:

> *"Well, like most of the older people I talk to around here, and a lot of people in the first [lockdown], I was fine. In the second one it's [a nightmare], you know? It's just awful... Maybe it's because it was in the winter, I don't know." (Norah, 70-74)*

Feeling anxious or worried as a result of the COVID-19 pandemic in the past two weeks
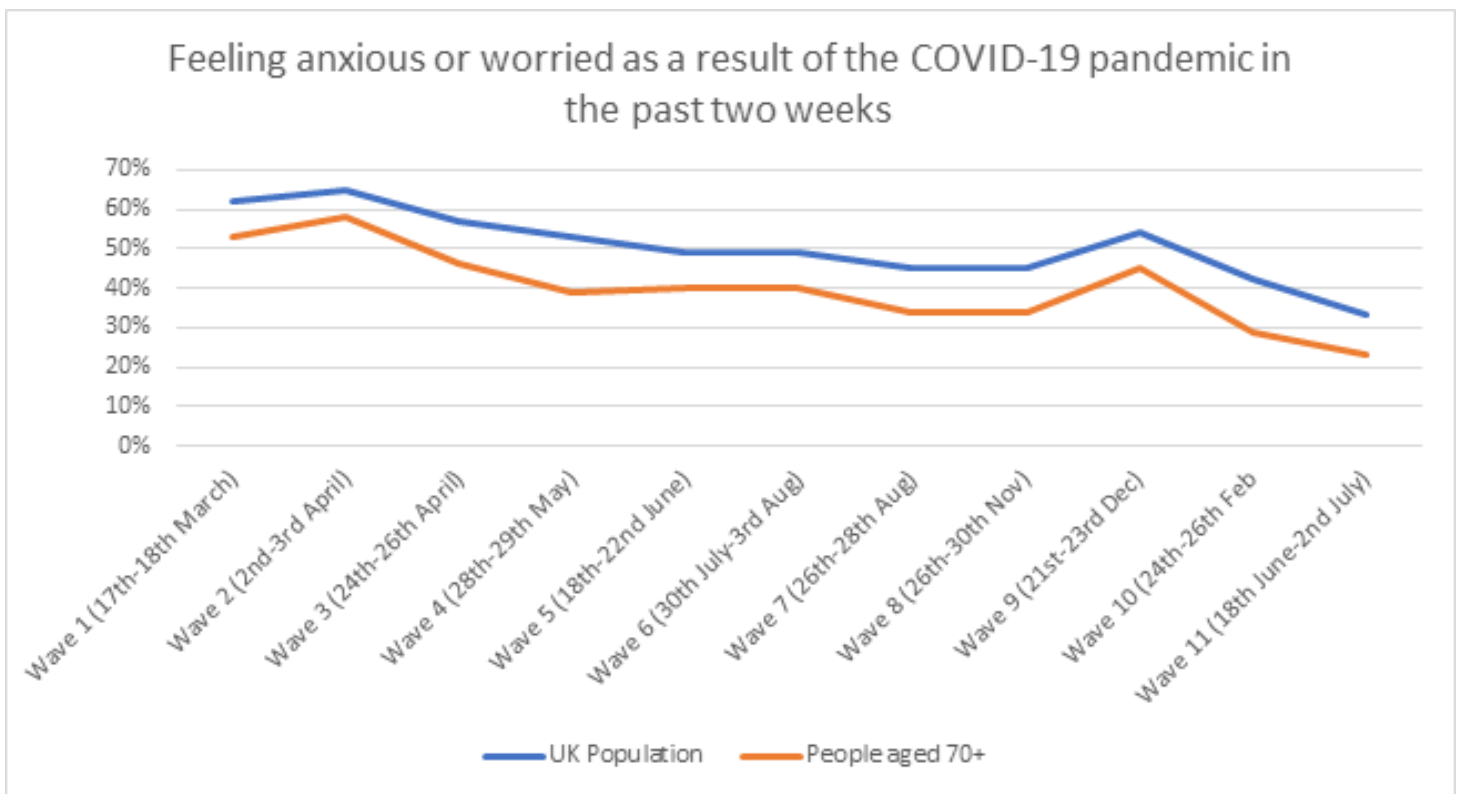
Key issues affecting older people's mental health during COVID-19

Our qualitative research uncovered a number of issues reported by older people that caused stress or otherwise affected their mental health and wellbeing.

Shielding

In England it is estimated that the highest number of people shielding while lockdown restrictions were in force was 2.24m people aged 60+, 1.65m of whom were people aged 70+ in 2021.[8] In Wales, 127,095 people were on the shielded patient list in June 2020 – and 51,660 people (40.6%) were aged 70 and over.[9] In Scotland, out of the 180,047 people shielding during peak lockdown, 91,417 people were aged over 65.[10] (At the time of publication, no data were readily available for Northern Ireland).

Countless others will have chosen to voluntarily shield, and restrict their movements and activities, through fear of catching and spreading the virus. The impact of shielding, whether advised or voluntary, will have had specific negative effects on people's physical and mental health.

Several respondents stated that shielding during the pandemic, together with uncertainty about the future, had had a negative impact on their mental wellbeing:

> *"I would say it was depressing, that's one thing I would say, it was depressing." (Gregory, 75-79)*

> *"Mental health-wise, it's affected me badly." (Isaac, 60-64)*

In many instances, for those with pre-existing mental health problems, shielding and lockdowns had exacerbated these problems. For many, shielding led to the loss of their usual support systems, disruption to their routine, loss of freedom, isolation and fear of COVID-19. These all combined to have a serious negative impact on their mental health.

Physical health issues

Research is clear that physical activity can improve people's mental health, for example by improving mood and the quality of sleep, reducing anxiety and stress and reducing the risk of depression[11].

The pandemic negatively affected some respondents' ability to stay fit and active, which in turn affected their ability to cope. This was caused by a range of factors including the requirement to shield, and the closure of community amenities such as gyms and community centres. For others, the combination of lockdown and pre-existing physical health issues exacerbated their fitness or health problems:

"The only form of exercise I could do beforehand was swimming, but the swimming pools have been locked down, so I couldn't do that. I can't go for a walk because I can't walk more than a few metres; then I have to sit down and rest." (Eileen, 60-64)

"It's affected the physical health in the sense, with the lockdown, I had started going to [my] gym, and of course, that all stopped." (Isaac, 60-64)

"I feel lonely but not for that [lack of family close by]; in a different way. I feel like what the epilepsy, but it's put the icing on [my] cake, but I can't be me, and I can't… and I'd got round it with the epilepsy a bit, of finding places to go and things to do, that were me." (Norah, 70-74)

Mobility issues

Both the lack of access to physical activity, and the shielding measures, had a negative impact on older people's mobility. We spoke to people who had mobility issues before the pandemic, and others who developed mobility issues during COVID-19.

Mobility issues hampering people's ability to socially distance were mentioned by many interviewees, and this prevented them from going outside due to the risk of catching the virus:

"I can't get out of the way of certain people… because we've got lots of alleys along here. You couldn't keep a metre apart." (Eileen, 60-64)

Older people with a disability also experienced anxiety and frustration because the social distancing measures had consequences for the support they received when outside:

"One problem that friends of mine have now, nobody wants to help you across the road, do they, because of the social distancing." (June, 60-64)

Those with pre-existing health conditions shared that they experienced worsening physical health symptoms or being unable to relieve pain, which negatively affected their mental health:

"The mobility reduced you, so you tended to take longer to be able to do everything, so the day was soon gone. It's now I'm beginning to find it more frustrating as you're getting a bit more mobile, because you can't go out still and this sort of thing. I'm still not supposed to have anybody in the house in theory, I am obviously, but we're doing it on the grounds of because I'm vulnerable I'm allowed to have somebody in to help with care and that's how we've had to do it." (Anita, 70-74)

Access to treatment and services

During the full lockdown, many people mentioned how changes to the delivery of GP and other health services caused them anxiety. For example, the move by some GPs to initial telephone or online consultations caused consternation in some cases:

"Appointments for simple things like blood tests and things, they're a lot more complex now than they ever were." (Barry, 75-79)

Some were also anxious about not being able have a physical examination and whether this would mean something could be missed during a remote appointment. Others were disappointed with the new restrictions, but understood the need for them:

"It would have been nice to have had a longer chat [with the GP], but I get where she's coming from. I understand that there's a lot more other people in the world, not just me. You can't be too selfish about stuff." (Eileen, 60-64)

We heard about people's operations being cancelled due to the huge extra pressures on health services to cope with COVID-19 patients:

"First one [operation] was cancelled in March; the same day as the pandemic lockdown came in, it was cancelled... it was a bit difficult." (Anita, 70-74)

Delays to treatment, and not knowing when you might be seen by a healthcare professional, left people in a state of worry and anxiety. Many of our interviews took place when people were shielding, and the country was in lockdown. We appreciate some of these issues will have dissipated somewhat, but we know some people are still struggling to access treatment.

Ability to connect socially with others

Some people shared experiences of previously working hard to build up social and daily routines in the community, often following a life change such as a bereavement or illness. The suspension of social groups and activities they had been involved in before the pandemic significantly affected their confidence and wellbeing:

"I find it hard because part of what I do is my groups and going to the theatre and this sort of thing, and we can't do them things." (Anita, 70-74)

"I find the isolation really [hard], ever since [my husband] died. At least we used to be able to get the community bus, which used to take us shopping and sometimes out for a meal and sometimes to a garden centre and things like that. Of course, that all stopped." (Natalie, 90+)

The people we spoke to shared how much they looked forward to re-joining the social groups and activities in the community on which their social lives had been based before the pandemic.

However, there was also concern that some social activities older people made use of might never come back, or that older people who had spent a long time at home might lack the confidence to resume the social activities they used to enjoy:

"I'm worried about being disappointed as well, that, like, something's gone and it won't come back, you know, that was there before." (Norah, 70-74)

"[An] awful lot have got so used to being at home: they're struggling to go out because they've lost their confidence. Before the pandemic we were going on holiday, we were going for days out, even though some of our ladies are over 90... What we're finding is that... the confidence has gone now for going out." (Anita, 70-74)

Public transport changes

Capacity restrictions and reduced services on public transport have had a severe impact on some of the respondents:

"Just getting to the doctors for me is not easy because I've got to use the walker, then I've got to wait for the bus, and then the bus is only running every two hours because of the lockdown restrictions, and then you've got 20 minutes at the doctor's before the bus goes back in the other direction. If I don't get it then, I've got to wait two hours for the next bus, or walk... So that doesn't help. And when you're in a lot of pain you get very upset. It makes you wonder what the point is." (Eileen, 60-64)

Where transport was still running, some were anxious about taking it due to the risk of catching the virus or being exposed to people who might not follow the guidelines on protecting others. One interviewee highlighted how the loss of subsidised transport for older people resulted in many people no longer being able to attend social groups:

"Here we have a ring and ride service, and they come to the door and pick you up if you've got mobility issues and such like, and [also] older people. You pay for it, but it's much cheaper than taxis and that had to be closed as well because of the risk..." (Anita, 70-74)

The impact of bereavement

Independent Age estimates that up to 318,000 people aged over 65 in England and Wales were bereaved of their partner – due to any cause, not just COVID-19 – during the period between the first lockdown in March 2020 and the ending of many restrictions on 17th May 2021.[12] This analysis for England and Wales indicates there will be a much wider issue in this regard across the whole of the UK.

In our interviews the experience of bereavement during the pandemic was reported to be particularly distressing. Alongside feelings of grief, the anguish of losing someone to COVID-19 and the strict social distancing rules meant that attending funerals and receiving comfort from support networks was often difficult, and made the grieving process even harder to cope with:

> *"I've lost one member of my family to the coronavirus itself in the very early days, and my daughter's husband died on Boxing Day. It's very distressing when it comes to the funerals and all those things to do with that." (Anita, 70-74)*

Similarly, we heard from some who were bereaved before the pandemic that the isolation and loneliness caused by lockdown brought back or exacerbated feelings of grief and distress.

Older people's
feelings of loneliness and isolation

Feeling lonely as a result of the COVID-19 pandemic in the past two weeks
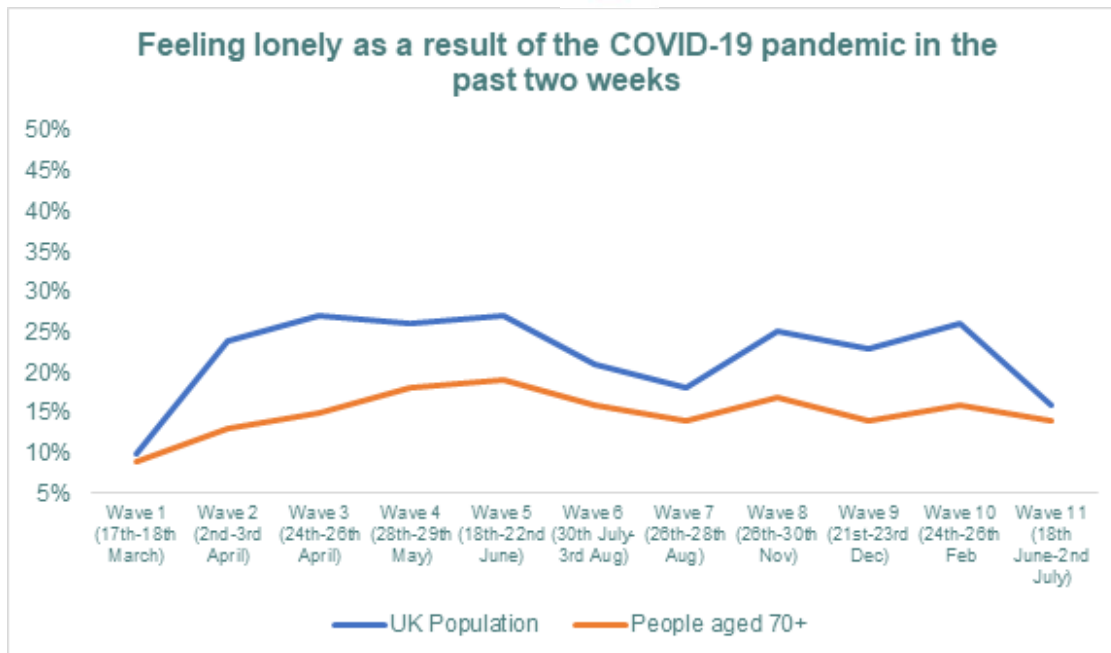
The chart above shows the data collected via our online survey on loneliness across the 11 waves of survey data. The survey data has been collected from people who are digitally connected, and it is clear that this group of people was better able to cope with loneliness than the general UK population.

The findings from our interviews show that whether or not people were digitally connected played a part in their feelings of loneliness and isolation. For some, digital technology helped them feel more connected during lockdown, and was really valued by the interviewees who had been able to use it:

> *"To be in this flat entirely on your own, I mean, I don't know what I'd do without my little iPad. That is a big part of my life."* **(Barbara, 85-89)**

Many interviewees were frustrated by the assumption that all older people should be able to use digital technology:

> *"It annoys me that everyone thinks that people of my age should be doing everything online. I can do a lot online, but so many others can't."* **(Elizabeth, 70-74)**

For those that are digitally excluded or disconnected, their experience of loneliness can be acute:

"The worst thing has been the loneliness... I can spend [so much time] not talking to anybody, fifteen or more hours a day, not talking to a single soul." (Martin, 75-79)

"You're so apart from life, you know. The loneliness, it's been the hardest part, really." (Isaac, 60-64)

While phone calls and digital technology helped some older people feel connected during lockdowns, many missed seeing loved ones in person.

It is clear that for some older people their feelings of loneliness and isolation from family and friends was their worst experience during the pandemic. This was particularly the case for those who lived alone:

"The worst part for me was not being able to really get close to [my partner]." (Barry,75-79)

"Not hugging my children, and not seeing very much of them or my grandchildren at all. That has been the very worst thing." (Elizabeth, 70-74)

While some interviewees had kept in touch with friends and family over the phone, others felt this was no substitute for being able to meet in person, and that meeting loved ones face-to-face was important for their wellbeing:

"For me it's about getting back to seeing people because that keeps my sanity, I have to be honest - going out and meeting people. Talking on the phone doesn't work for me particularly, although I do do it." (Anita, 70-74)

One interviewee talked about the difficulty of being unable to see his partner who lived in a care home, due to restrictions on care-home visiting:

"The one thing that I couldn't do was go and visit my partner, because since a year ago, March 17, she was locked down permanently, so I wasn't able to visit her two or three times a week, which is very, very disappointing." (Tom, 75-79)

However, communication and connection problems were not the only story. Some older people we interviewed felt uncomfortable about seeming needy when reaching out to family and friends, or found it difficult to talk about how they were really feeling when they did spend time with their loved ones during the pandemic:

> *"I do feel lonely. I feel very much, it's probably annoying, that I'm the one making all the effort. I'm the one making all the phone calls. I'm the one writing all the letters. I'm the one sending all the emails." (Ellie, 70-74)*

> *"Seeing family has been sore, so it has. Because when you are having off days, you don't want to tell your family." (Isaac, 60-64)*

Positive effects and coping strategies

Whilst the pandemic has been a time of heightened anxiety and unforgettable fear for many people in later life, for some there have been some positive effects.

There was a sense of gratitude from those who have built stronger relationships with neighbours and family, some were able to save money due to not travelling or not being out and about, and many spoke of the development of positive coping strategies.

The graph below indicates the seven most popular coping methods from our Wave 11 survey data of the UK population, compared to survey respondents aged over 70. The three most popular options were the same for both groups: 'going for a walk outside', 'contacting my family', and 'being able to visit green spaces'. People over the age of 70 identified 'keeping up to date with relevant information' as their fourth top coping strategy, followed by 'contacting my friends', whereas the wider UK population favoured 'contacting my friends' and 'doing a hobby'.

Some of the positive coping strategies we heard about in our interviews directly mirrored the popular coping strategies set out in the chart below.
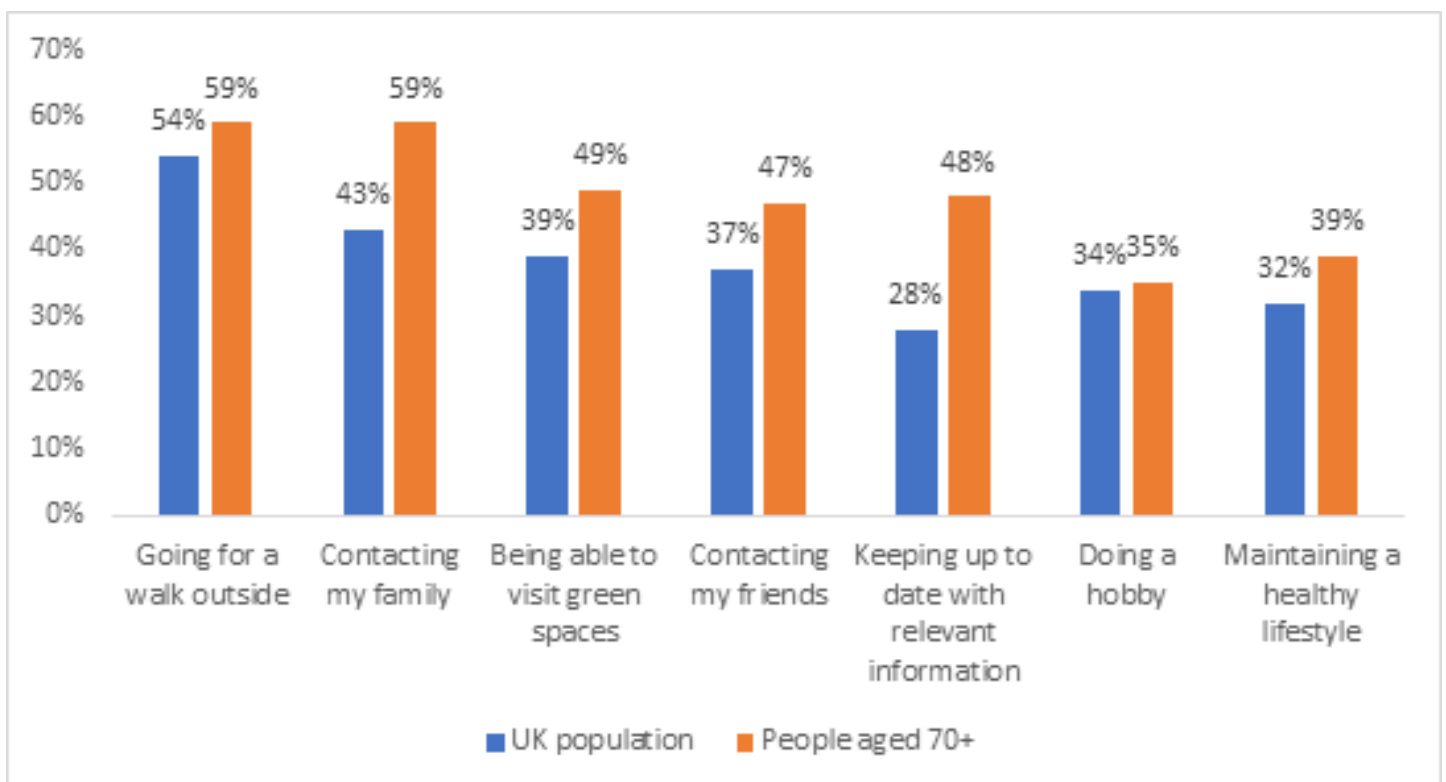
Connecting with friends and family

Some people talked about how the lockdown allowed them to spend more time with their family. One person spoke of how her highlight was spending more time with her husband, as they'd *"always been busy, we've never had time for each other"* (Christine, 80+) and being forced indoors meant they had to slow down and enjoy each other's company:

> *"It's been lovely spending time together and with him working on the shed he's had something to occupy himself and I've been cooking and gardening and things and it's been really nice". (Christine, 80+)*

Alongside spending more time with loved ones they live with, some also spoke of how their relationships with family members and friends had strengthened, as they were making more effort to stay in contact digitally or on the phone:

> *"Well, one of the twins rings us every day, which is nice. In fact, he didn't do that before." (Christine, 80+)*

Connecting with neighbours was highlighted as a positive experience for some, with one respondent saying that they *"are really getting on ever so well"* (Christine, 80+). Another highlighted how supportive their family is, and how they *"have [my] children to support me"* (Elizabeth, 70-74). For others, it appeared things became easier once the government created contact 'bubbles'. These helped people to feel more positive and less lonely.

It was also the case that the slowing down enforced by lockdown allowed people to focus on more quality time for themselves:

> *"Normally we're very active... I decided, last year we would drop out of doing lots of voluntary things, we do voluntary driving and help at the village hall, I have about six folk concerts in the village hall a year and things like that, we're always on the go. And I said, well, now we're in our 80s I think other people should take over." (Christine, 80+)*

Being close to nature

People highlighted nature as one of the positives of the pandemic:

> *"Nature, definitely nature. Watching, that the birds felt less intimidated, and I've got to know my birds. I mean, I can go and open*

the patio window now and I can call or whistle and they'll come." (Ellie, 70-74)

"Perfect place to isolate, we've got cows in front of us, [a] field at the side and neighbours, we've got neighbours: two houses, that's all." (Christine, 80+)

"Nice parks around here. Seafronts of course, we're right beside the sea." (Barry, 75-79)

Taking part in hobbies

In our quantitative surveys many older people enjoyed doing hobbies as a coping mechanism to cope with the stress of the pandemic. Thirty-five per cent of people over the age of 70 stated that they found doing a hobby useful. During the interviews older adults spoke of gardening, knitting, baking and writing. Moreover, whilst the move to a more digital way of life was stressful for quite a few people, it was also heralded by others as a positive element. It was a means of being able to be *"a lot more productive than I've ever been before"* by participating in Zoom classes or as a gateway to talking to others, or as a distraction:

"Lucky that we, most of us anyway, have got screens and things, because that has been a tremendous thing." (Ellie, 70-74)

Practising a faith

A big theme across the interviews was the importance of religion to older people and how this was a positive aspect of their life and something that helped them to cope with the stress of the pandemic. One participant spoke of the overwhelming support they received from their synagogue, and many spoke of how they were attending religious services online and speaking to people from their religious community more often:

"I'm doing more church than I was before because you do it on Zoom". (Christine, 80+)

Volunteering

Another similarity between the interviews and the quantitative results was how older people found volunteering to be positive:

"Yeah, that's what keeps me going, is helping other people". (Isaac, 60-64)

Looking forward - resuming life beyond restrictions

We conducted interviews between April-June 2021, just as the four nations of the UK were either under various levels of restriction or beginning to move out of those restrictions through a gradual process of opening up. We asked people how they felt about the prospect of 'unlocking' from these restrictions, and the future more generally.

Hopes and plans

Whilst almost half (45%) of people aged over 70 feel that the pandemic will not have an impact on their future, 29% of people aged 70+ from our survey felt that the pandemic would negatively impact their future a little or a lot. Nevertheless, many people we spoke to were looking forward to being able to reconnect with friends and family, including grandchildren, as well as socialising in restaurants. Respondents also looked forward to being able to re-join social groups and activities as restrictions lifted, although there remained apprehension about when it would be safe to do so:

> *"Having lunch with my friends, going to the cinema, concerts."* **(Ellie, 70-74)**

> *"I think freedom to be able to see the family and freedom to get in the van, [go] away without being worried."* **(Christine, 80+)**

Interviewees identified a link between seeing people again and having better mental health as a result:

> *"It's the social connections. Coming out of the pandemic, you know, you meet up with other people, plus with the mental health side of things, I can get back [to] meeting up again with other like-minded people to talk to, you know, and discuss things, and, you know, meet up with people; that's a great thing. And talking [with] other people, I've missed that this last year, as well… That has put an extra burden on me, I think. Because it gave me too much time to worry about myself."* **(Isaac, 60-64)**

For some people, simple things like being able to walk around shops were things they had missed and were looking forward to. Others were keen to get back to the gym or see their GP in person:

> *"I don't know how we're going to go forward, I don't think it's going to be normal as it was before. I think we're still going to have to make a lot of changes in what we do but I'd be quite happy if I can get out normally and get back to maybe at least being able to walk round a shop." (Anita, 70-74)*

> *"It would be nice to see my GP face to face." (Eileen, 60-64)*

Challenges to re-establishing social life

It is clearly important to a lot of people to re-establish the social life they had pre-pandemic, including involvement in local social or community groups such as singing groups or social clubs. For some people, this was a crucial way for them to maintain their wellbeing, and in some cases to manage long-term health conditions. Wider evidence supports the idea that social prescribing – which links people to these kinds of community activities – can lead to improvements in general and mental wellbeing, including levels of anxiety and depression[13].

However, some people expressed nervousness about being able to attend these groups safe from COVID-19, including fears over the safety of using public transport:

> *"I'd like to be able to get back to some groups, but being safe in those groups. And, again, being safe using the buses. And not just being safe for me, but being safe for other people." (Eileen, 60-64)*

> *"Well, they have a singing group... I was in that, they'd do a coffee morning, the poetry group. I mean, when they're able to start back, obviously we'll do all that again. So, it's quite a few things." (June, 60-64)*

Among the people we spoke to, there was also some concern and uncertainty about the virus not having been eradicated and still being a risk. The interviews were conducted during a period of falling infections, and since then there have been times when infections are rising, potentially heightening these concerns:

> *"I don't know if [the virus has] gone away. I mean, even - was it Australia or somewhere? - that was quite sensible, suddenly got it back. It's partly not knowing what you're supposed to do and being a bit worried that just when you feel it's safe to enjoy life or do anything normal, you'll be stopped again."* **(Norah, 70-74)**

Fears and concerns about the future

Other fears and concerns about coming out of the restrictions included a general fear of the virus continuing to circulate in the community. People are aware that vaccinations are not 100% effective, of the risk of getting Long COVID, and of the risk of the virus developing new variants. For some, this affects their confidence in being around other people, especially in busy public places:

> *"I think, with restrictions getting lifted, I'll worry that it might shoot up quick. Even although we've got the vaccinations, you can still catch it, even although it might not kill you, I can still catch it. Because it can lead to Long COVID-19, as we know."* **(Isaac, 60-64)**

> *"Yes, I am [worried]. I'm just wondering if it's not too early, because again we're going to see the beaches full, the parks full, and all the people who haven't yet been vaccinated will be congregating together. And I do find that worrying, so I won't be going anywhere of that ilk."* **(Elizabeth, 70-74)**

With the vaccine programme well under way at the time of the interviews, many of the people we spoke to had already received at least their first jab. But when talking about the vaccine some shared it *"made me feel safer but it won't change my behaviour"* (Elizabeth, 70-74) and this is reflected by other people who are vaccinated who have mixed feelings about going out

and engaging in the community again. They were keen to do so, but also aware of the ongoing risks, including of new variants emerging:

"[The jab] has made me want to go out now, which I didn't want to do before. I waited… they say you've got to wait for it, it takes three weeks to get into your immune system…" (June, 60-64)

"And then they're saying there's all these [variants] that are coming in now and they don't know… nobody knows whether these injections will protect you against all [of them], because even the flu one has to be changed every so often." (Anita, 70-74)

This ambivalence means that some people may choose to continue to stay home for their own protection, even in the absence of an official shielding policy:

"I think we'll do it ourselves, we'll just take care and look after ourselves really and carry on isolating to a certain extent." (Christine, 80+)

Policy implications and recommendations

1

Providing bereavement support

- *Each Integrated Care System (ICS) and its equivalents in the devolved nations should have a named bereavement lead to provide greater focus and accountability for bereavement services.*

- *In Wales, Local Health Boards, Local Authorities and Commissioners should implement the recent National Framework for Bereavement Care in Wales and the bereavement standards.*

- *NHS England & NHS Improvement and its equivalents in the devolved nations should appoint a bereavement lead to drive a more strategic approach and champion the need for investment in bereavement services, including those provided by the voluntary and community sector.*

- *Professionals should be given training and development to be aware of the factors that can make an older person more likely to need support following bereavement and feel confident in explaining the support that may be available to older people and how they can access it.*

- *There must be more consistent signposting to options for support at multiple points following a bereavement.*

- *Beyond professionals, it is important that information about bereavement support is readily available in all those places where people already spend time, such as supermarkets, libraries, hairdressers and faith centres. These points of contact will be especially key for reaching older people who are not online and those who are reluctant to bring up their needs with professionals.*

Our interviews with older people reflected the additional difficulties associated with grieving the death of someone close to them during the pandemic, and highlight the need for a strategic approach to commissioning bereavement support services and ensuring older people who are most in need can access these services. As with access to psychological therapies (discussed in more detail below), people in later life can be reluctant to seek formal emotional support for bereavement and may be unaware that support exists. However, we know that people over the age of 65 are just as likely to develop prolonged grief disorder as the general population (around 10% of bereaved people).[14]

The traumatic impact of COVID-19 restrictions on grieving – such as being unable to attend a funeral – may be driving the need for formal support higher: one study found that 74% of bereaved people with high or severe vulnerability are not accessing formal bereavement services or mental health support.[15]

Bereavement support often falls between mental health services and end of life care, and is not fully 'owned' by either area. This must change. Clarifying responsibilities would be a key step towards a more consistent and comprehensive support offer for people who need additional help following a bereavement.

While the Westminster government's COVID-19 mental health and wellbeing recovery action plan commits to ongoing engagement with the bereavement support sector, it is important that a strategic approach is taken in the longer term to support a sustainable and accessible bereavement sector.

2

Reducing social isolation and loneliness

- The Department of Health and Care (DHSC) and its equivalents in Wales and Northern Ireland should ensure that COVID-19 mental health and wellbeing recovery plans include more investment in infrastructure for social connectedness for people in later life:

  - There should be a designated funding stream for local authorities to support community development initiatives to promote mental health. This should be available to all communities and include peer support groups for older people experiencing reduced social contact, social isolation and loneliness, to improve their wellbeing and help enable them to thrive in their own communities. Older people should have an integral role in designing these groups, and initiatives should also consider older people's transport and mobility needs.

- A Resident Engagement and Peer Support (REAP) model should be adopted in residential care. This approach develops group activities based on residents' needs, and the likelihood that the activities will foster relationships that will be sustained.[16]

Our findings indicate the negative effects of enforced social isolation on many older people's mental health. This is supported by evidence that loneliness and social isolation can pose a significant health risk, with low levels of social support found to be associated with increased mortality, increased risk of depression and anxiety, as well as declining cognitive function.[17,18] There is also evidence that loneliness can be chronic[19], and that certain groups are more vulnerable to experiencing loneliness. A UK-based seven-year longitudinal study found that loneliness was more prevalent in older women and strongly linked with being in poorer physical and mental health, related particularity to mobility impairments and depression.[20]

Additional risk factors include reductions in socioeconomic status due to retirement and breakdowns in social networks, which can lead to feelings of social isolation and loneliness.

With increasing age, it is common that older people, especially those aged 75+, lose connections within their social networks and find it more difficult to initiate new friendships and join new networks. Prior to the pandemic, 3.8 million individuals over the age of 65 in the UK lived alone, 58% of whom are over 75 (around 2.2 million individuals) and more than a million older people said they often went for more than a month without speaking to a friend, neighbour or family member.[21]

For some, therefore, loneliness is a continuous aspect of their lives, experienced before and during the pandemic, and after the easing of pandemic restrictions.

Peer support has proven to be an effective approach, particularly for those who lack a social network.[22] Age-UK's 2009 inquiry into mental health and wellbeing in later life[23] highlighted the value of peer support for maintaining wellbeing in older age, recommending that more emphasis be put on the promotion of peer-support and community initiatives that enable older people to help both themselves and each other.

Evidence also suggests that older people living in residential care experience loneliness that is far greater than for those living in the community.[24,25] Many residents report having trouble maintaining meaningful social relationships, as well as experiencing increased challenges with communication due to complex health conditions such as dementia and speech impairments.[26]

3

Digital connection

- National governments, local authorities and health and social care providers should work together to improve access to the internet for older people who are living at home or in residential care settings. There should also be a greater focus on training and supporting people in later life, to give them the skills and confidence to use digital technologies.

- National governments, local authorities and health and social care providers should create appropriate pathways for developing inclusive services and methods of communication. These must ensure that older people without access to remote/digital communications, and those who prefer to communicate in writing and via landline telephones, are still able to communicate, and to access services and support, via other means.

- Care home and supported housing providers should develop greater use of digital technology, with the full involvement of residents, to ensure that innovations fulfil their needs, and are experienced as positive benefits.

- When COVID-19 restrictions allow, local councils should ensure that support in libraries or other public spaces is available for older people who want to learn more about using technology, to provide them with the skills to help them use it in the way that works for them. Funding for training sessions in public spaces would not only provide much-needed skills-based transfer but also an important point of face-to-face social contact for older people.

Digital connection is increasingly important for all members of the population. While some older people are digitally connected, experiences of loneliness and social isolation can be exacerbated by what is sometimes referred to as the 'digital divide' or 'digital exclusion', which is something that significantly affects many people in later life.

Digital exclusion is a significant issue that affects people of all ages. It refers to the exclusion faced by millions of people across the UK who are unable to access the internet, either because they cannot afford it, they live in an area with poor digital connectivity, or because they lack skills and/or confidence.[27] When the number of people aged over 65 who have never used the internet is combined with the number of people aged over 65 who have not used it in the last three months, more than 82% of digitally excluded people are aged over 65. Internet use declines with increasing age: 22% of people aged 65-74 are digitally excluded, compared to 60% of people aged 75 and over.[28]

Factors that most strongly explain the likelihood of an individual aged 65+ being unable to access the internet include living alone, living in a rural area, mobility challenges, sight loss, problems with ability to concentrate and lower income.[29] Older people are also less likely to make use of smartphones, tablets and other devices for video-chat due to a lack of technology skills, affordability and not owning the technology.[30]

The issue of digital exclusion has made it more difficult for many in later life to access public services, such as GPs and secondary-care NHS services, which are increasingly making more use of online approaches to care.[31]

People living in purpose-built later life housing schemes rarely have Wi-Fi included in their living accommodation. In 2019, in a survey conducted by Carehome, one fifth of care workers said their care homes had no Wi-Fi and, for those that did, access was often patchy, with 18 per cent suggesting it was only available in communal areas.[32]

However, appropriate WiFi and equipment in these settings is going to be ever more important. New research with 120 senior executives from providers of supported, sheltered and retirement housing, supported by the Housing Learning and Improvement Network (the Housing LIN), has found that 74% of housing providers claim that their requirements for wellbeing technology have changed as a result of the pandemic. It seems likely that there will be an accelerated shift in how supported housing is provided, as 97% of respondents believed their use of technology to communicate with residents will increase following COVID-19. For example, there is likely to be greater use of video communication between staff and residents, with eight out of 10 housing providers feeling that video communication between staff and residents is becoming increasingly important.[33]

4

Access to primary care and mental health support

- *The Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) and the equivalent bodies in Scotland, Wales and Northern Ireland should develop plans to give GPs the support they need to improve how they identify mental health problems in older people and offer them a choice of treatment.*

- *National Departments of Health and Social Care in England, Wales, Scotland and Northern Ireland should commission a projection of older people's mental health support needs. This should address demographic changes during the last decade, as well as the impact of the pandemic on this cohort.*

- ***In England,** the DHSC and NHSE&I should agree and set a new target rate for Improving Access to Psychological Therapies (IAPT) referrals of people aged 65+, and develop innovative actions, including targeted communication plans and effective sharing of best practice among commissioners, to increase the number of people in later life who benefit from IAPT. **In Scotland**, the existing government commitment to improving access to psychological therapies for people 65+ (under A Fairer Scotland for Older People) should be fulfilled as a matter of priority. **In Northern Ireland,** psychological therapies for people 65+ should be expanded through implementation of the new mental health strategy. **In Wales**, the National Psychological Therapies Management Committee should work with Matrics Cymru and the Local Health Boards to ensure tailored and appropriate access for older people as part of the Local Primary Care Mental Health Support Services (LPMHSS) and specialist psychological services.*

- *In England, the DHSC and NHSE&I should work with GPs, talking therapy providers and other health professionals, commissioners and the voluntary sector to develop a monitoring and evaluation plan for the implementation of the recently updated IAPT older people's positive practice guide. This should consider additional promotional opportunities for the guide, case studies highlighting positive examples of its use, and practical ways to measure the impact of the guide on talking therapy services for older people.*

For many older people their GP is their main point of contact with health services. Our findings show how important this relationship is for the older people we interviewed. Often they will contact them for physical health issues, but GPs are also the main person with whom they can discuss their mental health and gain access to support. In a 2020 survey by Independent Age, 72% of respondents said their GP was the first professional they spoke to about their mental health.[34]

Many people have positive experiences with their GP. They have meaningful conversations in a context of trust and can choose their preferred support from a range of options including medication, talking therapy and social prescribing. However, as this research shows, some people have been struggling to access their GP quickly and in the way that they prefer. Some people find it difficult to get an appointment, others are anxious about going to GP clinics because of the risks presented by COVID-19.

We recognise that the pandemic has put new, major pressures on GPs and the winter ahead will only add to this. We welcome the fact that the Royal College of General Practitioners' five-point plan to help GPs recover from the pandemic includes addressing 'the additional mental and physical health problems it is causing in patients of all ages'[35].

In England, the Improving Access to Psychological Therapies (IAPT) programme of talking therapy is the NHS first-line response to common mental health problems such as depression and anxiety. For many years, older people have consistently made up just six per cent of all annual IAPT referrals[36], despite older people having the best recovery rates of all ages, and the DHSC indicating in 2011 that people aged 65+ should make up an 'expected rate' of 12% of IAPT clients based on population levels and level of need.[37] Research has also shown lower access rates to talking therapy for older people in third sector counselling in England, Scotland and Northern Ireland in the last three years.[38]

IAPT referrals decreased for all age groups during the initial outbreak of the pandemic. Referrals to talking therapy services in Wales fell by a third.[39] In England, reductions in IAPT services corresponded with a large fall in GP appointments and referrals during the first lockdown, suggesting that fewer people accessed GPs, and/or that fewer IAPT referrals were made following GP appointments.[40]

The Westminster government has taken positive steps since the outbreak of the pandemic to improve access to IAPT services. These include an additional £38 million funding for IAPT in the COVID-19 mental health and wellbeing recovery action plan[41], and the recent update to the IAPT older people's positive practice guide.[42] Dedicated funding for mental health counselling has also been provided in the devolved nations. However, given the longstanding access issues for older people, we are concerned that these steps alone will not fix this access gap.

5

Mental health campaigns

- The Office for Health Improvement and Disparities and NHSE&I in England, and the equivalent bodies in the devolved nations, should plan specific public information and anti-stigma campaigns on mental health for older people, adapting campaigns such as Clear Your Head, Every Mind Matters and Help Us Help You. These must reach diverse groups of older people and effectively communicate how they can identify their mental health needs and get the support they need.

  This targeted approach should: refer to the challenges older people face (e.g. bereavement, long-term health conditions) using accessible language, and signposting to a variety of sources of support; address stigma and attitudinal barriers (e.g. 'I don't want to overburden the NHS'); use a range of offline and online communication channels; and include diverse representations of people in later life.

It is important that older people have tailored advice and information about how they can keep well, both mentally and physically, and about what services they can access and how. Too many people in later life are unaware of the support that is available. In previous polling commissioned by Independent Age, only half (54%) of people aged 65+ were aware of the option to receive 'counselling or talking therapy' through the NHS.[43] National health improvement campaigns and advice are an important element of increasing this awareness.

Conclusion

Our findings show some of the different ways the pandemic has affected many older people's mental health and wellbeing. While some people have found ways of coping, such as drawing on past experiences of adversity, experiencing enhanced support from neighbours, family and friends, and the ability to spend time in nature, others have faced serious challenges and suffered as a result. Fear, loneliness, lack of social contact, the inability to do the things that previously benefited their mental and physical health, loss of face-to-face contact and the death of people close to them, have all affected their lives and mental health. Similarly, while some have enjoyed the virtual connection conferred by digital technology, others have not, disliking it as a means of contact, or lacking the skills and/or equipment to benefit from it.

We believe there is a risk that anxiety amongst people in later life could increase again in the autumn/winter and the Government will need to monitor this closely. Our findings also suggest that some older people will feel more vulnerable doing face-to-face activities, given the persistent prevalence of COVID-19 in the community. As we consider the challenges of winter 2021-22, policymakers should anticipate a worsening of many people's emotional and mental health, particularly for those staying home for their own safety.

The Westminster government and the devolved administrations must ensure that the social and mental health needs of older people are fully responded to in their further mental health and wellbeing recovery planning, and in national and local community health and social care planning, in the ways we recommend. People in later life must themselves be involved in identifying what will help their recovery, and have a choice in how it occurs. Relationships should be at the heart of this: with family and friends, with important healthcare professionals such as GPs, with others in the communities in which we all live. Informal and formal in-person contact, so crucial to the creation and nurturing of relationships of all kinds, must continue to be valued and enabled in creative and flexible ways.

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