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Development**

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Task 1: Social Epidemiological Analysis

Title: Inequalities in gender and health for the UK geriatric women

1. Introduction

In this report, ***older or geriatric women of the UK*** are the targeted population who suffer from gender and health inequality. Women in these communities are more vulnerable to health disparities because of other associated factors like socioeconomic position, living conditions, limited access to healthcare, past occupation, education, and communication or cultural obstacles. Over one-third of women in England who are 50 years of age or older have faced discrimination due to their age, sex, or race (AGE UK, 2025a). Most of the common health issues suffered by women are mental health disorders, problems with reproductive health and cardiovascular diseases. Furthermore, possibilities for early intervention and healthy lifestyles may be restricted through norms in society and gender-based discrimination.

2. Contextual background and underlying factor

2.1. 3 Diseases/illnesses

2.1.1 Prevalence of mental illness

Among the UK geriatric population, between the age group of 55 to 64 years, women (24%) were reported to have poor mental health, like depression and anxiety than men (17%) (Mentalhealth.org.UK, 2025). For this condition responsible risk factors are socioeconomic challenges, which increase stress and anxiety, and caregiving duties (many older women are unpaid carers). Enhancing access to counselling and community support, eliminating the discrimination associated with mental illness among seniors, and creating mental health services specifically designed for older women are some potential solutions.

2.1.2 High burden of long-term physical sickness like cardiovascular disease and disability

Compared to 2.6 million older males, nearly one-third (30%) of women over 50 had an impairment, or 3.3 million older women. Older people suffer from elevated rates of limiting chronic issues due to biological factors like menopause; many have decreased energy, mobility, pain, and the capacity to walk farther. This health issue can be solved by Improved access to primary and preventive care, routine screening for chronic illnesses, and community-based physical health services.

2.1.3 Higher mortality risk and a shorter Healthy Life Expectancy (HLE)

Age UK, (2025) estimates that a woman will be in poor health for roughly 53% of her remaining years at age 65 and around 67% of her remaining years if she is 90 or older. Moreover, Zhao and Crimmins, (2022) stated that elderly women in the UK often live longer than men, but their healthy life expectancy (HLE) is lower. The factors contributing in these issues are age-related disabilities, Chronic illnesses, socioeconomic deprivation, and unequal access to health care facilities throughout life. Policies implemented by the Government to reduce health-related gender inequality can improve women's HLE.

2.2 3 social issues

2.2.1 Loneliness and Social Isolation

Social isolation is indicated by 270,000 older persons (aged 65+) in the UK going a week without talking to a friend or family member (LinkedIn, 2025). It is also estimated that 940,000 people aged more than 65 frequently feel loneliness (Bandyopadhyay, 2024). Some social influences aggravated this condition in older women because they are more likely to live alone (widowed, divorced), have fewer social connections, and may have restricted mobility. Increase social prescribing and community befriending services to ensure consistent social interaction.

2.2.2 Financial instability in older women

As per Zhao and Crimmins, (2022), in later age, women are more likely than males to live in financial difficulties (17% vs. 15%). This is because of the unequal pay in professional life, live on a low pension and career break for a child or family, invest more time in unpaid work at home. This issue can be solved by improving pension plans while delivering targeted financial services to older women, particularly those who live in rented or alone.

2.2.3 Housing insecurity

Approximately 4.3 million people aged 65 and over lived alone in 2024, among them, older women (40.9%) outnumbered men (27.0%) (Yahoo News, 2025). There may be major barriers to safe, age-appropriate living for older women with disabilities because they are unable to take care of their homes or finance house modifications. To support safe and secure living, encourage the development of affordable, age-appropriate housing and provide funds for home modifications.

3. National Response to reduce health inequalities in the geriatric group

Several national initiatives have been put in place by the **UK government** to reduce health disparities that impact older women. Since 2019, the NHS Long Term Plan has expanded community-based care, including regular cardiovascular disease screening, improved support for

managing chronic conditions, and quicker access to mental health care for seniors, to reduce the high burden of long-term sickness (Marshall *et al.* 2022). The key goal of the NHS Long Term Plan is to deliver equal and quick health care facilities, improving mental health support, boosting digital services for older age who are unable to visit hospitals and expanding personalised care roles. This immediately helps older women, who are disproportionately more likely to struggle with despair, chronic illness, and disability.

The UK Government's work on tackling loneliness 2018 initiative also supported the older population to keep meaningful social connections to balance physical and mental health. The main aim of this policy is to reduce stigma and encourage individuals to talk about it and ask for assistance (Gov. UK, 2025). They improve social ties, reduce the risk of mental health problems associated with isolation, and improve general well-being in later life.

4. Organisations that support the geriatric group

Age UK and Mind are two reputable charities that support senior citizens in the UK (Lee *et al.* 2022). These are crucial for tackling the social injustice and health disparities that older adults encounter, especially women who are more inclined to suffer from chronic illness, mental health problems, and social isolation.

Age UK promotes awareness of the challenges that older persons encounter, such as restricted access to healthcare, loneliness, and unstable finances (AGE UK, 2025b). These offer useful assistance to this population through companionship services, neighbourhood events, data helplines, and guidance on healthcare and benefits. Its objectives are to promote independence, improve quality of life, lessen loneliness, and influence policy that ensures older people are treated fairly.

Although the organisation does not have a specific "Older People's Mental Health" branch, Mind, the top mental health charity in the UK, delivers knowledge, helplines, and local services to support people of all ages, including older adults (Mind Org. UK, 2025). They emphasise transforming mindsets and offering practical help for problems like isolation and depression, common in later life.

5. Conclusion

This report highlighted the inequality-related facts to address the gender bias and promote fair outcomes, specific policies, improved access to healthcare, and culturally suitable health

education. The AGE UK and Mind charities individually provide the elderly population with comprehensive assistance and social justice.

6. Recommendation

- Giebel *et al.* (2022) noted that counselling, befriending, and activity programs can increase community-based mental health and social support services for older women to mitigate loneliness, depression, and social isolation.
- The government should provide tailored pension support, low-income housing programs, and home-modification subsidies to offer access to age-appropriate housing and financial security to promote independence and health (Yang *et al.* 2024).

Task 2: Epidemiological Analysis

Mental health (non-communicable) disease in the UK among Older women

1. Introduction

According to the WHO, (2025) approximately 14.1% of persons over 70 suffer from a mental illness. About 1 in 5 women in the UK suffer from common mental health illnesses, such as anxiety and depression, and the frequency of these conditions rises with age, especially for depression. Therefore, mental health illness is a significant non-communicable disease mostly impacting older women worldwide as well as in the UK. Although living longer is a reason for joy, mental health issues are increasingly common among the elderly. As per Mental Health Org UK, (2025) estimated approximately 22% of men and 28% of women aged 65 years or older experience depression, although 85% of these individuals are thought to receive no assistance at all from the NHS. Social isolation due to age-related disability or financial instability and uncertainty of the pandemic increases mental health-related issues. The growing number of older women in the UK shows the urgent need for community support, improved access to treatment, and specialised mental health therapies to lessen the severe emotional, social, and medical repercussions.

2. Main Body

2.1. The key determinants/risk factors

Psychological, social, and biological variables all have an impact on mental health conditions in older women. Changes in hormones carried on by aging, especially after the menopause, can make people more susceptible to anxiety and depression (Herson and Kulkarni, 2022). In this demographic, socioeconomic variables such as divorce, social isolation, and diminished social support networks are substantially linked to symptoms of anxiety and depression. Mental health can be adversely affected by inadequate or unstable housing. As per Rokach and Patel, (2024) high blood pressure, heart disease, obesity, a compromised immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death have all been found to be associated with social isolation and loneliness. Compared with just 3% of those over 65, 25% of those between the ages of 18 and 24 indicated their present mental health condition was fairly or very bad. There are variations in various demographic breakdowns, as demonstrated in Figure 1. In London, 11%

of adults reported having poor mental health, whereas in Scotland, the percentage rises to 22% (Armstrong, 2019). Cultural and gender-related conventions frequently deter older women from seeking mental health resources, which results in misdiagnosis and treatment delays (Siddiqui, 2024). Lifestyle choices like inadequate nourishment and activity also have an impact. The combination of these factors highlights the complexity of older women's mental health and their importance of comprehensive, broad, preventative and intervention techniques.

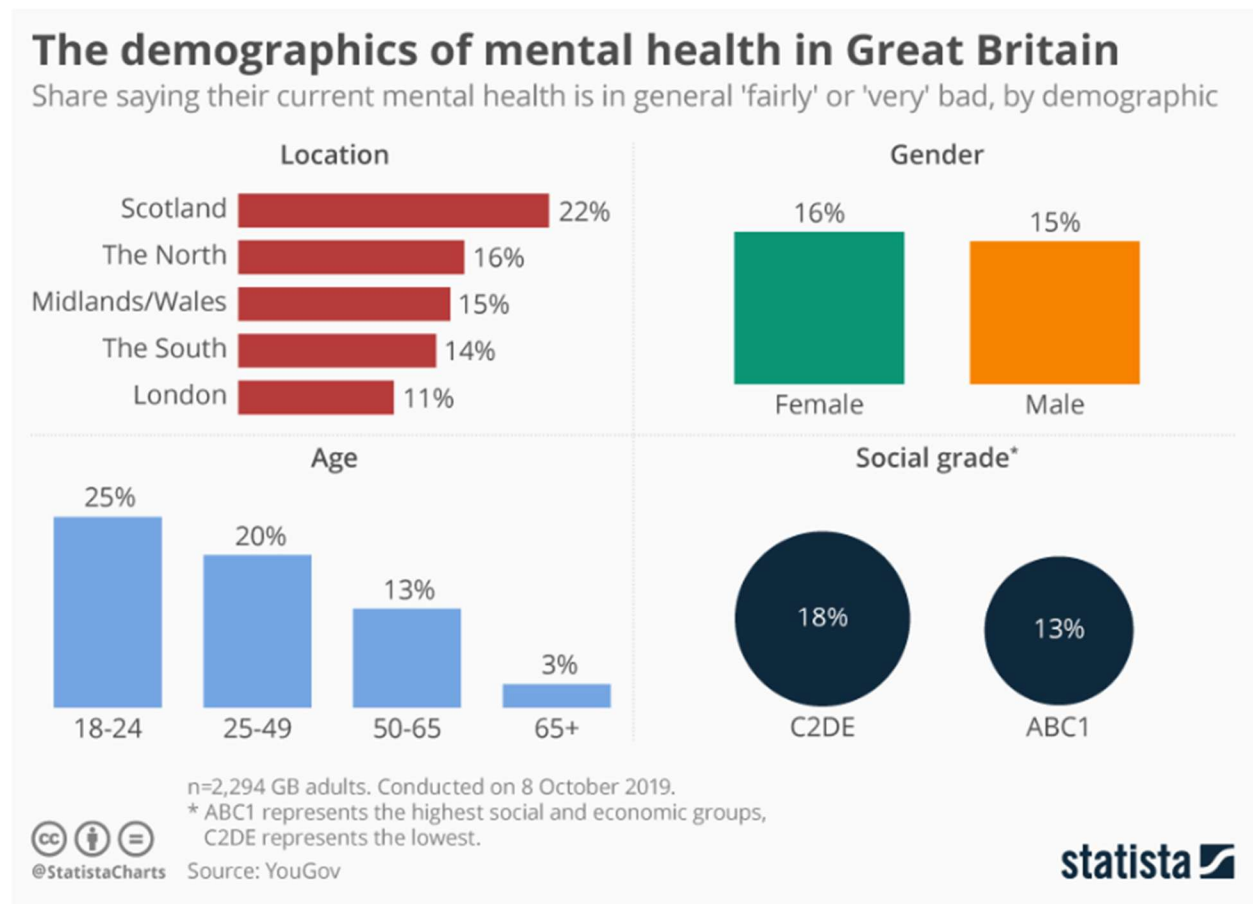


Figure 1: The demographics of mental health in Great Britain

(Source: Armstrong, 2019)

2.2 The at-risk age group or targeted population of mental illness, impact and mitigation strategy

In the UK, mental health disorders have become significant non-communicable diseases that afflict older women, including anxiety, depressive disorders, and emotional distress associated with dementia. World Health Organization, (2022) due to a variety of biological, societal, and economic factors, women more than 65 years of age are the major vulnerable population for

mental illness. Although older women are more inclined than men to live longer, they frequently have disabilities, reduced mobility, or long-term physical health issues.

In older women in the UK, mental disorders promote loneliness, diminished independence, deteriorated physical health, cognitive decline, and a lower quality of life. Additionally, older women experience desperation, loneliness, and social isolation, especially those who are single or have lost an important relationship. Lower lifetime earnings and retirement disparities are indications of economic disadvantages that might worsen stress and limit access to resources for assistance (Nkwata *et al.* 2021). Additionally, stigma and historical views may cause older women to reduce their emotional pain or avoid asking for assistance. Poor mental health may elevate stress and raise the likelihood of burnout for women who care for their partners or family members. Elderly women who suffer from mental illness need proactive, easily accessible support. It is crucial to detect mental health issues early through regular screening in primary care settings. Reducing loneliness and enhancing wellness can be achieved by growing community-based programs like social clubs, befriending programs, and fitness organisations (Aditya *et al.* 2024). Ensuring the affordability of psychological therapies, like as counselling intended for senior folks, is similarly important. Initiatives for digital inclusion can facilitate older women's use of online social networks and telehealth facilities. Wolfson *et al.* (2021) stated public health initiatives that reduce stigma can also motivate more women to seek assistance.

2.3 Epidemiological studies on mental health disease in the UK among Older women

One in nine older persons with NCDs was at risk of suicide, and roughly one-third of them suffer from depression. According to the famous MRC Cognitive Function and Ageing Study (CFAS), the rate of depression was 8.7% overall and climbed to 9.7% when dementia cases were taken into account. The incidence was higher in women (10.4%) than in men (6.5%) who were 65 and older (Vilagut Saiz *et al.* 2021). Moreover, Floud *et al.* (2024) revealed that more recent studies conducted during the COVID-19 pandemic over 20% of older women had combined depression and anxiety, and about 32% had depression with borderline anxiety, both higher than the comparable percentages for men. This study also highlighted that roughly 26% of a sample of over 40,000 older women in England reported decreased mental health during lockdowns; those with pre-existing physical illnesses, obesity, or caregiving responsibilities were particularly at risk. An immense public health problem is depression in the elderly (Zenebe *et al.* 2021). According to the Institute for Fiscal Studies, indicators of depression among women in their late 50s and early 60s increased from around 15% in the mid-2010s to approximately 21% by 2023–2024, with a

more pronounced increase (to 39%) among the least affluent third. These longitudinal data also indicate increasing gaps in socioeconomic status. Gupta *et al.* (2022) study identified aspects that should be addressed by community services and can direct initiatives like family psycho-education groups that could lessen or eliminate the strain on family caregivers who are in charge of patients' at-home care. This highlights the critical importance of focused mental health monitoring and assistance for this population.

2.4 Public health, short- and long-term consequences, impact on the specified population

High rates of depression, anxiety, and associated impairment are revealed by epidemiological studies that identify risk factors and the course of mental disease among older UK women. It focuses on immediate impacts, including decreased everyday functioning and inadequate chronic disease management. Higher mortality, social isolation, cognitive decline, and greater frailty are long-term effects. These findings inform attentive interventions, resource planning, and policy to lessen disparities and enhance mental health among older women.

2.5 The public health measures designed to manage, treat, and control the impact of mental health illnesses in the focus group

Through early identification, readily accessible treatment, and community support, public health initiatives in the UK seek to manage and lessen mental illness in older adults. Regular mental health screenings of the older population and improving **Access to Psychological Therapies** (IAPT) programs are offered by primary care facilities. Social programs help to connect people with neighbourhood associations, befriending programs, and physical activity programs to help them manage loneliness. Older women also benefited from **tele-mental health services** that encourage digital inclusion. While national programs promote individuals to seek assistance and reduce stigma, integrated care systems also combine mental and physical health treatments to enhance long-term mental health outcomes in the aging population.

2.6 Assumptions, weaknesses or limitations during the epidemiological process

The prevalence of illness may be minimised in some studies due to underreporting driven by stigma, generational views, and a lack of assistance. Other than that, self-reported data is utilised in many studies, which introduces cognitive bias (Akbulut, 2025). Understanding causality is limited by cross-sectional designs, and results are skewed when institutionalised or seriously ill older persons are excluded. Furthermore, the precision and generality of findings are occasionally hampered by the insufficient capture of socioeconomic and cultural variations.

2.7 Suggestion of a health intervention programme and the impact of the proposed intervention

A grassroots mental health program that combines psychotherapy with social prescribing and individualised physical activity sessions for older women is a suitable solution (Paquet *et al.* 2023). This program may improve social ties, boost mood, and lessen isolation. Its effects include better health, decreased symptoms of anxiety and depression, and increased early detection through frequent contact with experienced facilitators. Musich *et al.* (2022) stated that in the long run, the measure can improve the intended older women's overall quality of life, increase resilience, and reduce healthcare consumption.

2.8 The strengths and weaknesses of the epidemiological Approach

Targeted interventions are supported by the epidemiological approach, which provides solid data on the incidence, risk factors, and trends of mental disorders in older women (Petrova and Khvostikova, 2021). However, it is limited by the potential of underreporting, the use of self-reported measures, cross-sectional study approaches, and the lack of organised groups, all of which could decrease the accuracy and generality of results.

3. Conclusion

In conclusion, mental health illness in UK women has a high prevalence, considerable social and physical effects, and an urgent need for focused, community-based interventions to enhance wellbeing and lessen inequities.

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