

## Community Engagement

**Assessment:** You are required to produce a needs analysis or community profile on an identified group or geographical location. You will need to outline and identify potential issues or gaps in current service provision that may be detrimental to the group/location identified. You should make use of relevant data and statistics as well as other means of information gathering within your report.

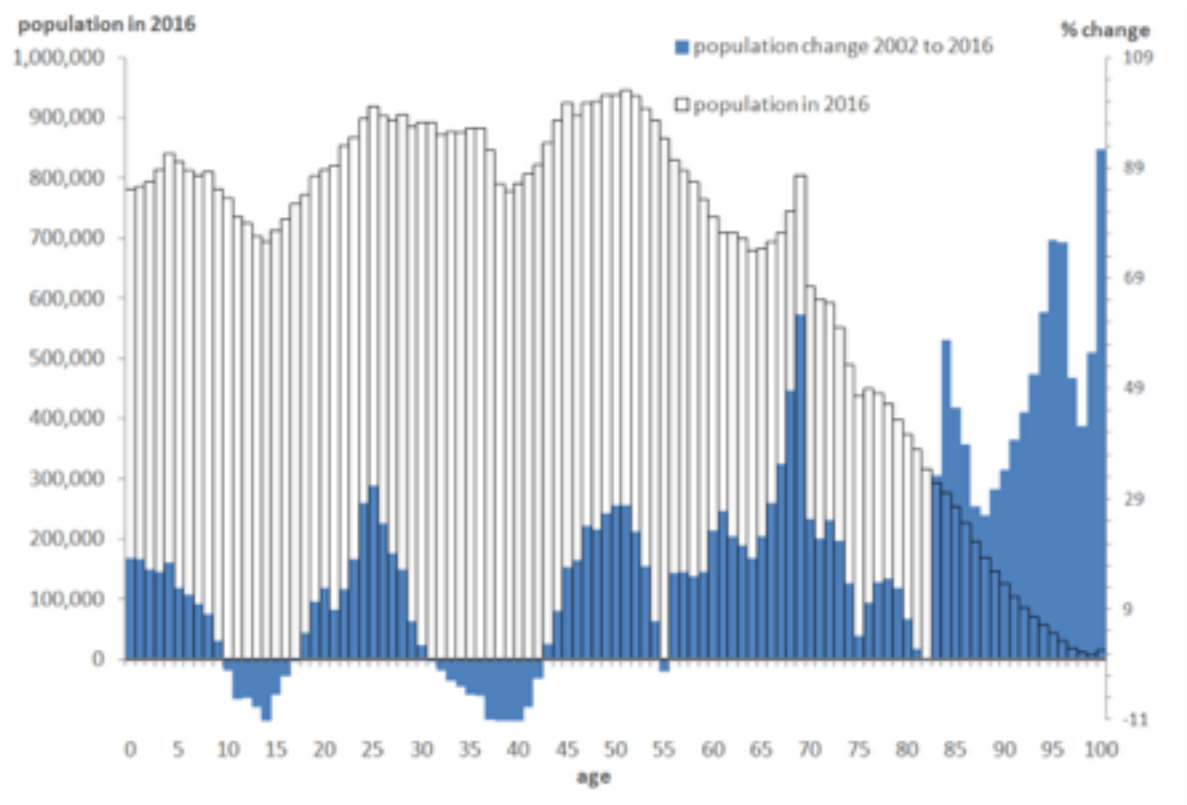
### Summary

This needs analysis will look at the relevant data regarding the elderly population within the United Kingdom. Considering the relevant statistics this needs analysis will discuss the increasing of the elderly population within the UK, whilst focusing on Wales and the issues the population face within modern day society. The causes and barriers of these issues will be discussed and the current provisions will be briefly highlighted. The analysis will also discuss the number of the elderly population within the UK receiving care for their mental health and consider whether adequate provisions are in place to support their needs.

### UK: Elderly Demographic

In the United Kingdom, the population of people aged 65 and above was reported to be 18% (approx 11.8 million) of the 65.6 million people across the UK. As the UK population is at it's largest ever, the natural impact on the elderly population (defined in this data analysis of age 65+), is to increase as long as the population shall (Hayter, 2018).

Figure 1: the Office of National Statistics (cited Estimates of the Very Old 2002 to 2016, 2017) created a chart to illustrate the population growth of the older population as it is increasing more rapidly than the population of youths. They also state that the growth spurt is due to the improvement of living standards, nutrition and the awareness of the medical issues associated with smoking.



(Figure 1: Estimates of the Very Old (including Centenarians): 2002 to 2016, 2017)

The Office for National Statistics (cited Estimates of the Very Old: 2002 to 2016, 2017) stated that by 2036 the elderly population will increase in each region of the UK by approximately 25%. Parliament released a chart that draws attention to the significance of the increase in future population throughout the UK. Age structure of the UK population in 2015, 2020 and 2030, 'by single year of age to 89 and bands thereafter, ONS 2012-based principal projections, thousands' (2015).

The number of people aged 65 and over is projected to increase by 50% by 2037. Although the growth of life expectancy is considered a global celebration and should be celebrated, this growing trend brings about fresh challenges for the NHS and how it manages the level of need. Parliament stated that although the life expectancy of adults has extended, it does not necessarily mean the extension promotes a longer 'healthy' life (2015). They also stated that by introducing policies that allow the older population to remain active in later life, this would benefit their health and also reduce costs within the health care system.

## Mental Health: Statistics

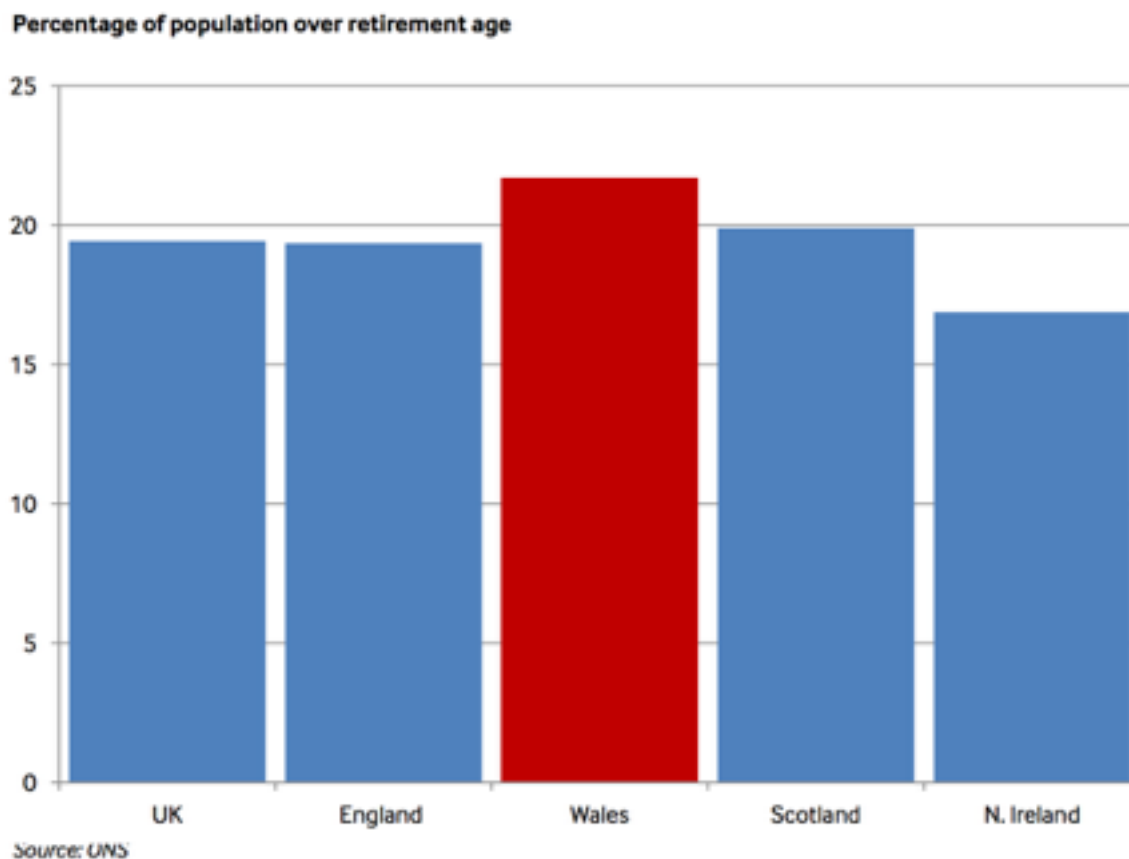
There are many reports that reveal the rise of mental health issues throughout many age groups within the UK. (Mental Health Foundation 2016) state that the significant rise in life expectancy has placed incredible pressure on the NHS due to 'age related illnesses' (p.38) but also due to mental illnesses becoming more common such as depression and anxiety. Although one in four people experience problems with mental health within their lives there are inequalities amongst the population in accessing the appropriate treatment and healthcare (Strickland and Gentry, 2016).

| Age range   | % feeling anxious or depressed |
|-------------|--------------------------------|
| 50–54 years | 22%                            |
| 55–59 years | 21%                            |
| 60–64 years | 16%                            |
| 65–69 years | 14%                            |
| 70–74 years | 15%                            |
| 75–79 years | 17%                            |
| 80 and over | 20%                            |

Figure 1.2: A survey conducted in 2011 showed the highest rates of depression were amongst those of the elderly population. When investigated further it was noted to be 'highest among those aged 50-59 and 80 years and above' (Beaumont & Loft 2013 cited Mental Health Foundation 2016 p.38).

(Figure 1.2: Mental Health Foundation, 2016 p.38)

Age UK (2016) state that issues surrounding loneliness and major life changes contribute toward factors of the older populations' mental health. When older people are diagnosed with mental illnesses it not only effects their quality of life but also adds pressure to the UK health and social services. Despite the population of elderly people on the rise, it is at it's highest in Wales.



(Figure 1.3: Baxter and Boyce, 2015)

Figure 1.3: According to Baxter and Boyce (2011) of the Welsh National Assembly, the pressure mounted on health and social care in wales is accelerating and the lack of schemes set up to aid the elderly population who are in need of care is causing major resentment.

When considering depression it is important to consider the causes of it and organise funding to intervene with such mental illnesses rather than 'treating' them. Solomon (2014) states that 'depression is a disease of loneliness' and that lack of friends and social construct is the number one issue of people who suffer from the illness. <https://www.theguardian.com/commentisfree/2014/aug/16/depression-disease-loneliness-friends>

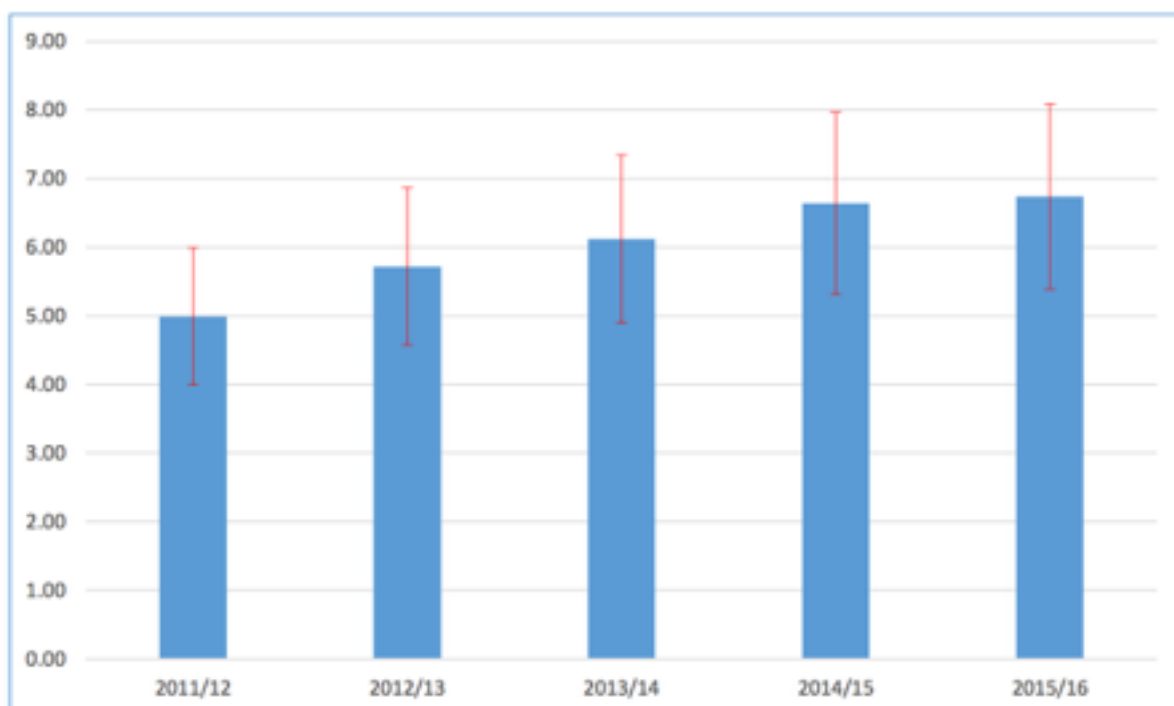
### Mental Health: Loneliness

Age UK (2016) state that issues surrounding loneliness and major life changes contribute toward factors of the older populations' mental health. When older people are diagnosed with mental illnesses it not only effects their quality of life but also adds pressure to the UK health and social services. In Wales, Age Cymru are the leading organisation that tackle depression and combat awareness in older adults. They defined the signs and symptoms of depression to be:

- finding it hard to function at home
- feeling 'down'
- feeling tired all the time
- distancing yourself from people
- feeling life is pointless
- self harm
- considering death or suicide

(Age UK, 2016a.)

Victor et al (2003 cited Campaign to End Loneliness 2017) states that 17% of older adults throughout the UK are contacted by friends or family once a week, 11% are contacted less than once per month. The NHS (2015) state that for those who are suffering from depression or depression like symptoms due to loneliness they are able to reach out and converse with others via organisations such as Age UK, The Silver Line or Friends of the Elderly which all have telephone lines which set up weekly friendship phone calls.



(Figure 1.2: Ageuk.org.uk, 2017)

Figure 1.2: Age UK (2017) show the average percentage of Improving Access to Psychological Therapies (IAPT) referrals to Mental Health Organisations for the population ages 65 and over since 2011/12. The gradual increase brings issue with the growing population of elderly people throughout the UK.

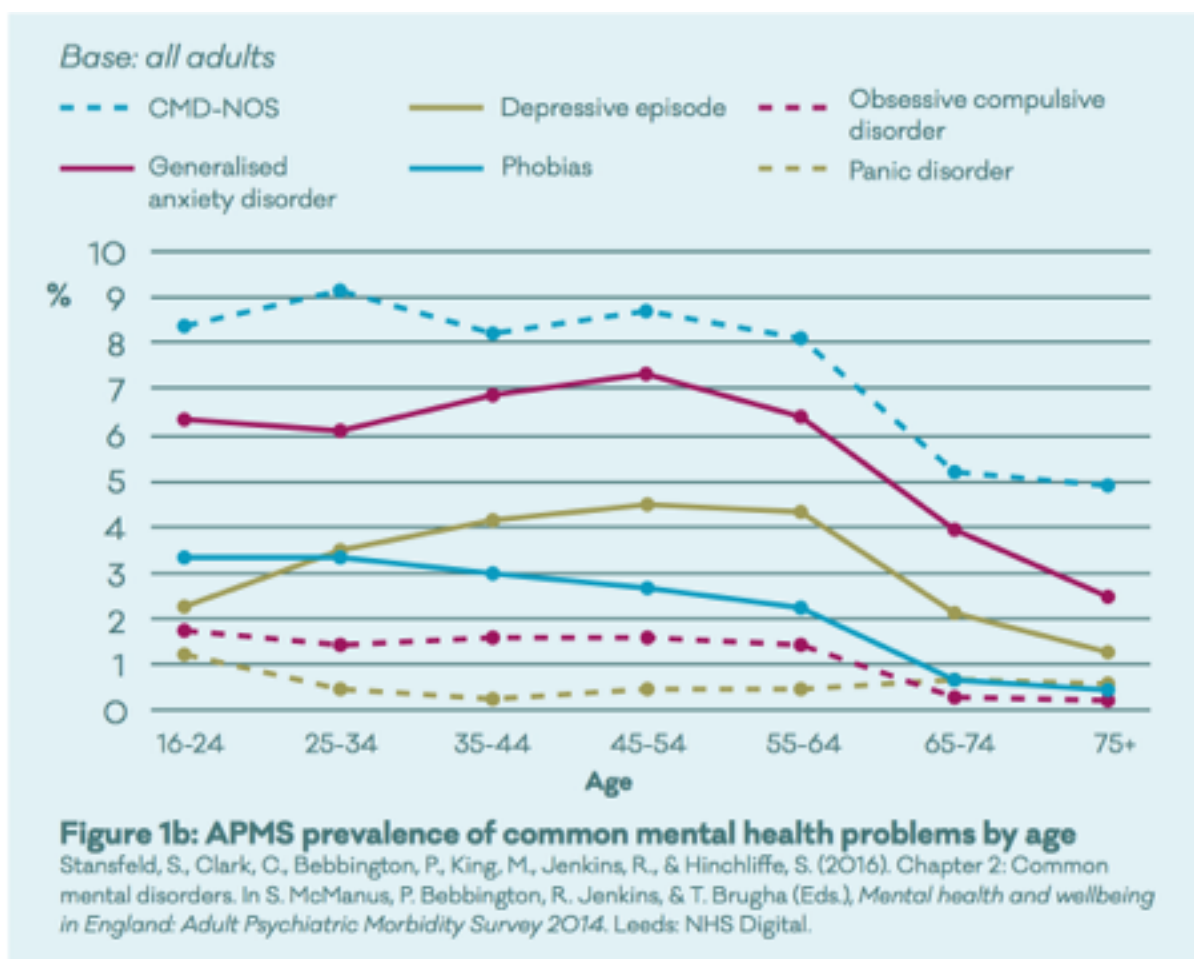
### Loneliness: Provisions & Barriers

In 2010, the UK Government announced a £1 million fund to help older people remain active and engaged with their local community and society. Organisations were strategically set up in areas and a proposed 459 initiatives were created and the outcome commission a programme named 'Ageing Well' (Gov.uk, 2015).

Research done by the Campaign to End Loneliness (2015) states that by providing information to vulnerable people who are likely to suffer from loneliness can prevent further mental health and physical issues down the line. For example they state that feeling well supported and content with the individuals own networking that they may spend 'fewer days in hospital' and also visit the GP less and need fewer medication (Pitkala, K.H. et al 2009 cited Campaigntoendloneliness.org, 2015)

Despite the Governments £1 million fund to refute social isolation of the elderly in 2010, there has been an increasing amount of older adults reportedly feeling depressed and/or lonely. The Ageing Well in Wales information website indicated that recent budgetary cuts to community and public services have put older people at risk as 'over 75% of women and a third of men over 65' live in private homes on their own (Ageingwellinwales.com, 2018). The damage of budget cuts to communities excludes the vulnerable elder population who seek and gain more from social interaction than any other population group. By exposing the population to further isolation this also creates a causal sequence which places more pressure on local surgeries and the healthcare system.

The Royal College of General Practitioners (cited Mental Health Foundation 2016) reported that although one in eight of elderly people reportedly suffer with depression or feelings of isolation that only one in six discuss it with their GP. It is also stated that only half of the older population who visit their GP receive suitable treatment.



(Figure 1.5: Fundamental Facts about Mental Health, 2016)

Figure 1.5: Despite the chart indicating the lowering of both anxiety and depressive episodes it cannot be indicated as a successful outcome as previous evidence suggests that the elderly population are not consulting with their GPs and far less being treated. Age UK state that the population groupings of 64 and above experiencing depression were less prevalent than the 16-64 population but due to further research in this analysis it can be argued that there is a wide disparity across

the population and there are barriers that the elder population experience when it comes to accessing healthcare.

To conclude, this needs analysis has highlighted the relevant data and statistics of the issues surrounding mental health within the elderly population in Wales. Furthermore the topics of loneliness and depression will be discussed in further detail in the following report and additional information will be provided regarding any adjustments or further developments in the fields discussed within this report.

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