grow young

Research Summary Report

Mental Health Issues & Older People

SOURCE

Source of user Research Collaboration & Expertise

Shine

SUPPORTING PEOPLE AFFECTED BY MENTAL ILL HEALTH

grow young

Research Summary Report - Mental Health Issues & Older People

Non-disclosure of psychological distress by adults aged 50+ in primary care.

V. F. Ranieri, S. Shannon

Declaration

The authors declare that the present study encapsulates original work and contains the published work of others duly acknowledged in the text.

Source

Source Of User Research Collaboration and Expertise
Email: sourcegrp@gmail.com

Shine – Supporting People Affected by Mental Ill Health

The Atlantic Philanthropies - The study was funded by The Atlantic Philanthropies.

Published by:
Shine – Supporting People Affected by Mental Ill Health
38 Blessington Street, Dublin 7
Tel: +353 1 8601620 • Fax: +353 1 8601602
Email: info@shineonline.ie • Website: www.shineonline.ie

To be cited as: Ranieri, V.F. & Shannon, S. (2011). The Grow Young Study: Non-disclosure of psychological distress by adults aged 50+ in primary care. Shine.

Shine – Supporting People Affected by Mental Ill Health

Shine is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by mental ill health, through the promotion and provision of high quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

Shine believes that people with mental ill health should at all times be accorded equal rights, entitlements and opportunities available to any other member of society, and should be empowered to participate in the life of the community. Family members, the majority of whom are the primary providers of mental healthcare in the community should be accorded full recognition and support by the institutions of the State, and be empowered to address their own needs. A history of mental ill health should not be a cause for discrimination in any form, nor should it inhibit the individual's right of equal access to training, education and employment/opportunities. **Shine** fosters a partnership approach with all relevant agencies to support people with mental health problems.

Shine supports people with mental health problems and their families in a number of different ways through our information helpline, our regional development offices, our resource centres based in Dublin and Cork and counselling services which are also provided in Dublin and Cork.

Our confidential information helpline 1890 621 631 is open Monday to Friday from 9am to 4pm and can provide general information, a listening ear and specific information about **Shine**'s services. For more information on **Shine** please visit our website www.shineonline.ie

Shine
SUPPORTING PEOPLE AFFECTED BY MENTAL ILL HEALTH

SOURCE

SOURCE is composed of a group of current and past mental health service users. The group was formed in response to A Vision for Change, 2006's recommendations regarding service user involvement in mental health research. The main focus of this group is to capture the lived experiences of those with mental health difficulties through research, with the projective outcome of improving services by harnessing the perspectives and previous experiences of this population.

The **SOURCE** committee has three key functions: Consultation, Collaboration and Service User led projects. The consultation arm aims to lend a robust service user opinion to key mental health stakeholders from the inception of clinical or research projects through to the completion stage. The collaborative arm of **SOURCE** includes the active participation in mental health projects and research in partnership with mental health stakeholders. Service User led projects reflect research that best represents the views and opinions of mental health service users.

The **SOURCE** committee are unique in that they collaborate directly with clinicians and mental health stakeholders and do not hold to any specific agenda other than representing the views gathered from service users utilising the best quality data collection methodologies.

The **SOURCE** committee can be contacted via e-mail at: sourcegrp@gmail.com

SOURCE
Source of User Research Collaboration & Expertise

Acknowledgements

The authors wish to firstly thank Mr. John Saunders, Ms. Dolores Kavanagh and Ms. Elaine Curtis from Shine for their guidance throughout the project. We would like to thank Mr. Kevin Madigan, DETECT; Ms. Karen Cobbe, SOURCE; Mr. Tim Grant, CSTAR, our peer interviewers Dr. Ciaran Crummey, Ms. Patricia Pugh, Mr. Leo Pattison and Mr. Patrick Lennon and our advisory committee; Mr. David Carton, Aware; Ms. Sinead Shannon, Ageing Well Network; Mr. Damian Leneghan, Senior Helpline, Ms. Mary Daly, Active Retirement; Ms. Eithne Carey, Active Retirement; Ms. Michelle Kerrigan, Grow and Ms. Catherine Rose, Age & Opportunity for their input into the project. Also, we would like to extend our thanks to Ms. Ashley Korn, Ms. Sara Garcia and Mr. Benedict Williams who were invaluable to the completion of the project. We would also like to thank Professor Agnes Higgins, Mr. Geoff Day, National Office for Suicide Prevention, Dr. Eddie McCann and Professor Alan Carr for their opinions on the topic. We would also like to thank each agency that has provided us with invaluable information prior to the beginning of the study: Age Action, Older & Bolder, Independent Age Ireland, Friends of the Elderly, Third Age Ireland, Positive Age, Older Men's Association of Ireland, and The Homeless Agency. Finally, we would like to express our deepest gratitude to all the participants who kindly dedicated their time to the project. We hope that the sensitive information they have entrusted us with will further the services so as to reach those who at present are not coming forth with their stories.

Preface

In August 2010, Shine- Supporting People Affected by Mental Ill Health embarked on a research project called *"Grow Young"*. This project was designed to research and develop a knowledge base on the mental health needs of the 50+ population in Ireland.. The research was conducted on behalf of Shine by Source, a voluntary group originating from Cluain Mhuire mental health services.

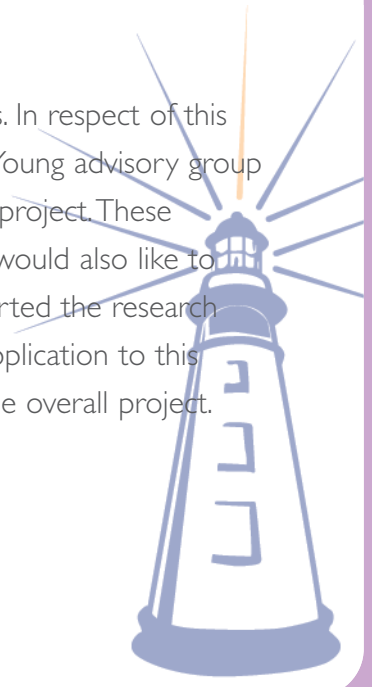
Over the years Shine, as a significant mental health organisation has attempted to address the needs of adults of all ages, be they family members or individuals with specific mental health difficulties. This project was a departure for Shine in as much as we attempted to focus on the needs of the 50+ population in Ireland.

Grow Young is a qualitative research project which relies on in-depth analysis of a small number of individuals over 50 years of age and a similar number of health and social professionals who work with this population of people. As such, Grow Young is not a national quantitative survey on the needs of the older population. This task is being addressed by the TILDA (The Irish LongituDinal Study on Ageing) research and other national research programmes.

We hope that the qualitative data expressed in the Grow Young project will provide a significant grounding for the development of specific interventions by voluntary and statutory agencies working in this field.

Shine has always worked in partnership to achieve the best results. In respect of this project I would like to thank sincerely the members of the Grow Young advisory group who gave up their time, expertise and experience to support the project. These members and organisations are listed in the acknowledgements. I would also like to thank all those other people who individually or collectively supported the research team. Finally I would like to thank the SOURCE Group for their application to this project and to The Atlantic Philanthropies who so kindly funded the overall project.

John Saunders
Director of Shine



Executive Summary

BACKGROUND

The mental health needs of older adults in Ireland have been scarcely documented. No previous study has investigated predictors of non-disclosure to general practitioners or self-reported reasons for non-attendance in older adults in the Republic of Ireland. This study examines the reasons for non-disclosure of psychological distress of older adults in primary care.

AIMS

The present study aims:

- To investigate the self-reported reasons for non-disclosure of psychological distress to general practitioners by adults aged 50 years or older who are not disclosing their psychological distress in primary care in the Republic of Ireland;
- To determine the factors related to older adults' non-disclosure of psychological distress to a general practitioner according to people who work in a supportive capacity with older adults;
- To quantify the extent of non-disclosure in older adults in the Republic of Ireland;
- To produce a summary of recommended intervention strategies for this population.

METHOD

Qualitative interviews were conducted with adults who showed psychological distress, as measured by the General Health Questionnaire, and were not disclosing their psychological distress to a general practitioner (Group A). Interviews were also carried out with people who work in a supportive capacity with older adults such as clinicians, academic lecturers, members of organisations that support older adults and priests (Group B). A secondary statistical analysis of two Irish studies was conducted to measure the extent of non-disclosure of psychological distress in primary care reported by older adults in Ireland.

RESULTS

The interviews were analysed using a theory-driven thematic analysis. The themes were divided according to; reasons for non-disclosure, mental health needs, life difficulties and interventions for adults over 50 years of age. The main themes found for non-disclosure

in Group A were centred on attitudes towards medication, unfavourable views of healthcare professionals and services, stigma, previous experiences of support services, unawareness of available services, fear of unknown consequences and emotional illiteracy.

Group B identified the following factors as reasons for non-disclosure of psychological distress of older adults in primary care; Stigma, Relationship between individual and general practitioner, unawareness of symptoms of psychological distress, perceptions of general practitioner, prioritisation of physical ailments, attitudes towards medication and cost of visit. Other factors such as personality traits, symptoms of psychological distress, fear of dependence, generational differences, emotional illiteracy, unawareness of available services, access to information, the influence of family and a conscious decision to not disclose were all important factors in the overall picture of non-disclosure in primary care.

Further analyses of the mental health needs and life difficulties of these older adults were also included in this report.

Group A expressed that they would benefit from the following interventions; activities co-ordinated during daytime that included physical activities and the use of community centres, supportive relationships, access to counselling and psychotherapy, appropriate telephone listening services that could connect them to individuals in their own local area, support groups, information services and advertising campaigns to raise awareness of their mental health needs and available supports.

Group B expressed that older adults who did not disclose their psychological distress to general practitioners would benefit from the following interventions; access to appropriate treatment, a normalisation rather than medicalisation of psychological distress, access to community services such as day courses, stress clinics, day centres, drop-in services and telephone support lines. Education services that prepare older adults for life changes such as retirement, bereavement and the menopause were seen as beneficial. Access to counselling and psychotherapy, primary care home visits, a review

of the effectiveness of the medical card scheme and the infrastructures in which mental health treatment takes place, access to occupational therapy and improved communication between medical teams were further interventions flagged by members of Group B. Increased public awareness of available supports and difficulties occurring from mid-life onwards, employer and general practitioner training programmes and hosting educational courses on emotional health in adult education services rather than health services were seen as optional interventions. Finally, members of Group B felt that access to quality information and mental health promotion through media campaigns were imperative to the wellbeing of older adults.

Furthermore, a secondary analysis of the National Psychological Wellbeing and Distress Survey (NPWDS) has revealed that males aged between 50-64 years had higher levels of psychological distress than other age groups. They also had a higher tendency to disclose their emotional distress to general practitioners. There were no statistically significant differences between women's age groups and levels of psychological distress or disclosure in primary care. Women did, however, show higher levels of both psychological distress and disclosure to general practitioners than men.

CONCLUSION

A list of recommendation have been provided in this report which include raising awareness of available and existing supports, providing educational and self-help courses to older adults on life changes and mental health difficulties, training of health professionals with regard to the symptoms of psychological distress and improving community cohesion through intergenerational activities, socialisation and peer activities. With regard to treatment, examples of stepped care approaches in the medical services, access to counselling services and occupational therapy were recommended interventions. Finally, mental health promotion and advertisement of available supports and difficulties prevalent in mid-to-later life for the general population are encouraged.

Suggested Intervention Strategies

INTERVENTION STRATEGIES: GROUP A

Participants said that simply being occupied was helpful and that having a diversion could lift their mood. Some would like activities organised during the day and had previously attended courses on a broad range of topics including philosophy, stress management and assertiveness which they found helpful but that not everyone can afford. Physical labour, gardening and exercise were seen as helpful interventions, however, access to gymnasiums can be expensive.

Participants thought that attending a centre and community groups was helpful as these helped them re-establish contacts in their local community. Supportive relationships and the importance of confiding in someone they could trust was emphasized and not doing so could lead to feelings of isolation. Some individuals said they would prefer to discuss their difficulties with someone who didn't know them. They felt that they would be *"fine"* if they could talk to someone on a professional level. Some participants felt that counselling and psychotherapy could be helpful. Others had tried counselling in the past but did not find it helpful and a minority mentioned Cognitive Behavioural Therapy in particular. Participants said that they found it helpful to rationalise and confront their concerns. Some felt that they needed to let go of some of their *"baggage"*. Support groups were listed as helpful by some whilst others said they would like an appropriate telephone service as they were not always aware of telephone services or did not feel they were suitable for them. An advertisement drive for a telephone service which can connect you to somebody in their local area was one of the messages conveyed by participants. Participants from group A said they were unaware about a lot of services available and that they would like to receive more information about available services including information leaflets. They stated that advertising campaigns would be helpful in getting the word out. Finally, participants found spiritual practice helpful. Self-help books, some based on positive thinking, were stated as a helpful intervention. Participants found alternative therapies helpful and disliked the resistance of the medical profession to them.

INTERVENTION STRATEGIES: GROUP B

Participants from Group B felt that access to appropriate treatment, such as bereavement counselling, was important for the emotional wellbeing of older adults. Participants articulated a need for the treatment of mental health difficulties to be 'normalised' by means of integration into community services rather than mental health

services. The use of evening courses, stress clinics, day centres and telephone support services were seen as encouraging factors for disclosure of emotional distress. Participants highlighted the need for centres which include activities that target older men. Drop-in centres were indicated as a plausible intervention for helping older adults suffering from psychological distress and the use of auditing available services was also discussed. Participants felt that the use of peer support services were helpful to older adults in emotional distress and articulated a need for informal services that allow the older person to express themselves. Services that help older individuals prepare and plan for old age and the need to use existing services were seen as essential. Participants expressed a need for home treatment where general practitioners come to the person's home rather than older adults having to attend a general practitioner's clinic.

The use of medical treatments for psychological distress was discussed. Participants suggested interventions and provided opinions on current medical approaches. Some participants felt that the use of diagnostic labels was stigmatising. Early intervention of psychological distress was identified by participants as an effective mode of treatment. Participants felt that suicide prevention teams were effective interventions for older adults and that they should be promoted more. Difficulties in getting older adults engaged into psychotherapy services were discussed. Occupational therapy was also conveyed by participants as an effective mode of treatment for older adults. Members of Group B highlighted a need for improved communication between both treating teams and different sectors of the community. Moreover, Group B stated that the infrastructures in which many mental health treatments take place need to be addressed. Further concern was expressed in relation to the treatment of older adults who benefit from the medical card scheme.

Participants expressed that staff support programmes would be helpful for employees suffering from psychological distress. Awareness of mental health difficulties within the workplace was also highlighted as an important intervention for older people. Participants felt that public awareness is needed with regard to the way which older adults are treated and older adults' need for independence. They felt that general practitioners would benefit from further education or training for dealing with mental ill

health in older adults. Training for effective communication with older adults and looking at other treatment options other than medication were also explored. Members of Group B felt that there is a need for *"better informed professionals who deal with older people"* and expressed their opinions of health professionals. Participants expressed a need for education programmes that target individuals personally, at a societal level, within the workplace and in the family. These programmes should educate individuals to recognize their own mental health difficulties, mental health needs and interventions and that *"the emphasis needs to be on positive mental health."* Participants suggested that emotional wellbeing should be introduced within adult education services rather than mental health services. Training on mental health in older adults for debt collectors was a further example of education that participants felt was needed.

Participants felt that community-based services are needed and that these should comprise public services, volunteering services and public lectures *"that can enhance quality of life"*. They expressed a need for services not to necessarily be divided according to age and a need for intergenerational exchange services within the community. Individuals felt that interventions must include the use of daily structure and must emphasise the relationship between physical and mental wellbeing. Participants expressed a need for services not to necessarily be divided according to age and the need for intergenerational exchange services within the community. Members of group B felt that public awareness of mental health difficulties that occur in the over 50 is important. They felt that special attention should be paid to individuals whose social class has lowered and to informing younger generations of difficulties prevalent in older populations. Participants identified access to quality information as an important intervention that would help older people understand and recognize the symptoms of psychological distress. Public awareness media campaigns were highlighted as important interventions that could be used to positively advertise mental health. The use of celebrity endorsement was suggested by participants as a means of promoting and advertising mental health.

COMPARISON OF INTERVENTION STRATEGIES: GROUP A AND GROUP B

Participants from both groups strongly suggested organized activities as an intervention strategy. The content of these activities could consist of educational courses with academic and self-help content, sports, exercise, recreation, leisure and social activities. Participants from both groups felt that supportive relationships are important to older people in psychological distress. Participants from both groups emphasized the importance of counselling and psychotherapy. Occupational therapy was also conveyed by participants as an effective mode of treatment for older adults by members of Group B. Support groups and telephone services were suggested as intervention strategies by both groups. Day centres and stress clinics regarding mental health were suggested by members of Group B. Participants from group B felt that the use of peer support services and informal services that allow the older person to express themselves are important. A need for services that help older individuals prepare and plan for old age and using existing services in the community was also articulated. Again, participants in Group B expressed a need for home treatment for older people and for services not to necessarily be divided according to age. Furthermore, they felt that intergenerational exchange services would be beneficial to older adults living in communities.

Accessible information about services and the use of public awareness media campaigns were all moderate to weak suggestions by both groups. Participants identified access to quality information as an important intervention for disclosure of psychological distress. Awareness of mental health difficulties within the workplace was also highlighted as an important intervention for older people by Group B. Participants felt that public awareness is needed with regard to the way which older adults are treated and older adults' need for independence.

Participants in Group B also highlighted a need for improved communication between both treating teams and different sectors of the community. They emphasised the need for older people to have a 'voice'. This was linked to another suggestion by group B participants that general practitioners would benefit from further education or training for dealing with mental ill health in older adults. Finally, Training for effective communication with older adults and looking at other treatment options other than medication were also explored.

Recommended Interventions

AWARENESS CAMPAIGNS:

Awareness campaigns should be implemented (1) to highlight issues related to adults aged 50 and over, (2) to highlight mental health difficulties that occur in adults aged 50 and over, (3) to improve levels of mental health literacy and (4) to create awareness of available support structures and modes of treatment. Improving this population's mental health literacy will increase individuals' ability to recognise symptoms of psychological distress. Specifically, the campaigns should inform older adults about where to go to seek help and quality information on mental health. Special attention should be paid to individuals whose social class has lowered and to informing younger generations of difficulties prevalent in older populations.

BEFRIENDING SERVICE:

A national voluntary befriending service should be implemented. This can involve making contact with people at risk of isolation via telephone or in person.

EXTEND THE NATIONAL COUNSELLING SERVICE:

Extend the national counselling service to accommodate adults who are experiencing distress but who may not have experienced abuse before the age of 18. It should include family, cognitive behavioural and solution-focused therapy. There should be a focus on early intervention through referral by general practitioner or by self-referral. This service should be marketed in a way that connects with the client.

COURSES FOCUSED ON CREATIVITY:

Encourage adults aged 50 and over to explore their own personalities through creative activities such as arts and crafts, painting, pottery, writing and poetry.

EXERCISE AND PHYSICAL ACTIVITY

Encourage participation in physical exercise through gyms, walking groups and sports clubs. Also, involve adults aged 50 and over in the development and maintenance of community gardens.

ENHANCE CITIZENS INFORMATION SERVICE

Recategorise information about mental health provided by citizens information service specifically for adults aged 50 and over. Promote this information specifically to adults aged 50+ and over using information leaflets written in plain language. This information should help adults aged 50+ to understand and recognize the symptoms of psychological distress and identify locally available services, supports, groups, voluntary work opportunities and libraries available in their local community.

OCCUPATIONAL THERAPY

Provide occupational therapy services to adults aged 50 and over who are currently experiencing psychological distress.

RESTRUCTURE MENTAL HEALTH SERVICE DELIVERY

Implement a stepped care approach or a collaborative care plan which focuses on early intervention of psychological distress and provision of suitable treatments.

IMPLEMENT SELF-HELP COURSES:

Implement self-help courses which are largely based on Cognitive Behavioural Therapy and include information, self-assessment and recognition of symptoms, training in behaviour and thought management techniques. These self-help courses should focus on topics such as stress management, assertiveness, preparing and planning for old age and retirement, financial planning, work life balance, the relationship between physical and mental health, developing hobbies and leisure activities. These courses should target individuals personally, at a societal level, within the workplace and in the family. Workplace courses should include awareness of mental health difficulties within the workplace and recognizing the symptoms of a colleague. They should emphasise positive mental health, wellbeing and the importance of regular medical check-ups.

IMPLEMENT SUPPORT GROUPS:

Implement issue-specific support groups for adults aged 50 and over. These can include Peer support services where peers educate their peer group about how they worked through particular life difficulties and challenges.

TELEPHONE SUPPORT SERVICE:

Telephone support lines should be rebranded to clearly communicate that they are for anyone experiencing psychological distress. Set up a telephone referral service who will direct people to the most suitable services based on their needs.

TRAINING RELEVANT PROFESSIONALS:

Implement professional development courses for training relevant professionals who work with adults aged 50 and over who are at risk for psychological distress. These professionals can include debt collectors, general practitioners and other medical professionals. The training should include improving effective communication with older adults and alternative treatment options to medication. Furthermore, increased circulation of the 'Mental Health in Primary Care' resource pack compiled by the HSE in 2007 could improve levels of mental health awareness in general practitioners who do not have the time to attend a training course.

grow young

Research Summary Report
Mental Health Issues & Older People

SOURCE
Source of user Research Collaboration & Expertise

Shine
SUPPORTING PEOPLE AFFECTED BY MENTAL ILL HEALTH