Older people's mental health and wellbeing

What older people are saying

What we did and who we heard from

Outside the Box is working with a wide range of older people and organisations to find ways for older people to get good support for their mental health and wellbeing. These conversations have been going on over several years and we expect they will continue. This report brings together what we have been hearing from people across Scotland.

Creating Conversations brought together people who wanted to talk about support for older people's mental health in their area. There were conversations in 11 Council/ Health and Social Care Partnership areas. Over 250 people took part: they included older people, people aged under 65 who were in touch with mental health services, and staff from a wide range of voluntary organisations and public sector teams.

Flourishing Borders looked at what helps older people have good mental health and wellbeing – how to cope when your wellbeing is not so good, what helps you keep well and the community activities that help you manage your wellbeing. We met over 250 people at 18 locations across Scottish Borders. From this we produced 2 sets of tips – one based on peer support for older people on ways to look after your mental health and wellbeing, and one to show workers how to have these sorts of conversations with older people. We also helped 6 groups led by older people to start new activities that support people's mental wellbeing.

We worked with **Scottish Care** and heard the experiences and ideas of people who live in care homes and people who use support services to enable them to stay at home. We met 37 older people who live in care homes, sheltered housing or are receiving care at home to enable them to stay in their own homes.

We looked at the **potential for mental wellbeing-friendly communities**, where community groups and ordinary services that are used by everyone provide places for people to come together in supportive ways. We talked to people in East Renfrewshire and this led on to conversations with almost 200 people about what would help them and what they could contribute.

Thank you

Thank you to all the people who took part and the partners who helped organise and support local conversations.

People's experiences

Awareness and experience of mental health and wellbeing.

Loneliness, social isolation and poor mental health.

Changes in our lives, transitions and loss.

People

Mental wellbeing of family carers.

Older people with long-term mental health problems.

People living in rural areas.

About this report

This report brings together what people told us about a wide range of issues. We expect it will be useful to different people in different ways:

- For groups that are led by or bring together older people, to prompt discussions about your experiences and ideas for the future.

- For staff and volunteers who work in services that support older people, to feed into your plans for ways to give more support for people's mental wellbeing.

- For people who develop plans for longer-term improvements in the wellbeing of wider communities, to help you think about ways to make this work for older people and their mental wellbeing.

We expect people will read sections in the order that works best for them. There is some intentional duplication across the whole report if it is read all the way through.

What helps

Looking after yourself and being resilient.

Supporting other people and peer support.

Access to care and support.

Community activities.

Having good conversations.

Looking ahead

Community activities and peer support.

What care services can do to help.

Contributing to strategic plans.

Overall vision.

Summary

Experiences

This report brings together the experiences and ideas from around 500 older people across Scotland, from other people living in their communities and from people who work in support or care services.

Many older people say poor mental wellbeing is still not something that they and other people they know talk about much. People make a distinction between feeling low for a while – which is normal – and this or other symptoms of poor mental health going on for a longer time, which is not good. Talking about it makes it easier for people to ask for support when they need it.

People are clear that poor mental wellbeing is not the same as social isolation and loneliness: they are both important and it will help when people stop putting them together.

Changes in people's lives are often a big factor in people having a period of poor mental wellbeing, such as when someone is bereaved or moves away from the place they know. Many people have learned from their earlier experiences and understand how they cope with loss and change in their later life, although losses are still hard bear. This is an experience that most people living in care homes have had and people find the peer support from other residents helps a lot.

People

People who are, or have been, carers for relatives and friends said they often have poor mental wellbeing, but they get less support with this than with other aspects of being a family carer.

People who have lived for many years with poor mental health find that the services they get change when they reach 65, even though their health and other needs have not changed. Many people in these circumstances have fewer social contacts and less income than other people, which can make taking part in ordinary activities more difficult.

People living in rural areas have additional difficulties from poor transport and fewer facilities that add to social isolation and limit access to services. Some people find that where they live adds to their wellbeing while it brings more challenges for other people.

What helps?

People find that looking after yourself and being resilient enough to cope with life's events matters a lot to their wellbeing. This is reflected in both how people look after themselves and in the support they give to and get from their friends and neighbours. This was raised by people in all the groups and circumstances we came across: older people who live in towns and in rural areas, people living in care homes, people who are family carers and people who have lived with poor mental health for many years.

But a challenge as people get older is that they can lose their ways to cope, for example when they are physically less able or when they lose the people with whom they do these activities.

Supporting other people is another way in which people help their own mental wellbeing. This happens through being a friend and neighbour and in their contacts with family. It also happens when people are part of community activities and for people who become volunteers. Support networks that are designed around explicit peer support are especially important for people who live with more significant mental health problems and for people who share other experiences, such as LGBT+ people and people who share a religion, language or culture.

Older people are in touch with a lot of community-based services that are working well to support people's mental wellbeing. One of the difficulties here can be finding out about them, as there is a lot of variation in whether GPs and staff in other formal services know about or understand the impact these services and community groups have.

The experience of many older people who do get support for their mental wellbeing from GPs and from mental health services is positive. A bigger problem is when formal services are not co-ordinating with each other. People also have ideas on ways the support from services could be improved.

Ordinary community activities are another important part of how people get support for their mental wellbeing. This can be more of a challenge for people who have lived with mental health problems for a long time. Other barriers can include poor information about what is available, getting to activities and costs.

In all these settings it helps when people are able to have good conversations, with enough time to work out how they feel and what they want to say. People used their experiences to say what helps these good conversations to happen.

Looking ahead

The main support for older people's mental health and wellbeing are ordinary community activities and services – the ones that everyone uses, such as libraries and shops and the ones that are there for all older people. People want to see these services continuing and decisions about the future taking account of the potential impacts for the people who rely on them.

People are clear about the ways formal mental health and care services could work to provide effective, helpful support. They include practical arrangements for services and the approach and culture of mental health services, such as how they understand the experiences older people have had and not creating breaks in services when someone becomes 65. Some of these points are already included in the 2017 Mental Health Strategy for Scotland and people hope to see them being implemented soon.

People want more opportunities to contribute to the strategic plans for the services they use. In most places it feels as if older people's mental health and wellbeing tends to fall between the planning processes, with neither the Older People's planning not the Mental Health planning including them. But there are examples of people being involved in service and/or strategic plans, which show that it can work well.

Older people have an overall vision for how the future could work to help people have good mental wellbeing when they are older:

- More conversations about older people's mental health and wellbeing.

- Building the confidence and capacity of communities so they work well for older people with poor mental health and wellbeing.

- More prevention and early intervention support.

- Raising awareness among older people and their families about mental health and wellbeing, and making it ok to ask for support.

- Mental health services and services for older people working together.

Experiences: Awareness and experience of mental health and wellbeing

Awareness

The experience of most people who have been part of these conversations is that mental wellbeing is not something that older people talk about. People generally thought it was good to be able to talk about this when you wanted to, and that more could be done to make more people aware about how older people's mental wellbeing is as important as their physical health and wellbeing.

Many of the people we met were part of an informal group such as a coffee club, walking group or the like. They found that once one person was able to talk about mental wellbeing, including having mental health problems, it usually opened up the topic and other people felt more able to talk about their experiences and situation.

People's experiences

Most of the older people we met feel their wellbeing is about right for this stage in their lives. They feel mostly positive about their current situation and looking ahead, even when they describe aspects of their lives that could be better. They are dealing with changes and some of these make them feel sad, but they see this as a normal part of being alive.

Many of the people we met recognised in themselves descriptions of poor mental health and wellbeing: they know they have some of the symptoms and characteristics that are listed as part of poor mental health, at least some of the time. People drew a distinction between feeling low for a while – which is normal – and this going on for a longer time, which was not good.

The experience of many older people who do get support for their mental wellbeing is positive. Their message to other people who are going through a period of poor mental wellbeing is to tell someone like your GP about how you are feeling.

We also met older people who feel they have poor mental wellbeing and worry about this. This includes both people who have lived with mental health conditions for many years and people who became unwell more recently.

"GPs need to be trained more in mental health generally, including for older people. They could also tell people about the supports that are in their area."

Outside The Box
Older people's mental health and wellbeing report
People's experiences
7

"I think GPs could do more when older patients are clearly having a hard time – to say 'I know this feels hard but it is normal and it is not a mental illness, let's help you get through it' or 'This is depression and there are things that will help you get better'."

"People just look at me and say 'she is in her 80s and alone', as if that explains everything. It doesn't."

"Our GPs are great, very caring about elderly people and good understanding of mental health issues for people of all ages."

"Some times you need someone like a GP who is willing to have the conversation about poor mental health, even when the person does not want to go there."

"The stigma and embarrassment are still a big barrier for many people, not just older people."

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Outside The Box
Older people's mental health and wellbeing report
People's experiences
8

Experiences: Loneliness, social isolation and poor mental health

The people we met often commented that many people and organisations – and the media – are talking about loneliness among older people and sometimes seem to equate this with depression or other aspects of poor mental health. The general view is that this is not helpful, as depression and loneliness are 2 different things and linking them is adding to misunderstanding about both.

People were clear that encouraging people to have more connections with other people will help reduce people's social isolation. It is also part of preventing people having poorer mental wellbeing and making it more likely that someone will notice when you are having a bad time.

In some places people talked about the importance of younger people being part of moves to increase people's social connections.

- One reason was that having social connections when you are younger is the best way to have them when you are older.

- Older people also care about what happens to younger people – they don't want them to be unhappy or lonely or unwell now or in the future.

- Another reason was that many older people like to be part of activities that run across the age span as well as having connections with people their own age.

People also talked about learning to cope with loneliness, especially when it followed the loss of someone who was very special for them.

- Sometimes it was good to have opportunities to be with people who could help with activities that filled the day.

- Finding new interests and friends were part of moving on for some people.

- Sometimes people wanted to have space to remember what they had lost and to feel lonely, as that was part of healing for them.

- The main message is that each person's situation is different and other people should not assume there is one approach for all older people around loneliness or poor mental wellbeing.

"GPs could do more to help older people reduce being lonely – watch out for people having few social connections and tell them about the good things that happen in their area."

"People need to look ahead. I worry about the young ones today, who are working hard but risk having few friends once they retire."

Outside The Box
Older people's mental health and wellbeing report
People's experiences
9

Things that help

The people we met through Flourishing Borders have a huge range of ways to keep older people connected to others in their local community. They also came up with plans for more groups and activities that would help more people to find something that interested them and gave them more ways to have more social connections.

Outside the Box works with a group in Angus that is led by people who have mental health problems. Together we produced a set of 3 booklets, to help people find ways to reduce social isolation and have more connections. Scotland, including groups led by older people, contributed their ideas and experiences. The Angus McFlourish Tips include ways to reduce the impacts of loneliness when that does happen.

- Surviving Christmas and New Year.

- Keeping well and enjoying ourselves.

- Finding friends and coping ok with loneliness.

People also described how community and more formal services could make changes that would reduce social isolation for the people they aim to support. One example is the way services in many areas close over the summer because staff and volunteers take holidays then. Suggestions included:

- Services sharing facilities and sessions over the summer, so people visit other projects and together have access to some support.

- Asking participants to help with organising activities over this period.

- Planning a summer programme.

"They organise summer programmes at the Library for children but not for adults. We could help them organise something that would be very welcome to many older people in this area who find the long summer holidays quite a lonely time."

Outside The Box
Older people's mental health and wellbeing report
People's experiences
10

Experiences: Changes in our lives, transitions and loss

For many people their experience of poor mental wellbeing in later life is linked to a change such as retiring, illness or bereavement. Coping with any major change is stressful, but these were often changes associated with loss. Often one change leads to others – such as when someone retires and finds they also lose social connections as well as having less structure to their day and fewer ways to make a contribution and feel valued.

People living in their own homes

People talked about the support they got from other people who had similar experiences. This was where being in touch with other people of a similar age was helpful. Some people had their own friends and social connections and had found this support through ordinary everyday relationships. Other people had found that depression made it harder for them to maintain these contacts. It then took support from someone else to get them in touch with a group who could support them.

"I went to my doctor only because my daughter was nagging me. I thought he would give me pills but he sent me along to this project. It was the best medicine he ever gave me. The people here are ordinary people like me but they are life savers. We have such a laugh and we help each other."

"The workers at the project are great, very understanding. They gently nudge us along until we are more active and better in mind and body."

People also talked about planning ahead to anticipate difficulties they were likely to face as they got older. People talked mostly about planning for retirement, to make sure they had enough activities and interests to keep them busy and in touch with other people. A few people talked about planning for serious illness and what they would do if they or their partner died.

"It's accepting that life brings changes, the ones you expect and the ones that just take the ground from under you."

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Outside The Box
Older people's mental health and wellbeing report
People's experiences
11

"I find the descriptions of good mental wellbeing that are about being resilient and adapting to changes to be very helpful. I was sad and I now see that was perfectly normal and healthy. Now I'm getting on with my life again and that is healthy too."

People living in care homes

The people we met who lived in care homes had all experienced significant changes in their circumstances which were the result of major losses, especially death of the person they loved and major illnesses. The move to the care home then often led to further losses if they had less contact with friends and could no longer be part of the social networks and activities they enjoyed.

People also described the support they got from other residents in care homes, when people helped each other through difficult times. A further loss could come when that person died or went into hospital.

"My husband died and I moved here. I'm still not used to it here. I'm not living my normal life here."

"It's good because I'm not left on my own. There are people here who have had similar experiences. People here understand loss."

"We had three deaths here, one after the other, all people I knew well and were my friends. It all happened at once."

Coping with loss

Some people, including those living in care homes, talked about learning over the years how to cope with loss. They had learned from how they responded in these situations and had their coping strategies.

People also described what it was like when the person you had lost was the one who had helped you through other difficult periods.

"Loss is part of life. With each loss we learn a bit more about how to cope with that. By the time you are my age you've learned a lot about ways to live with grief."

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Outside The Box
Older people's mental health and wellbeing report
People's experiences
12

"My sister helped me through a lot, when my children were young, when my husband died, periods when I found life hard. I felt overwhelmed when she died last year. She was my wee sister, I remember when she was born. Other people are sympathetic about your husband dying but seem to think the loss of a sister is not that important. It is for me."

"Christmas and New Year – it's a difficult time of year for many people, bringing back memories, first time after a bereavement and so on. Being part of this project meant that we talked for the first time in our group about how it is sad for many of us and shared our tips on coping. We have planned how to help each other this year."

Outside The Box
Older people's mental health and wellbeing report
People's experiences
13

People: Mental wellbeing of family carers

One group of people who can find it hard to get support for their own mental health and wellbeing are people who are, or have been, family carers.

These are some of the barriers that people described to us:

- Conversations with GPs and services focus on the person they care for rather than being about the carer's wellbeing.

- The conversations that are about them focus on the physical aspects of being a carer and avoid the emotional aspects.

- People may not want to acknowledge how they feel and when they are struggling with poor mental wellbeing.

People who are carers are getting support from friends and family and from networks with other carers. Many people describe how much these help, even if there is no explicit conversation about mental wellbeing.

"For me, good mental health and wellbeing is having some time to myself, being able to look after my own health as well as the person I can for."

"My husband was the focus of my life after his stroke. It took a while for me to realise that we now had no contact with anyone other than professionals. I don't drive and we were too far away for easy contact with people. They visited at first but Bob's communication was so difficult, I can see how friends were just drifting away. But then a support worker put us in touch with a group at the church that organise lifts. Now people are taking Bob out and I'm getting a break and have a good time at the craft group and we have things to talk about. We're both much brighter in ourselves."

"I got advice on how to look after my back when lifting my mum and how to wash her and use the equipment. No-one said 'how do you feel?' They just ignored all of that, even when I was crying."

"Remember that two-thirds of Scotland's unpaid carers are older people."

People described how support ends when the person they care for dies, but the person who has been a carer can find it difficult to regain or make other connections in their community or to cope with their feelings of loss.

"I know we were all avoiding the topic, which in a way was how I coped with it. But it would have been easier if someone in all the care and health services we saw had asked how I was and made it ok to say I managed ok with my wife's dementia for 5 years but I am struggling now she is dying."

"I worry about the relatives of some of the patients we support. There are so few outside interests in their lives. Who is going to support them when our role ends?"

Things that help

People described supports that had helped them, or the types of actions by other people that would make a difference for carers. This included support from carers groups and activities that are for any older person in that location when these had elements that were good at improving people's mental wellbeing.

Some people thought the links with good mental wellbeing should be more explicit – 'this is why going for a walk is good for your mental as well as your physical wellbeing' – as that would help people develop their own ways to cope better.

There was a lot of agreement that GPs and other professionals could do more to help carers look ahead, especially when it was clear that the person they were caring for was going to die.

People also had ideas – and some very good experiences – around ways people in the community could offer support to people in these circumstances. This included keeping in touch with people who were looking after a relative who was very ill or frail to make it easier for the carer to pick up contacts when they were ready. Another suggestion was having a small pool of people who were comfortable being with people at this time: going to people in the neighbourhood or parish to say hello, offer to help with any practical things, and maintain a gentle keeping in touch over the next few months.

"Once you've got over that embarrassment around death it all gets easier. We all need to get better as a society at talking about death and helping each other have a good death and good bereavement."

People: Older people with long-term mental health problems

People talked about what life is like for people with long-term mental health problems as they get older. We heard from people who have lived with significant mental heath problems for many years and are getting on ok. Other people were experiencing at least some of the challenges described here.

People thought they had fewer family connections than most other people do, and fewer friends who are able to help them. There were many factors contributing to this: examples that people described were the consequences of being in hospital for lengthy and/or frequent periods and so losing touch, rejection/stigma from their family and friends, and finding it hard to sustain long-term relationships.

People also thought they had fewer contacts with neighbours – they were less close to people and/or in touch with a smaller number of people than other people usually are. Again this was the consequence of their poor health and of the way other people respond. Often people found their condition made it hard for them to start or maintain this type of casual conversation and relationship. People described experiences of rejection and of being afraid of rejection. Also, people were moving on more often as they moved in and out of hospital.

People with significant long-term mental health problems generally had poorer physical health than most other people their age. Some people said this was a consequence of medication they had taken over many years. Everyone described periods of generally not looking after themselves, poor diet and less exercise, and this had been the pattern for some people over many years.

They have lower incomes than other people. Almost everyone talked about relying on welfare benefits and fear of losing income – and people had often lived with this for many years. People who had long-term health problems had not earned income over the years so had few savings and no or little work-related pension provision. Some people had run up debts when they were unwell and this had an impact on what they could do now even when the initial debt had been written off or cleared.

Many of the people who had been in touch with mental health services for a long time had in the past received a higher level of mental health services than most people get now. This reflected older patterns of support and treatment and periods when they had received treatment on a compulsory basis. They also tended to have been in touch with community services that were led by or linked to mental health services, such as a mental health arts or walking group rather than a mainstream group used by anyone who has this interest. This had felt reassuring at the time, but looking back some people thought it had reinforced being separate from other people and places where the could have found friends and community supports.

Almost everyone was getting less care and support from mental health services than they had when they were aged under 65. Some people were happy at this change but others felt rejected and let down when services ended or changed. There were many aspects to this.

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- People still have poor mental health and are experiencing symptoms, with less access to care and treatment.

- People are learning about recovery-focussed support and symptom management at a later stage in their experience of ill health. This meant un-learning how to live with a medical view of themselves and/or with less helpful ways of coping.

- For some people the sudden change from services they knew brought back feelings of rejection and loss associated with other traumatic changes in their life.

"Services could do more to understand how we experience life."

"We could do a lot to help. People with lived experience of mental health problems could be doing more to train professionals."

"Our experience with family and friends is mixed. Some of us have faced rejection or people just not understanding, while some of us have had family who have supported us over many difficult years. It is probably a mix for more people – some good and some bad experiences."

"We don't have to be defined by a diagnosis."

"It can be hard when for so long the focus has been on our illnesses and not on our achievements. Services need to change their focus."

"When transferred you need to explain everything over again, it all begins again."

"I was told I no longer fitted the criteria of a support service that I had used for many years. I went back to my GP and social work, but was told I was too old for every service."

"Many people in my situation are dependent on services, even if they don't want them. We've got used to staff taking the initiative and the safety net being there."

People – People living in rural areas

People who live in rural areas described all the positive and more difficult experiences that other people share, and also described the additional challenges that most people living in rural areas face.

The problems that people mentioned most often were poor transport and fewer facilities, which affected almost everyone we heard from in these areas.

"The bus service has changed. Now I have to leave the peer support group early or wait another 3 hours before I can get home. In summer I sometimes wait, but in winter it is too much."

"We moved here 5 years ago. I realise now that I had a spell of depression that first year or so. I had not realised that it would be such an effort to keep in touch with the friends I had before. People say they will come and visit but they don't when there are no direct bus or train routes. I had to accept that and adjust."

"The library services have been cut and now the mobile service is under threat. It feels as if another lifeline is being taken away."

People had mixed experiences on whether living in a rural area was good for their mental wellbeing or added challenges.

- The conversations in Borders showed the ways in which people in smaller rural communities support each other as they get older, including supporting each other's physical and mental wellbeing.

- Some people who had lived with poor mental health for many years had moved to a rural area when they decided to live in a setting that they found was better for their mental wellbeing.

- Other people with long-term experience of poor mental health talked about the added pressures that came from living in the area, including the attitudes of other people.

"I moved here a few years ago after my last stay in hospital. It is a small village and people are friendly. I have not told them about my mental health problems but I think they have worked it out."

"I find this is a good place to live, with lots of green spaces around me and a bigger garden than I could have in the town."

"The winter weather was a problem for the first year after we moved here and I struggled. But then I realised how much goes on all year round if you are willing to go along and be part of the village."

"Some places still have old-fashioned attitudes to mental health which adds to the problems. I suppose that can happen anywhere, but living in a small place can be hard as everyone knows your business."

"All the houses in my area are rented from the people who own the farms and bigger estates. I worry about what will happen if my landlord sells and the new people decide to turn the houses into holiday lets, as has happened in other places."

The way in which services in rural areas responded made a difference. People who lived in a couple of areas that were mostly rural felt that the network of services was good with local offices across the Council area and staff going out to people. In other places people described how everything was centred on the main towns and people were expected to travel in, however difficult that was.

"It helps that several of the nurses and social workers live up in the hills and know what it is like here."

"The people in the city who organise health services have no idea. They cut the outreach service that was much appreciated. Then they give you an early morning appointment when the first bus does not get there until after 11.00."

What helps: Looking after yourself and being resilient

Older people in all the settings talked about the importance of having coping strategies for the times when they were feeling low or having a difficult time. People talked about how they had developed these strategies over the years – as you got to know yourself better you understood what made you feel certain ways and what helped you to move to a better place.

In Borders, we asked people what made them feel well and what they did if they were having a day (or longer) that was not so good.

- Some people were able to respond straight away, while others found it helped when a friend to prompted them, but once started most people were able to give a list of things they did.

- For most people, it included things they could do on their own as well as with other people.

- There was a mix of activities that could happen straightaway and things to look forward to – and people said it was good to have that mix.

- Most of it was part of everyday life: their lists did not involve a lot of organising and were not expensive.

This was their set of approaches to keeping good mental wellbeing:

- Keep active.

- Have a positive outlook.

- Look after yourself.

- Have a sense of purpose.

- Keep connected to people.

The people who lived in care homes and other people who needed more support had a similar range of approaches that worked in their situation. They also talked about adapting to a series of losses and each one helping them be more resilient for those that followed.

This was their range of ways to look after their mental wellbeing and cope with challenges:

- Where and how we live - independence, structure and freedom.

- Opportunities to talk about how we feel and to be listened to.

- Being active with enjoyable and meaningful activities.

- Keeping in touch and spending time with friends and family.

- Eating good food and drink, and sleeping well.

- All this needs to be supported by good quality care and support.

"I structure my day. Plants in the morning and iPad in the evening, it's a way for me to keep in touch with what's going on in the world."

"If I feel a bit down I go for a walk."

However, people found that they lost some of their ways of coping as they got older. One frequent situation was when people became less active physically – when they were no longer able to go for walks or play sports, for example. Another was when people found that they lost friendships and activities when they moved house. In each of these situations people said they could find ways to replace the activity or get back in touch with friends once they had realised what was happening.

Other supports were harder to replace. Some people described how they had got through sad periods and losses with their spouse, or a relative or friend. When this person died or was no longer able to support them, people had much less resilience to cope with this loss.

What helps: Supporting other people and peer support

A strong theme running through all the conversations with older people about mental wellbeing is the importance of both giving and getting support from other people.

Peer support was described as the most important aspect of groups that bring together people who have lived with mental health problems for many years. Most people in these circumstances wanted to stay part of the peer support networks and groups they have known for some years. But some people felt that younger people who are first using mental health services today did not always understand their experiences when service approaches and treatments for mental illness were very different.

"The people at our group have a mixture of all ages, 18 years to the oldest members being in their 70s. People understand where you're coming from and we are all part of Peer Support within the group. You don't have to explain yourself. Our group is a community."

For other people, their sources of peer support included formal groups such as lunch clubs and peer support services. But most of the support happened through less formal situations – places where people came together and the day-to-day contact between friends, neighbours and families.

In the Borders people helped each other in all the groups and less formal places. They started new activities to reach and welcome more people and to keep in touch with friends and neighbours who had increasing health problems.

- People in Newcastleton came together to learn the ukulele. They included people who live with dementia or with Parkinson's as well as older people who wanted more company and people who wanted to learn a musical instrument.

- In Eyemouth people at the Men's Shed started a Tea Dance, as something that brought in women and gave people another form of exercise.

- There are now indoor curling sessions at Fountainhall, Netherurd and Caddonfoot.

- A small group of older people started their Happy Café: going for a walk together and then having tea and cakes at a Community Centre. Most of the activities in that area are aimed at children and families and this is a way for older people to feel more connected and get company and support from others in their circumstances.

People also help folk they have met recently. For example, at one of the Happiness Habits sessions in Borders someone mentioned they used to enjoy photography. Some else at the session reached over and said there was a photography group in his village and he could take the lady along to it and introduce her to other people who shared her interest.

Peer support is also part of activities that on the face of it are there to support other people.

- We heard from people who are linked to a project that relies on volunteers. They described how the support they get from the Co-ordinator helps them when they are feeling down or struggling with poor mental wellbeing. They also value the support they get from each other when they come together for training sessions and planning meetings. And knowing that they are making a contribution and helping other people was also part of the benefit they got from participating.

- People who help organise the community activities such as lunch clubs are often older people themselves. People we met talked about how much benefit they got and how they looked forward to the weekly session.

- Members of Men's Sheds talked about the support they got from all the other people who are there – members as well as those in a support or organising role.

In East Renfrewshire we met people who saw benefits for themselves and for other people in activities that brought together people who lived nearby.

- The age range was from children at a nursery group to people in their 90s.

- People are very enthusiastic about having places in the community where they can meet others.

- People want to be able to contribute and help other people, both in practical ways and by listening to them.

- Community groups, libraries, church halls and care homes have the potential to become locations for informal sessions where people can meet and are able to help people find out about activities that are already happening in the area very close to where they live.

- There are also ideas for new activities and ways people can help each other.

We also heard about the ways in which peer support among people in equalities groups is very important, such as among older LGBT+ people and people from minority ethnic and religious communities.

People in many locations described difficulties in getting access to these supports that were so important for them.

- In many places activities stop over the summer and/or over the winter holiday period, sometimes because this is when workers and volunteers are taking holidays.

- Activities had stopped when the place they met closed: some were for a long temporary closure, such as for building work or funding pressures, while others were permanent.

- In other places activities now happened less frequently, usually because the cost had become too high for the group.

"It is a place to be with people who understand your experiences without you having to say anything. I feel at ease here."

"Our summer programme is great, but we need this sort of activity all year round."

"Christmas and New Year are a difficult time of year for many people, but that is when the groups all stop. It would help is even one or two kept going and maybe said that other people could come along then too."

"They closed the library which is where our group met."

"The costs for hiring rooms in all the civic places have gone up and we can't afford it – we meet each month instead of each week. It is the same for all the other activities I enjoyed and where I got company. It is having a big impact on my mental wellbeing and I am sure for many other people too."

What helps: Access to care and support

Community support

Most people we heard from had found that access to community-based support was good. Many people described how being around more people and doing activities that help their physical health makes a difference to their mental wellbeing. The examples people gave included gentle exercise and walking, arts, craft groups, adult learning, music groups, film clubs and encouragement to eat well.

Some people have access to community supports that have an intentional focus on supporting people's mental wellbeing. It is a similar range of activities, but the support from workers and help around understanding symptoms and managing your mental health and wellbeing give this support an increased impact.

There were more frequent problems with access to the structured community supports in some parts of the country. Transport was a problem for many people in both rural areas and towns.

The support that people get from family and friends when they do talk about their feelings and experiences is mostly positive, and sometimes more positive than the person was expecting. Peer support is another important part of many people's support networks.

Mental health services

The people we met who were in touch with mental health services were often comparing the care they got now with the care they received when they were younger.

In many places people found that it was harder for people aged over 65 to get access to specialist mental health services. They seem to wait longer and to be offered less support, especially from psychological therapies, than young people in that area do.

In some areas people are getting access to mental health services when they need it, so it is possible to make access work well. We also heard about plans for more services that will focus on the mental health needs of older people, which people thought was a very positive development.

Staff who work in mental health services would like to be able to offer more support to older people.

Sometimes the mental health supports that are there are time-limited, or end when the therapeutic aims have been achieved. But people can then struggle when the social contacts end and/or the underlying difficulties in their situation have not changed.

"In this area you have to reach crisis point before you get offered any help if you are aged over 65."

"You just get passed from pillar to post. It feels that no-one is interested once you reach 65."

"There is nothing here focussed on preventing poor mental health."

Links between services and community supports

Many people talked about how the various services and sources of support they use for their mental wellbeing do not seem to have any planned connections between them.

We heard from people in many places that there were more community supports available in that area and they are more effective at supporting older people who have poor mental health and wellbeing and preventing poor health than staff in some mental health teams, GPs and social workers realised.

Another problem people described was managing the increasing number of physical health problems that many people have as they get older. Generally, people found that specialist care services were not able to understand or provide good care about all their health needs, including their mental wellbeing. This was raised both by people who were not yet 65 as well as by people who were aged 65 and over.

We also heard of places where the links between services, and between formal care services and community supports, were very good. Here, it was easier for both older people who needed help with their mental wellbeing and for the people who were providing services.

"It isn't too bad here, the teams seem to talk to each other, although it still depends on the area you are in."

"When I was an in-patient for a physical health problem I had to go without my antipsychotic drugs because they did not have that medication on the ward."

"I've had chronic health problems and sometimes can't make it in for appointments, but the mental heath services couldn't understand why I was not attending."

"The system for getting access to mental health support for older people in our area is far too complicated. We work with older people and are dealing with it every day, and we don't understand it."

"The support we get from the Older People's Team [in the NHS Mental Health Service] is very good. Our volunteers and groups are in touch with many older people. If we feel someone is struggling and maybe could do with some expert help we just talk to the team and they help the person talk to their GP and get access to the services they need. I'm sure they could do with more resources in their team but it doesn't get in the way of them having a lovely manner with people."

"The main problem here is social care services. It is difficult to get help, long waiting lists even for an assessment."

"There is good support here, but pressure on the service for people aged over 65 means they end the support too quickly."

What helps: Community activities

The conversations with people about mental health and wellbeing showed the very wide range of places that people use in their local communities as part of keeping well and as part of their recovery. For example, the sessions in Borders involved a wide range of partners: a Men's Shed, lunch clubs, village hall committees, care homes, church-based groups, Community Councils, community development teams and other services for older people. The people we met there then described an even wider range of community activities, friendships, hobbies and interests that were part of the ways they looked after their health and wellbeing. There are more examples in the reports from the Borders project.

Many of the older people taking part in the conversations described new relationships and contacts that soon had a positive impact.
- People have individual friendships that developed when people met each other at a conversation.

- Older people are getting involved in local activities that they heard of from other people in the local conversations, such as crafts groups, photography groups, walking groups and reading groups based at local libraries.

- People heard about opportunities to contribute in formal volunteering roles and helping out in less formal ways.

The conversations led to people finding small-scale community activities that older people want and can organise for themselves with some support and encouragement.
- Taking Scottish Borders again as an example, the groups we met have extended what they do together by introducing ballroom dancing, learning musical instruments, food sessions, indoor curling, walking football, and members going along together to join a supported walking group and crafts groups.

- In several places people are now meeting as friends on a regular basis.

"Some of us are now involved in child care projects where many children do not have much face-to-face contact with their grandparents."

"It's good to feel you have something to contribute, that you are making a difference for other people as well as feeling better in yourself."

"Another impact from the conversations here has been the Community Centre talking to older people about ways the Centre can be better at including and welcoming them."

We also heard about all the community activities that people who have lived for many years with mental health problems are getting involved with in the local communities. Some people described how they felt this was easier once they were in their 60s, as it was no longer 'odd' to be at home during the day when other people their age were also retired. Others found it more difficult, especially when they had experience of being rejected and stigmatised in the past because of their mental health problems.

One example of people being part of finding a solution was in Angus, where people in touch with mental health services worked with us to develop a resource to help people affected by mental health problems find friends and cope at times when they were lonely. This included helping people make more use of ordinary community activities in their area. This work was part of the programme supported by the Scottish Government to reduce loneliness and social isolation. The booklets are now being used by a wide range of people.

We also heard about the other difficulties people face.
- In some places it feels as if the focus of community activities is more on children and younger adults and there is less for older people.
- Getting to activities can be difficult for those people who rely on public transport.
- Cost can be a barrier both for activities in commercial settings and in many public-owned facilities.
- Finding information about activities is patchy, especially for those people who have fewest social connections.
- Getting involved in activities can be a challenge for people who have poor mental wellbeing and are finding it hard take that first step.

"There are so many arts groups, music groups, exercise classes, walking groups. These are good ways to keep well and you meet people."

"A lot depends on the area. Deprived areas do not have the same choices – it feels like luck whether anything is available."

"There are great facilities and groups in many areas, but older people who do have poor mental wellbeing are not being told about them even though they could benefit a lot."

"Money is the only problem, although having my bus pass makes a big difference."

What helps: Having good conversations

The work Outside the Box has been doing around older people's mental health and wellbeing is focussed on conversations – among people who share experiences of living with poor mental wellbeing, among people in local communities, and among older people and workers.

The style of the conversations gave older people an opportunity to talk about these issues and reduce stigma and self-stigma around mental health issues in a safe and friendly environment. The feedback from people taking part shows that older people find it helpful to talk about supporting their own mental health and wellbeing.

- People began to develop their own coping strategies – they were often beginning to do this already, but being able to see clear links between good mental wellbeing and activities such as gentle sport, seeing friends or learning new hobbies made this more purposeful and more effective.

- Some people got peer support from others to do this, and these friendships have continued.

- It reduced isolation and increased confidence for people taking part.

- Some people decided to see their GP or talk to someone they trusted about their mental health and wellbeing.

- People in several places had ideas about new activities they could start to reduce isolation or make other changes that would benefit the mental health and wellbeing of people in their area.

The conversations also created a way for people who used – or might use – services and staff who deliver or plan those services to work together and co-produce services.

There were several factors that people said helped make for good conversations.
- Having a safe, relaxed environment for the conversations makes a big difference – over coffee or lunch and other ways of having an ordinary conversation.

- It also helps a lot when people are in places that are not associated with delivery of mental health services or other places where people are in either a worker or a patient/client role.

- Having a very open, flexible agenda helps – there were a few starter questions to help get the conversation going but no set list of topics in the style of most formal consultations.

- In many places the conversation continued over several weeks, which let people develop ideas and reflect on what they and others had said.

- It helped when there was an understanding that people were able to talk about topics that do not often come up in day-to-day conversations.

- It makes a difference when the people taking part understand (in a broad sense) about mental wellbeing and are accepting and supportive with no sense of stigma around the topic.

- Being able to link this to other conversations and developments that were happening if this was helpful for the people who were there: this included items in the press, other research on the topic and local plans abut community-based services to promote social inclusion for older people.

"Our conversations happened around the time the report from the work led by Action in Mind and supported by See Me was published. People in our group have found this has been an important step in making people think about what happens as people who live with mental health problems get older."

"We enjoyed the conversations about what helps people's mental wellbeing and we're continuing to do this as part of our regular sessions."

Older people in Borders contributed to a resource that shows workers how to have gentle conversations that encourage people to open up about mental health and wellbeing. You can see these here.

People in all the projects and discussions talked about the importance of being able to have good conversations about their own wellbeing and situation, and how difficult this can often be. They also talked about what helps this to happen. The same 3 factors were mentioned time and again:
- People who will listen and let you explore how you feel and want to say, rather than rush on to finding solutions.

- Places and times for conversations that are right for the person.

- Letting the uncomfortable or difficult topics become part of ordinary conversations.

"Being able to have conversations at the time that is right for you. That's not usually at the time the worker does the assessment, or at the start of getting a service. You need time to get to now and trust someone before you open up."

"Being more aware of mortality will make a big difference but it feels like this is taboo. It is hard to find a space where you can openly talk about difficult subjects, but it makes a big difference when someone can do that with you."

Looking ahead: Community activities and peer support

How communities support all older people

The strong message from people across all the places and situations was that the starting point needs to be the ordinary community-based activities and services that support everyone as they get older. When these work well they do much to prevent or reduce people's experience of poor mental wellbeing. They also help people recover and stay as well as they can be when they do experience poor mental wellbeing.

The first action point for communities is to keep these activities and services going and look at ways to develop more.

- People were clear that it is the mix of local businesses, community groups, places of worship, services such as libraries and leisure centres, and services from voluntary organisations that makes the greatest impact.

- In some places there was a good range of supports, even when this was not the main focus of that service, such as staff at a local shop knowing regular customers and encouraging them to look after themselves.

- In other places community services that gave people day-to-day support were closing and people were concerned about the impacts for themselves and other people.

Many people thought that the plans for local communities needed to take more account when making decisions of those people who have additional health problems or who find it harder to travel or who have less income. They also thought that the people responsible for these decisions should be taking account of factors like social isolation or adding to the stress and worry people might have, and then the costs of health and other public services to respond when people became unwell.

- People responsible for planning should keep working to find more ways for older people and others who tend to get left out to be part of discussions and decisions about what happens in a community.

- The plans for different services and strategies need to take more account of the impacts they have on all aspects of people's lives, rather than taking a narrow view of costs and benefits.

"The library closed and shops are moving away. The High Street is getting run down with no place to pop in to meet your friends for a coffee."

"The charges at the Leisure Centre have gone up, so I can't afford to use that as often now. I feel the loss in my stiff muscles and my outlook is less cheerful these days."

"This is a friendly area and a good place for older people to live. The staff in shops are very helpful and neighbours give good support to each other."

"The support this group gives to all the older people in the area is second to none. Lots of enjoyable activities that keep our bodies and minds as active as possible no matter how old and frail other people say we are."

Ordinary community activities being more 'mental wellbeing friendly'

Once there are community resources to use, the next point is how they support people's mental wellbeing.

People described how it helps when services that people use regularly, especially places that had a more obvious role in supporting people such as lunch clubs, are places where mental wellbeing is recognised as well as people's physical and social wellbeing.

Aspects that people mention most are:
- An explicit awareness of mental health and wellbeing.
- No stigma around mental health and wellbeing.
- A place where people made it ok to talk about mental wellbeing.
- Good responses from staff and volunteers when someone did need more support.

"Conversations about mental wellbeing have shown this group is a place where it is ok to talk about this."

"I would be cautions about having this conversation at some of the other groups I go to. They focus on older people's physical wellbeing but seem to be uncomfortable at any hint of poor mental health."

"I had stopped going out to busy places as I was getting panic attacks. I was at the library one day, just changing my books, when I felt very panicky. I think I was even more distressed because this was a place I've loved all my life and it had felt safe. But the Librarian was lovely. She saw I was struggling and looked after me and made it all ok. It is still one of my safe places and a big part of my having better mental wellbeing."

People came up with many ideas on ways to build the confidence and skills of communities to help more people understand about older people's mental wellbeing and how they can support this. Examples included:

- Local and/or national See Me programmes that focus on older people.

- Mental health community groups offering training for volunteers and staff in community groups.

- Staff across the full range of Council and other public sector services having some basic training as part of good customer care.

- People who had good experiences doing more to feed back to the people who are getting it right to thank them and encourage them – such as a group putting together the experiences of several members and using it this way.

Being able to take part

Once there are good community facilities, people still need to be able to get access to them. This means reducing the barriers that many people face.

Transport was often raised as a problem.
- People who rely on bus services had found these were getting less frequent or that routes had changed.

- People who mostly used their car were often finding the costs of driving more of a problem, or were anxious about a future time when they could no longer drive.

- Some community services provide transport but this can bring its' own difficulties, such as long journeys to pick up people which some people found distressing.

There were problems with transport and costs for people living in both towns and in rural areas. The impacts could be significant for people in places where there were few alternatives, which made this more of an issue for those in rural areas.

Another barrier is people being able to afford the services and activities that were there. Problems here are around the level of income people have and the rising costs of some community services and activities.

"In theory I could do more if I take a taxi, but that becomes too expensive if it is your main form of transport."

"We are lucky here as there is a good Community Transport scheme. I dread to think about what state I would be in if that was not there and I could not get out and about."

"They said the charges were fine for people on average incomes. But many older people just rely on our pensions. We also have higher costs like more expensive heating – no-one took account of that. So we use the Centre less now and just staying at home is not good for anyone's mental wellbeing."

People also talked about the impact when they had support to get to a community activity. This included a friend going with them, volunteer buddies and paid staff. A point people raised on this was whether the support took account of people's mental health needs – such as low confidence and reassurance to manage symptoms – as well as physical needs such as limited mobility.

Another action that had a big impact was community activities reaching in to places where older people lived, especially those older people who had higher health and other needs. We heard about community groups and mainstream services that were building links with care homes and sheltered housing units. People were very positive about the impacts on their mental wellbeing and the benefits they saw for people around them.

"Other people coming in here and doing activities with us, all year round not just at Christmas time. We have belly dancing, a chess group, a reading group, a baking club, going for walks nearby. It is more than just the time spent with other people and doing something different. It is having something bright and cheerful to look forward to and talking about it afterwards."

Looking ahead: What care services can do to help

What people are looking for in care and support

People described the type of support and care that they wanted to receive for their mental health and wellbeing from formal care services. There was a lot of consistency here: the features that some people said made the support they got very good were the features that other people said were missing in the support that they received and were causing problems:

- Not having to wait until there is a crisis before getting support.

- Getting the mix of support that helps someone be well now and keep well in the future.

- An equivalent and fair level of services and support for people who are aged under and over 65.

- Continuity in the staff who provide mental health care and other key services.

- No sudden changes in services that are linked to the person's age rather than the support they need.

- Planned and phased transitions between services if there are changes in the team that gives someone support.

- Access to peer support.

- Care and support that understands and supports the role of other people such as family and friends.

- Space and time for workers to have conversations with people when the person is ready for that.

- Better co-ordination between staff working in different services and sectors.

- Services that work for people living in rural areas.

Some of these points have already been included in the 2017 Mental Health Strategy while others are points people hope will be part of the strategy's implementation and future developments.

They are also points that apply to other services such as care homes and care at home services for both older people and people living with mental health problems.

"Services being willing to change – work more with each other and work with communities."

"People who like you and stick by you – that can be family or friends as well as workers, and services need to remember and support that."

"More help to manage symptoms and your condition yourself. A lot of us did not have these opportunities before."

"Recovery and person-centred approaches that make sense for people who are older – language, how they deal with planning for the future, taking account of all aspects of people's wellbeing."

"Being more creative in how we provide support."

"Better working partnerships across all the sectors – health, social work, third sector and other people."

"Why do the services need to have a sudden break when you are 65? Could they phase out one service gradually, or have a proper hand over? Saying 'that's how it is' does not seem right."

"More funding for services that support people who have mental illnesses after they are 65. At present they are seriously under-funded in our area and need to catch up."

"They say the changes are coming. How soon will it be? Will they leave the changes that affect older people until the end of the 10 year strategy? That will be too late for many of us."

Encouragement to use community supports

People talked a lot about changes that would enable more older people to get easier access to the community supports that are there, especially for those people whose mental health and wellbeing makes their need greater. The general view was that formal health and social work services could do more here.

Many people thought a change in culture for Councils and Health and Social Care Partnerships was needed:
• Seeing preventive supports and inclusive community activities as an essential part of planning for services.

- Allocating enough funding for these groups and services to give continuity of support to the people who take part.
- Positive ways of describing mental health and wellbeing and making it easy for people to make the connections between feeling poorly and realising what they can do to help themselves.

People also thought it would help to have a change of culture in some mental health services, with more focus on ways their clients can be part of their communities. Ideas included:
- Encouraging people to build links with their communities even when the person says they prefer to stay with mental health services that feel safer.
- More 'half way' activities that help people with long-term mental health problems gain confidence around ordinary community services and activities.
- Encouraging people with long-term mental health problems who are in their 40s and 50s to be looking ahead.
- Helping people learn to manage the symptoms that make it difficult for them to get involved in community activities.
- Talking about recovery in a way that works when people are older.

Other types of community services, such as money advice, also have a big impact on enabling people to use the community facilities that are there. It helps when these services are there and easy to find – and this can include groups for older people and for people with mental health problems inviting local money advice services to give presentations or have pop-up sessions with them.

"You want to go on feeling valued and having a purpose in life even though other things in your life are changing. But services just see one aspect of your situation. They don't ask what you can contribute to your own wellbeing or to the people around you. They need to start working in that way."

"Money advice – ways to save on expenditure as well as maximising income."

"Many of the folk in our group have money problems from the times when we were not working and were not getting the Benefits that we were probably entitled to, so we still have debts and definitely don't have any savings to fall back on."

"Help with eating better and cheaper food."

"Service could help with how to find friends and keep friends and suggest ways to reducing social isolation and loneliness."

"Digital inclusion – we need help with finding cheaper phones and broadband to make the money we have go further as well as part of getting and keeping friends and supportive networks."

"People of all ages need things to do – keeping occupied as part of dealing with symptoms etc., as well as a way to find friends."

Looking ahead: Contributing to strategic plans

Most of the people who contributed to conversations had not been part of any consultations and discussions around either plans for mental health services in their area or for the wider Community Plans.

An issue that was often raised was where older people's mental health needs and the services that supported them fitted in to the strategic and other plans. The experience of many people was that so far all discussions about mental health services were for people aged under 65, while the older people's plans made no mention of mental health and wellbeing.

A related problem in some areas is knowing whether services for older people are part of the shared NHS services for a Health Board area or are part of the services for each Integrated Health and Social Care locality.

In some areas people were struggling to have any input to the Integrated Health and Social Care Partnership. Their experience was that all service user representation was channelled through the Third Sector Interface or a person who did not seem to make much effort to find out about their experiences and represent this wider group of people.

However there are areas where participation in strategic plans is working well.
- We worked with a few groups that were the collective voice for people living with mental health problems in the area. Some groups had positive experiences and felt they were being listened to and had an influence on the way services are developed there.

- In several areas people knew that the NHS and/or HSCP was planning to have a service focussed on the mental health needs of older people. People were, or expected to be, involved in developing the plans for this and felt positive about the way the service would work.

- In two areas people in their 60s and 70s used the work with Outside the Box to open up a conversation with managers in that Health and Social Care Partnership around the reduced access to care for people with long-term mental health problems once they reached 65. Their ideas are now being included in plans in that area to respond to the new policy of ending the age-break in services that is part of the new Mental Health Strategy.

- Some mental health services were asking individual people about the support they wanted and appeared to be also using this to identify gaps to be addressed in future plans.

- Some areas have wider initiatives that are increasing participation by people who get support across all their services and older people with poor mental wellbeing are involved through these routes.

People also talked about steps that would open up more opportunities for people to contribute their experiences and ideas to future strategies and plans.

- There are ways services can increase participation, such as people who get support being part of planning new developments and contributing to training for staff.

- In some places Health Improvement Teams and/or voluntary organisations had involved a wide range of people as part of Mental Health Awareness Week, and people thought this approach could become more widespread.

- There is more attention on developments to reduce social isolation and loneliness and people thought there would be more opportunities for them to contribute there.

- Some people think that older people's mental health and wellbeing is better seen as an Equalities issue rather than a Mental Health issue.

- The Scottish Government was talking about people and communities having more participation in how services are developed and this might filter through to their area.

"You hope that they will ask us about what will make the new strategy work for older people when we have mental health problems, but they need to change how they talk to people about everything, not just talk to the people who are on the current consultation groups and panels. I'm not holding my breath."

"It feels good when someone in a high up job comes and says 'we need to hear what you think will make services work better.' It feels as if they now know that we matter and can help make it right for other people too."

Looking ahead: Overall vision

People talked about an overall vision on how things could be for older people in Scotland and their mental health and wellbeing.

The main change people want to see is many more conversations about older people's mental health and wellbeing:

- Among older people and their families and friends.

- Services making it natural for people to have these conversations and knowing how to make this a good experience.

- Services having conversations themselves as part of thinking about what they do to support older people's mental wellbeing as well as other aspects of their wellbeing.

People want to see more community activities and supports that work for all older people who may have poor mental health and wellbeing – which means working for everyone. They talked about community activities being more aware of mental wellbeing and mental health services being more aware of the importance of community.

Alongside this is building the capacity in communities, so ordinary community groups are confident and welcoming around people with not-so-good mental wellbeing. People often referred to the initiatives to develop dementia-friendly communities and thought that mental wellbeing-friendly communities were also needed.

People in all locations and roles want to see more prevention and early support around older people's mental health and wellbeing. This could be happening through community activities and supports as well as through Health services, including the NHS services promoting good health and addressing the health needs of the whole community. The essential element in all these developments should be the contribution and experience of older people who live with poor mental health and wellbeing.

This is linked to raising awareness among older people and among families and professionals about older people's experiences of poor mental health and the ways in which people go on experiencing good and poor mental wellbeing throughout our lives.

- People in several areas suggested See Me doing more national work around mental health and older people – both for people who have lived for many years with mental health problems and for people who are experiencing this for the first time when they are older.

- Similar work by health promotion teams and staff in Health and Social Care Partnerships would also be welcomed.

People also want to see more opportunities for mental health services and services supporting older people to work together, to raise the skills and confidence of people working in older people's services to talk to people about their mental wellbeing and know how to respond.

"We are looking for kindness and acceptance."

"Plans for communities that include and support everyone will go a long way to supporting older people's mental health and wellbeing."

"We could learn a lot from the way they are developing dementia-friendly communities and use this approach to benefit the much greater number of older people who experience mental health problems."

Contact

The Scottish Government
Riaghaltas na h-Alba

outside
the box