

Loneliness in older age

Perspectives from a community mental health team

Background

- Over half of the UK's population experiencing loneliness are older adults
- Westminster is no exception, but this is why local knowledge is so important – WE, QP, HR, Pimlico (AgeUK heat map)
- For us, the subjective measure of loneliness is of ultimate import
- Lonely and not isolated vs lonely and isolated vs not lonely and not isolated vs not lonely and isolated!

Mental health considerations

- We all know that depression and loneliness are not the same thing, but the relationship is close and complex
- Depression not the only MH factor...
- Anxiety, particularly agoraphobia, panic
- Psychotic illnesses – common in Westminster, partition loneliness and paranoia
- Dementia – internalised and confusing world
- Drug and alcohol
- Carer considerations
- Stigma still rife

Specific problems for Westminster

- Disparate services – multiplicity of providers
- Lack of co-termination of LA and health
- Hugely varied SE status
- Housing – don't forget care homes!
- Transience (less for older people)
- Overwhelming urbanity

Potential solutions

- Not drugs!!
- IAPT is currently not the solution – could it help? (IAPT-LTC etc)
- *A proper* approach to integration
- Voluntary sector expansion in to older adults? Mind etc
- Skill mixing, freeing up professionals to undertake specific interventions (think about our OTs)
- Resourcing and educating H&SC staff, especially in primary care
- Resource maps

Thanks!