

Psychological Therapies and Well-Being in Later Life

Dr Sandra Evans Consultant Psychiatrist



Introduction-changes since 2008

- IAPT older people's Practice guide
- Launch of National Dementia Strategy UK
- Launch of New Horizons –towards a shared vision for mental health

Promotion of well-being

Primary and secondary prevention of depression & anxiety

- Reduce social isolation
- Spaces for people to meet-safely
- Education –continued or new
- Encourage physical activity
- Physical health education-diet etc

Primary Care

- NICE guidelines for depression & anxiety
- Older people should be offered psychological treatments
- Uptake is still low >65
- Mild and less complex cases

Barriers to Access: Ageism?

- 25% older people in primary care with depressive symptoms
- Co-morbidity –physical health problems
- Concerns regarding suitability
- Lack of confidence/ experience working with older people

Lifting the Barriers...

- Public education-raise awareness of treatability of depression in old age
- Defeat Depression Campaign II
- Support IAPT workers
- Recruit IAPT workers from older groups
- Encourage flexible approach to treatment- length of engagement/ venue etc.

Complexity of cases-

- Physical health problems
- mobility
- Social problems / housing/poverty
- dementia
- Personality disorder
- Substance and /or alcohol misuse
- psychosis
- DSH
- Suicide risk

Dementia

- Needs to be diagnosed earlier
- Diagnosis raises anxieties and exposes new needs
- Dementia may be an underlying cause of refractory depression and anxiety
- Is a long process – scope for psychological interventions

Psychological approaches in dementia care

- Earlier diagnosis demands skills in breaking news
- Recognition and treatment of depression
- Family and carer support
- Family interventions may improve communication
- Dementia suffers support groups
- BPSD- are communications and a way of understanding distress

Living Well with Dementia

- Recognises that dementia is a chronic condition that can set the sufferer apart
- Increased risk of isolation
- Fear and loss
- Physical and mental health needs at risk
- Dependence on others

Living well...

- Post diagnosis –programme of interventions tailored to individual need
- Health promotion/education
- Encourage activities
- Social/ support groups
- Therapeutic interventions/
- Family/ couple / group work etc

Interventions as dementia progresses

- Users and carers groups (AS & Age Concern)
- Creative therapies
- Stimulation/ reminiscence
- Sensory stimulation
- Pet therapy

Psychological aspects of care-giving

- Family and informal care-givers need support
- Formal care-givers at home/ in homes and day-centres need instruction on dementia
- Communication skills
- Providing care with dignity-empathy
- Time for supervision and reflection

Psychological aspects of care-abuse

- Vanishingly few set out to harm
- Abuse can occur when imbalance of power occurs
- Perpetrators can be victims too
- Reflective practice helps us acknowledge unpalatable feelings
- Supervision requires awareness of above

In summary

- Three documents have highlighted areas for new work
- Opportunity to improve the mental health and well-being of older people and people with dementia
- Examples of good practice need to be researched
- Workforce training and service implications

Beautiful young people are accidents
of nature, but beautiful old people
are works of art.

Eleanor Roosevelt


