Mental health and older adults in Ireland: Society in transformation

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Abstract

Demographic trends indicate that the age profile of Irish society is changing. The population of adults aged 65 years and over is projected to reach 1.5 million by 2051. Bearing this in mind,this thesis sets out to examine the manner in which Irish society regards and manages the mental health of older adults. Safeguarding the mental health of this population group requires that society embraces the dual aspects of maintaining mental wellbeing across the ageing process and of diagnosing and treating depression and anxiety speedily. This work gives an account of the theoretical basis of policy and follows with an overview of the current situation in Ireland. The author identifies specific issues that challenge Irish society regarding mental health and older adults. Increasing reports of elder abuse, older adults in their eighties filling the role of carers and an all-or-nothing retirement policy mitigate against mental wellbeing. As regards dealing with common mental disorders in the over 65 age group, low rates of detection, shortages of specialist personnel and facilities, and a medicalised treatment response are weaknesses in the care system that must be strengthened. Counselling and psychotherapy have a role as an alternative to medication or a complementary treatment. General practitioners can lead the shift towards talk therapies.

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Mental health and older adults in Ireland: Society in transformation

Reports based on recent population censuses depict the rate of change that is occurring in the demographic structure of Irish society. There has been a significant growth in the numbers of people aged 65 years and over, and the trend is set to continue. Over the next two decades, it is predicted that our population 'pyramid' will have inverted. Average life expectancy in Ireland in 2017 was 82.2 years, an increase of nearly six years since 2000, (OECD/EU, 2019). As the age profile of our society is transformed, our approach to the health of this sector of population, including mental health, comes into sharper focus. There is a need be prepared for a future when older adults may be in the majority. The importance of their health, including mental health, and the benefits it confers on the individual, the community and society cannot be over-stated.

The subject of mental health among older adults has become a focus for policymakers internationally (WHO, 2017) and nationally (Department of Health and Children, 2006). There is a plethora of information available – derived from research and studies, in government publications and in reports from independent bodies. For individuals, such as the author , who are supporting older adults in relation to mental health issues, it may be difficult to source concise material about mental health care provision for this target group in Ireland. It may be even more laborious to approach an evaluation of the effectiveness of mental health care policy in this area most data relate to the whole adult population.

This work seeks to fill that void in providing context for practitioners. It presents an overview of how mental health in the over 65 population is addressed, in a general context and specifically in Ireland. The thesis builds on theoretical influences and involves reference to policy documents pertaining to mental health. The author provides information from reports and surveys to evaluate how Irish society is managing this sector of health care. A

range of material in the knowledge base for older adults' mental health is referenced, including the Irish Longitudinal Study on Ageing (TILDA), which is a rich source of information on the health of the older population in Ireland.

Chapter one is devoted to the changing profile of Ireland's population and its implications. For the purposes of this work, older adults are individuals aged 65 years and over. Any variation from this baseline will be indicated. Positive mental health is a two-pronged subject. Chapter two addresses the first aspect, the preservation of mental wellbeing while the person ages. Challenges confronting Irish society in this regard are outlined.

Chapter three looks at how the most prevalent mental health issues that affect older adults, namely depression and anxiety are treated. Other mental illnesses such as dementia and psychoses, being less prevalent, are not the subject of this work. Relevant challenges that must be overcome in how older adults are treated are presented. The role of counselling and psychotherapy within treatment is addressed. The final section brings together conclusions drawn from the research exercise.

Chapter 1

Population change and the 65 years and over age group in context

Ireland's population, like that of many countries worldwide, is changing. We know that, over a few decades, the age profile of our nation has greyed considerably. The 2016 census figures from the Central Statistics Office (CSO) reveal the changes taking place in the age structure of our population .The number of persons aged 65 years and over in Ireland increased by 19.1% since 2011, compared to an increase of 3.8% for the general population (CSO 2017a). The CSO, in its most conservative projection of future demographic trends, estimates that the number of people aged 65 years and over will increase from 629,800 (2016) to approximately 1.53 million (2051). This represents a growth of approximately 143%. As regards those aged over 80 years, the most conservative projected rate of increase between 2016 and 2051 is even more striking at 265%, from 147,000 to 535,900 in 35 years (CSO, 2017b)

A comparison between the two opposite ends of the population indicates a complete reversal in terms of numbers of people aged under 15 years and those aged over 65 years. In 2016, there were just over 1 million persons between 0 and 4 years and 630,000 in the 65 and over category. By 2031, according to the CSO, this will have reversed completely, with approximately half a million more in the 65and over cohort than in the under 15 group. (CSO, 2017b). An increase of this magnitude in the number of older adults requires planning in all domains, especially in health.

The Department of Health and Children (DoHC) articulates that health care is a human right in our society (2006). It is incumbent on us to ensure that the health needs of this growing cohort of our population are fully understood and met. Within this remit, mental health care must be given due consideration.

Chapter 2

Promoting mental health while ageing

What is mental health?

The World Health Organization defines mental health as a "state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (WHO, 2020). Working with this definition, Westerhof & Keyes, (2010) combine emotional, psychological and social wellbeing to describe positive mental health. They "conclude that overall today's older adults indeed experience similar amounts of mental health as today's younger adults" (p. 116). The challenge is to preserve that mental wellbeing throughout the process of ageing.

> Aging is inevitable, but individuals, families, communities, and society can take actions that may help prevent or ameliorate the impact of aging on cognition, create greater understanding about its impact, and help older adults live fuller and more independent lives. (Blazer, Yaffe, & Liverman, 2015)

Ageing from an individual perspective.

The loss-deficit model of ageing that was accepted in the past had negative connotations owing to its emphasis on decline. More recent lifespan developmental psychology shows greater optimism in its approach (Knight & Satre, 1999). This is because of its longer view of the gains and losses at each stage of development, and the potential for growth present at each stage. The link between physical and mental health has been established (Depp, Harmell, & Jeste, 2014). It is, therefore, important to consider both but the focus in this work is mental health.

Rowe & Kahn, cited in Hill, (2016) viewed that growing old had two aspects to it. Normal ageing refers to the changes that are generally encountered with age, when there are no discernible symptoms of disease. Factors outside the control of the individual, such as genetics and biology, influence ageing. However, people can actively influence their ageing experience through strategies designed "to enhance the functioning of older adults… aging normally" (Depp et al., 2014, p.2). Such strategies, collectively called successful ageing strategies have three facets (Hill, 2016).

The first entails being involved in life's activities, including maintaining social relationships. This gives older adults a sense of purpose and they derive positive effects from social contact; which improves quality of life (Depp et al., 2014; Lee, 2007; TILDA, 2018).

The second involves taking preventive measures against disease. The two-way relationship between physical and mental health means that it is important to protect both aspects of well-being for optimum functioning in older age. Positive mental health protects against physical illness and good physical health has a positive effect on mental wellbeing (Steptoe, Deaton, & Stone, 2015; Lee, 2007). A preventive approach includes making healthy lifestyle choices (Laidlaw & Pachana, 2009), in areas like diet, smoking and alcohol use. Other elements such as educational achievement, and socio-economic environment are important too (DoHC, 2006).

The third aspect is actively prolonging mental and physical capabilities. At a physical level, exercise is important in order to maintain fitness. The activity depends on choice and physical ability. Mentally, it involves learning new material, for example, a language or an instrument, or doing puzzles or games. Although there are differences between older and younger adults in terms of memory and learning, the differences are reduced when older people are engaged in learning that interests and motivates them. Neural development is thus

promoted (Park & Bischof, 2013). Adopting successful ageing strategies allows people to influence their holistic health and wellbeing (Vaillant & Mukamal, 2001).

Later, a fourth dimension was proposed: Positive spirituality, a relationship with a superior being, has potential to contribute to successful ageing, enhancing Rowe & Kahn's model (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002). In addition, a TILDA report, based on successive waves of the longitudinal study between 2009 and 2016, found that, while the relationship is complicated, there is a positive link between attendance at religious ceremonies and lower depressive symptoms in over 50s in Ireland (Orr, Tobin, Carey, Kenny, & McGarrigle, 2019). At a minimum, involvement in a church-based community may help one maintain social contacts.

As the ageing process continues and if frailty or sickness develop, it may be necessary for the individual to adopt strategies so as not to lose functioning. Selection, optimization and compensation (SOC), proposed by Baltes & Baltes and cited by Hill (2016), holds that an individual with diminishing physical capacity, decides on activities they want to continue doing, practices them with necessary adjustments, so that they do not have to give them up altogether. SOC permits the person to develop coping skills and maintain wellbeing .(Freund, 2008; Hill, 2016)

Positive ageing combines successful ageing strategies with an approach that proposes that developing an optimistic point of view towards age-related changes will enable the individual to maintain mental wellbeing. Incorporating optimism and flexibility helps an individual to cope well when faced with adversity. This is fundamental to positive ageing (Hill, 2016). Older adults identify positive psychological traits as being important for successful ageing (Depp et al., 2014).

Psychological wellbeing is related to happiness derived from realising one's potential (Westerhof & Keyes, 2010), and is linked to longer survival (Steptoe et al., 2015). Older adults are recognised to have higher levels of subjective wellbeing than younger age cohorts (Jivraj, Nazroo, Vanhoutte, & Chandola, 2014). Their quality of life increases up to age 68 (TILDA 2018) and then weakens, gradually at first, with the rate of decline becoming more rapid over 80 years. (TILDA 2018; Jivraj et al., 2014). This is also supported by Gallup World Poll data from over 160 countries which finds a "U shaped relationship between evaluative wellbeing and age in rich, English speaking countries" (Steptoe et al., 2015, p.1), with lowest wellbeing occurring between 45 and 54 years. Adults aged 80 years have been found to be at least as happy and enjoy a quality of life similar to those at age 50 (TILDA, 2018), before a steady decline commences.

Ageing from a societal perspective

In order that older adults can thrive, it is important that a lifespan approach to ageing is taken so that their past, current and future contribution to society be appreciated, rather than a focus on a particular life-stage. Since mental difficulties can be experienced by anyone regardless of age, education, ethnicity, socio-economic status or any other characteristic, mental health affects everyone and should be addressed at individual, community and societal levels (WHO, 2001) .

The role of society is crucial to developing and implementing policies to ensure that mental health is promoted and preserved. Strategies range from ensuring basic needs are met, for example, income, (Lee, 2007), housing, (WHO, 2017), to providing social supports so that older adults can remain active in their communities for as long as possible (WHO, 2015). Such supports may include transport links, health care services, or age-friendly environments

(Gibney, Zhang, & Brennan, 2019) that facilitate intergenerational integration (Swift, Abrams, Lamont & Drury, 2017).

The issue of ageism is well documented in literature (Abrams, Swift, Lamont & Drury 2015; Faculty of Old Age Psychiatry, Royal College of Psychiatrists, 2018; Swift et al., 2016) . Discrimination can be harmful to the mental and physical health of the individual (Pascoe & Smart Richman, 2009). Age discrimination can influence decisions about interventions applied for treatment (Swift et al., 2016; Livesley, 2009). Confronting the problem of ageism and age discrimination is essential to promoting a society in which older people can flourish.

Ireland's response on promoting mental health

In 2006, A Vision for Change (AVFC) was launched by the Irish DoHC, as "a comprehensive policy framework for our mental health services" (DoHC, 2006, p.4). AVFC takes a life-span approach to ageing and identifies three levels at which mental health policy will be directed:-

- to promote resilience and coping skills in individuals.
- to ensure local communities are areas in which mental health is supported, for example, through provision of health and support services and inclusive social activities.
- to address issues such as inequality and prejudice that negatively impact mental health.

In 2013, a multi-departmental government strategy was developed to promote positive ageing and create a society where older people will "enjoy physical and mental health and wellbeing to their full potential" (Department of Health, 2013, p. 3). This National Positive

Ageing Strategy (NPAS) was presented as a "blueprint for age-related policy" for the future in Ireland (Department of Health, 2013).

While it is impossible to examine all aspects of AVFC and NPAS without robust research data, it is possible to make some comment based on the available reports. There is evidence that a large majority of older adults rate their own health as very good or good (84per cent of 65 to 74 year olds and 76 per cent of 75 years and over) and are highly socially engaged (86per cent of 65 to 74 year olds and 80.5per cent of 75 years and over). Lifestyle indicators, such as smoking, problematic alcohol use, obesity and level of exercise, suggest that greater work remains to be done. (Department of Health, 2018; TILDA, 2018). A random survey of older adults countrywide finds that ageism in Irish society is diminishing. On the other hand, almost one fifth of respondents experienced ageism to a hurtful level and 22 per cent experienced ageism in a health-related setting (Active Retirement Ireland, 2018).

Challenges confronting Irish society

Although positive ageing has been included in Government policy since 2006 in AVFC, challenges persist that must be targeted in order to protect the physical and mental wellbeing of older adults. A growing population of over 65-year olds may make these challenges more acute if not addressed now.

Retirement based on chronological age.

For many people current retirement age is 65 years because their contracts of employment fixed retirement age according to previous State pension age. State pensions are not payable until 66 years currently and by 2028 this will rise to 68 years. There are a number of issues involved here. The discrepancy between retirement age and receipt of state pension incurs financial pressure, as retirees must claim Jobseekers Allowance in the interim (Dáil Éireann, 2019). Although employers and employees may agree to defer retirement, this

is a local arrangement. There is no policy on phased retirement. For the future, there is an onus on society to devise and implement statutory policy so that people may continue to work, albeit on reduced hours or in a different role (Rowe & Kahn, 2015), for as long as they are fit, willing, and able to discharge their duties effectively. This will benefit the individual through providing income, purpose and social interaction, (WHO, 2015) while allowing society to benefit from their knowledge and skills and from savings on pension payments.

Older adults as carers and the associated mental difficulties.

The contribution of older adult carers to society is significant. Self-identified carers of 65 and older make up 11per cent (18,152) of the total number and provide 36 hours per week of care on average (The Carers Association, 2009). Between 2011 and 2016, there were "increases in older carers, with the largest percentage increase seen among those aged 85 …a rise of 34.7 per cent" (CSO, 2016a, par. 3). Caring is associated with stress, may lead to mental disorders in the carer (WHO, 2017) and precipitate ageing effects on health (Blackburn & Epel, 2017). In view of the potential cycle of need linked to our ageing population, society must redouble efforts to support older adults in this situation.

A potential negative influence on future caring for older adults relates to high levels of emigration. Net outward migration of Irish nationals since 2013 is 78,800 (CSO, 2019), and there is evidence that mothers' general health is negatively affected by the emigration of their children (Mosca & Barrett, 2014). While no evidence is found that fathers are similarly affected, older fathers are affected by loneliness, and loneliness has been linked to a reduction in cognitive capacity (O'Luanaigh, O'Connell, Chin, Hamilton, Coen, Walsh, …& Lawlor, 2012). This may represent a risk of increased care needs for older adults (taking geographical location and isolation into account) or a reduction in the pool of potential carers that demands advanced planning.

Elder abuse.

Elder abuse can lead to depression and anxiety. Prevalence levels vary, with one in six of over 60 years old targeted (WHO 2017). Irish prevalence levels for abuse of adults aged 65 and over, including neglect, are reported at 2.2per cent (Naughton et al., 2012) Financial, psychological and physical abuse are the most common forms. The greatest risk factors were found to be low income, poor mental and physical health and a lack of social support (Naughton et al., 2012). The numbers of referrals to the HSE has risen steadily from over 2000 alleged cases in 2011 (Cosc The National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2012) to nearly 8,000 in 2016 . It is concerning that only 6% of reports came from the victim or their family (Age Action Ireland, 2017). In 49 per cent of cases the person most likely to abuse is a son or daughter, or 19 per cent a partner (HSE, 2008). Safeguarding Vulnerable Persons at Risk of Abuse is the HSE policy to protect older and vulnerable people from mistreatment, in residential settings or in the community. With the numbers of older people set to rise substantially in the coming years, Irish society must get to grips with this growing problem

Chapter 3

Treating depression and anxiety among older adults

"Neither depression nor dementia, or any other mental health problem, is a natural or normal part of ageing…there are effective treatments and preventive interventions." (UK Department of Health policy document cited in Livesley, 2009, p.11**)**

Having reflected on the work done to promote mental health in older adults, the treatment of those suffering from a psychological disorder is next for consideration. The majority of older adults enjoy good mental health, (WHO, 2017). but whenever mental disorders are present, it is important that they are diagnosed and treated without delay (WHO, 2017; Depp et al, 2014; Vacha-Haase & Aeling, 2016).

The most common mental disorders (CMDs) experienced by older adults are similar to those that affect all adults, namely, anxiety and depression. Except for the very old, the rate of mental illness is lower among older adults than younger adults, (Westerhof & Keyes, 2010) After age 75, there is an increase in CMDs (TILDA, 2015; Jokela, Batty, & Kivimäki, 2013) The last two decades have shown a greater association between ageing and a higher risk of CMDs (Jokela et al., 2013).

Prevalence rates and impact.

The WHO reports prevalence rates for depression at per cent (2017) and anxiety disorder (AD) at 6-10 per cent. Comorbidity rates of 36 per cent for depression and anxiety and 13 per cent for anxiety and depression are given. Sub-threshold depression, which impairs quality of life and may lead to depressive disorder is reported at 10per cent (WHO, 2015).

Despite differences in the age ranges, there is broad agreement on depression prevalence for older people in Ireland. AVFC gives a prevalence rate of 10.3per cent for depression among the over 65 population (2006). TILDA reports a prevalence rate of 10 per cent for depression among the over 50 age group, with a further 18 per cent reporting sub-threshold levels of depression. 13 per cent report clinically significant anxiety symptoms while 29 per cent report sub-threshold levels of anxiety.(2015)

CMDs in older people may coincide with a range of situations that negatively impact mental well-being. Examples include difficulties arising from physical health issues or frailty that impact independence (Craven & Bland, 2013; Laidlaw & Pachana, 2009), loss and grief related to bereavement; and problematic adjustment to retirement (AVFC, 2006).

The CMDs associated with older age negatively affect the quality of life and subjective well-being of the individual. In addition to its effect on mental health, depression may negatively impact general physical well-being (Craven & Bland, 2013; Knight & Satre, 1999). A link between depression in older adults and rising rates of self-harm and suicide is reported and concern is expressed that this subject has not been given more focus. “It…has received little attention compared with other age groups” Older adults who self-harm are more likely to die from unnatural causes (Morgan et al., 2018, p. 905). .

Diagnosis and treatment of common mental disorders.

People aged 65 and over are most likely to go to their general practitioner (GP) when they are suffering from a mental illness (Anderson & Brownlie, 2011). This is supported by the Irish Health Survey (CSO, 2016b). Older adults may not directly address their mental issues with their doctor, (Anderson & Brownlie, 2011; Lee, 2007)), instead drawing attention to physical symptoms. Mental disorders in over 65s, such as depression, may be under-recognised and patients may not receive appropriate treatment (Craven & Bland, 2013;

Vacha-Haase & Aeling, 2016). Detection of mental illness may be impaired by a number of factors, including comorbid medical conditions (Borowsky et al., 2000), pressure of time in consultations (Frost et al., 2019) or because some physicians regard depression as part of the ageing process (Faculty of Old Age Psychiatry, Royal College of Psychiatrists, 2018)

Those least likely to be treated for mental disorder, through anti-depressants or specialist care, are older adults (Craven & Bland, 2013; Klap Unroe, & Unützer, 2003). Only 11.7% of older adults who self-harmed had been referred to specialist mental support services by the 12-month follow-up stage (Morgan et al 2018). The WHO supports the use of selective serotonin reuptake inhibitors (SSRIs) for depression and it supports psychotherapy for depression and anxiety (2015). However, older patients diagnosed and treated for depression and/or anxiety are most likely to be prescribed medication for their illness (Cooper et al., 2010; Lee, 2007; Vitale & Mannix-McNamara, 2013)

Medication, undoubtedly, is beneficial in treating the symptoms of the mental distress among older adults. However, in the older adult population, medicalised treatment of mental disorders may create problems (Frost, Beattie, Bhanu, Walters, & Ben-Shlomo, 2019), as the adult may be taking medication for physical illness(es) (Vacha-Haase & Aeling, 2016). Additionally, the negative side effects of anti-depressants or anti-anxiety medication may pose a further threat to mental health (Wang et al., 2018).

Talk therapy.

Talk therapy can provide an effective alternative or complement to medication for mentally ill older adults (Frost et al., 2019), including those being treated for physical illnesses. In a systematic review of evidence Brettle, Hill, & Jenkins (2008) find that counselling may be equally beneficial for treating CMDs among older people as medication alone or a combination of both. It is more effective, on a short-term basis, than routine

primary care for treating depression and anxiety. Counselling is preferred over medication by older people (Brettle, Hill, & Jenkins, 2008). There is a wide evidence base for the effectiveness of cognitive behaviour therapy (CBT) for treating CMDs among older adults (Jayasekara et al., 2015; Satre et al., 2006; Serfaty et al., 2009)

A recent survey of people aged over 65 in Britain strongly supported counselling over medication (78 per cent) and 88 per cent believe that counselling and psychotherapy should be available for those who want to access it (BACP News, 2019). Conversely, current evidence suggests that older adults are less likely than younger adults to use counselling or psychotherapy (Cooper et al., 2010; Jokela et al., 2013). Stigma or lack of awareness of the services available and their effectiveness may be factors (Anderson & Brownlie, 2011).

Treating common mental illnesses in Ireland

In AVFC the policy for mental health care across the lifespan in Ireland is set out . In brief, it recommends that primary care practitioners would diagnose and treat older adults with CMDs. Patients with more complex mental illness would be referred for specialist care to multidisciplinary community mental health teams (CMHTs) set up by the HSE through mental health services for older people (MHSOP). A variety of therapies, "medical, psychological and social" would ensure that the needs of "user" and their family would be met in the community (p.79). Initially, 39 such CMHTs were envisaged to cater for the relatively target population across the country (2006).

Under-diagnosis and under-treatment of common mental disorders.

From the evidence available, a high level of under-diagnosis of CMDs among older adults in Ireland is found. Among those with "clinically significant symptoms", 78% with "objective evidence of depression" and 85% with "objective evidence of anxiety" reported not having been diagnosed. (Mental Health Reform, 2015, p.36**;** TILDA, 2011)**.** Prompt

detection of CMDs reduces improves the quality of life for the older adult and reduces the risk of physical ailments. It also relieves distress on the individual and their family.(HSE, 2018)

Shortage of specialist community mental health teams.

In 2006, AVFC recommended that 39 multidisciplinary CMHTs be established to cater for the needs of the older adult population. With adjustments for population growth, 46 CMHTs are required nationwide. The Mental Health Commission identified a shortage of CMHTs in 2010 – only 22 were in operation. They also pointed out that the specialist positions recommended in AVFC had not been filled (Mental Health Commission Ireland, 2011). The situation was slightly better in 2015, but far below the recommendations. There were 27 teams, and many were lacking specialist personnel. Some parts of the country had no access to CMHTs (Mental Health Reform, 2015).

Lack of facilities.

The provision of the following facilities was recommended in AVFC (2006):

- 8 acute in-patient beds as a discrete unit per 30,000 population over 65 years.
- a day hospital of up to 25 places to provide medical care, co-located with a main general hospital per 300,000 target population
- a unit of 30 beds per 30,000 population over 65 years for continuing care.

The Mental Health Commission predicted that acute in-patient beds would become unavailable as a consequence of the demand for places for service users with dementia and long-term beds not having been put in place in all regions (MHC Ireland, 2011). By 2015, there were only six acute in-patient units for people over 65 (instead of 23), and the number of day hospitals and long-term care centres were well below the recommendations in AVFC.

(Mental Health Reform, 2016). A recent media report based a MHC discussion paper indicates that facilities for older adults are still in short supply and some of those that were built specifically for older people are "being used for other purposes" (Cullen, 2020).

Counselling and psychotherapy.

In Ireland, 90% of older adults diagnosed with CMDs are treated by their GP. An "over-reliance on medication" for treating mental illness was recognised and there was a call from GPs for counselling and psychotherapy services. (DOHC, 2006, p. 60). In AVFC it is acknowledged that GPs wanted access to counselling and psychotherapy services for patients with CMDs and that service users wanted access to these services (2006). Available evidence supports the effectiveness of counselling and psychotherapy (HSE, 2018). The Counselling in Primary Care (CIPC) service was established in 2013. It provides free counselling to those with medical cards, following referral by the GP. An evaluation of CIPC in the HSE South East region, based on 122 participants, affirms that anxiety and depression are the most common disorders presented by clients. The mean age was 41 years, ranging between 17 and 83 years. Older adults are represented but the complete age breakdown is not available (HSE, 2018). An evaluation of the Self Harm Intervention Programme (SHIP) also from the HSE South East region, (Gardner, Dermody, Browne, & Timulak, 2015) which claims to be "representative of the broader service-user population of SHIP in terms of gender and age" (p. 46), states that the average age of service users was 30.1 years. The oldest user was 67 years. Clearly, the older adult pop is not universally represented here.

Apart from the public health sector, counselling and psychotherapy services may be accessed privately. A GP referral is not required and individuals with symptoms may self-refer. Accreditation by professional bodies such as IACP, IAHIP and ICP addresses concerns about the standardization of training and qualification expressed in AVFC (DoHC, 2006).

Regulation by CORU, the statutory body for regulating health and social care, will strengthen confidence in the profession . Research into the use of these services by the older adult population is not available (private communication from IACP, 2019). In light of the under-diagnosis of CMDs in primary care, the waiting list for CIPC (Larkin, 2017), this sector could be pivotal in the provision of services to older adults. The need for appropriate education and training for practitioners working with older adults, is advanced by many (Frost et al., 2019; Laidlaw & Pachana, 2009; Livesley, 2009; Qualls et al., 2002; Faculty of Old Age Psychiatry, 2018). Such programmes would address many of the issues raised here.

Conclusion

The research detailed above allows certain conclusions to be drawn as to the preparedness of Irish society to cater for the mental health needs of an expanding older age population. Caution is required owing to the paucity of research data concerning older adult population specifically. Within the realm of preserving mental health, evidence of high levels of subjective wellbeing and social participation points to the effectiveness of the current work being done in positive health promotion. The strategy of educating our general population about the power they have over their own health in later life needs to be maintained, especially in the area of lifestyle choices. Specific challenges such as the advanced age of carers and elder abuse give rise to concern that unless monitored and tackled, growing numbers will inevitably lead to more widespread problems.

The very high rate of undiagnosed and untreated depression suggests much distress for the individuals and their family. This, coupled with the fact that medication is the most likely treatment option, points to older adults being disadvantaged. Add in the possibility that facilities deemed necessary and provided for their care, have subsequently been put to a different use and the spectre of ageism appears. At a minimum, general practitioners need training in assessment for older age depression. Dedicated personnel and facilities must be put in place as was published in AVFC, so that the right to high quality treatment is realised.

Over-reliance on medication as treatment for CMDs can lead to difficulties related to polypharmacy. Currently, a shift towards the use of psychological interventions for older adults is welcome, though it is small. Counselling and psychotherapy services are available in both public and private sector but the move to incorporate talk therapies into treatment must be led by primary healthcare providers, since they remain the first point of entry for the 65

years and over population. Publicity campaigns via the charities, like Age Action Ireland and Active Retirement could work to reduce stigma about talk therapies.

The author identifies the strong need for further research so that clearer and more specific evidence from primary care about mental health diagnosis and treatment in the target population can be analysed and shortcomings addressed. Research into the uptake of counselling and psychotherapy by the 65 and over cohort and the barriers at play in Ireland would facilitate future development of services. Research projects like those mentioned above would be useful to inform the planning and design of education and training in older adult mental care.

The age demographic of Ireland's population is changing and the written policy towards mental health provision signifies a change in approach. Implementation of that policy to make the mental health needs of older adults a greater priority and to extend the treatment offered to them must be delivered.

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