



Grouchy Old Men?

A brief guide to help develop services that engage isolated older men and promote good mental health and well being

Mental Health Foundation



The *Grouchy Old Men?* Project

Grouchy Old Men? was a service improvement project run by the Mental Health Foundation between 2008 and 2010, which aimed to find new ways to reach out to isolated older men, promote their mental health awareness, and reduce the risk of depression and suicide. This included piloting a training workshop on older men's mental health, aimed at staff working in health, social care and housing organisations.

The Foundation is grateful to the Department of Health for funding the project and for assistance with the project from other organisations, individuals and supporters of the Mental Health Foundation.

The intended audience for this booklet includes: local community groups, voluntary sector organisations, commissioners of services, mental health NHS Trusts, statutory providers of day services, social care and other community services for older people, and social housing providers.

Introduction

This guide aims briefly to summarise the existing research and expertise on how services can best meet the needs of older men, and help reduce their risk of isolation, depression and possible suicide. It contains suggestions of good practice rather than hard and fast rules, and all guidance will need to be interpreted in the context of your local communities. The guide does not contain information on how to obtain funding for your project.

The guide also does not cover issues concerning the care and treatment of older men with severe and enduring mental health problems and illnesses, or dementia – there is information available elsewhere about these issues and in any geographical area these issues should be the responsibility of mental health services.

We hope you will find this guide informative and useful, and that it will help you improve the quality of life of older men.



Older men

In the UK there are more than 4 million men over the age of 65. There are a further 5-6 million men aged between 50 and 65. These numbers will grow as people live longer and the ratio of older people to younger people increases. The life expectancy of men is catching up with that of women. The fact that people are living longer, have differences in social class, changes in family structures, greater geographical mobility, and increasing diversity in terms of things like ethnicity and sexual orientation also means that men in later life today are far more heterogeneous when compared to their fathers' generation.

The experiences, views and preferences of a man now in his early 60's (part of the so-called baby boomer generation born after World War II) may be very different from men in their 70's and 80's (though within any age group there will always be an enormous variety of views and experiences).

Although we can't generalise about older men many will have been in full time employment for most of their working lives, or had their identity largely defined by this and their friendships, even if they spent time unemployed or retired early. Of course family will be important as will be sport, hobbies and leisure interests. By contrast, many older women will have been more focused on family and domestic commitments, though often having to balance this with also being in employment.

Together with traditional male characteristics, stereotypical in some ways but reflecting reality in other ways, of male pride, machismo, and lack of interest or awareness of health issues (especially mental health and emotional issues) the daily lives and experiences of many older men may be very different from older women.

The challenge

When people think about the mental health of older people, they are most likely to think of dementia. However, it is estimated that up to 25% of people over 65 have symptoms of depression that are severe enough to need treatment.

While more women than men are diagnosed with depression, many people now think that this is because men are less likely to seek help, and that depression is actually just as common in men as in women.

Depression is a major cause of suicide, and over 1,000 men aged 50+ commit suicide every year in England and Wales. Most older people with depression are never diagnosed and do not receive any treatment for their depression, even if they have seen their GP. Sometimes this is because they may present their GPs with a physical problem but the underlying issue is a mental health difficulty such as depression. Instead, if they get help, they rely on informal support such as family, friends and community groups.



Being socially isolated reduces the amount of informal support available, increases the risk of developing depression, and reduces the quality of life for older men. Approximately 500,000 older men live on their own in the UK.

The most isolated older men are those aged over 75, and those living alone, particularly if they are widowed or divorced. Bereavement or loss (which might include loss of income, role and status associated with retirement) may be times where an older man may be particularly vulnerable to mental ill health. Some widowers find that without their wife or partner who may have acted as their “social secretary” it can be hard to maintain friendships. Older men with families and children are also less likely to be in touch with them than older women.

Deterioration in physical health and mobility associated with growing older may also be a time of vulnerability to mental ill health. Even for people in long term relationships there may be risks to their mental health if they are involved

in increasing caring responsibilities, particularly if they are caring for a partner with dementia or other long-term conditions.

Whilst there are many good community-based services for older people, older men are less likely to use them than women, particularly if they are isolated and living alone.

For the reasons already described many older men often have less well-developed social networks than older women, which can make them more lonely and isolated. They are often reluctant to take part in groups or services like day centres, seeing them as being for women or the very old and dependent. When men have spent their lives independently or have seen themselves in the role of the family provider, it can be difficult for them to accept help.

Services need to be careful to ensure that what they are offering is attractive to older men, and that the most lonely and vulnerable older men are aware of what is available to them.

Some general points to consider

First of all, the evidence available raises some general points you may wish to consider in the development of your service.

- Poverty among older people remains a widespread problem. Many people do not take up the welfare benefits they're entitled to. This information should be promoted, and help filling in forms should be offered if needed. Older people living in socially and economically deprived areas are more likely to have poorer health, lack of opportunities, and other difficulties, than people living in less deprived areas.
 - Many older people live in poor-quality housing and may need help with minor repairs to stay in their home. This can be quite simple, such as changing light bulbs, but to the very frail it could help them keep their independence. Making contact with housing providers (including sheltered housing and extra care housing) may be very useful in helping identify and engage with older men.
 - Bear in mind caring responsibilities that older people may have, for example, if they are looking after a spouse or partner with a long term disability or condition. They may need advice on getting respite care or appreciate the offer of a visit from another older man.
 - Any services need to be physically accessible as many older people have physical health problems (which can also increase the risk of mental health problems). It is a good idea to make sure that information about local public transport and free bus pass schemes is easily available, to make it easier for people to get out and about. Accessibility needs to take into account sight and hearing impairments.
 - Older people can sometimes feel patronised or disrespected by people they come into contact with, such as shop assistants or call centres. All staff who have direct contact with the public should be made aware of the need to respect and value older people, ideally as part of their training or induction.
 - Be careful that your service does not become dominated by more confident, able and younger people. Care must be taken to make sure that the needs of the very old, isolated and frail continue to be met. This may involve finding out about the needs of harder to reach people and communities you have less contact with in your local area, and developing your service to meet these needs for example, by doing more outreach work.
 - The needs of diverse groups should be actively considered and contact made with organisations representing these groups to learn more and get information, where necessary. Different backgrounds, life experiences, and experiences of discrimination for older men from Black, Asian and other minority ethnic groups, and older gay men need to be taken into account and they may require more targeted activities and approaches.
- Ex-armed forces men, and older men who have spent long periods in prison, psychiatric hospital, or with long-term conditions or disabilities (including alcohol and substance misuse issues), may also have particular experiences and needs that should be considered. However, it is important not to make assumptions. Respect the variety of experiences and views that will exist within any group, and ensure they have the same access to opportunities and services that other people have.
- It's good to provide opportunities for mixing between generations wherever possible. Younger people can gain as much from this as older people.
 - Sundays can be a particularly lonely day, as most services and activities take place during the week, and also because Sunday for many people is a day traditionally for family activity.
 - Make sure you are aware of what other services provide (including mental health services) in your area and how to get in contact with them. For anyone experiencing mental distress it is very important not to go beyond what you have the skills or experience to deal with but instead to contact local mental health services (or the emergency services in a crisis).

Making your organisation more older-men friendly

Try and make sure your organisation is appealing to older men.

- Try to ensure the physical environment of your organisation isn't off-putting to older men. Think about how and where you advertise a service, and consider the décor, any music, and facilities such as a clearly marked male toilet. Talk to older men who use your services for their views about this.
 - A good way to involve older men in your organisation is to provide opportunities for volunteering – 25% of people over 50 are involved in formal volunteering, and it is a good way to use their skills and enable them to feel valued.
 - Older men may also wish to maintain some form of employment after retiring, and many companies now have "age inclusive" recruitment policies. If current government proposals to phase out the default retirement age by October 2011 go through, retirement can be much more flexible.
- However, pre-retirement planning will remain important because people often find the emotional and practical affect (e.g. loss of status, role, and income) difficult to cope with.



Reaching out to isolated older men

Identify the older men you want to involve in your service. The most isolated and in need of help are maybe the ones you don't yet know about.

- Identifying isolated older men is a challenge, and you may need to be quite imaginative in finding ways to identify and approach them rather than waiting for them to come to you. Working with GPs, housing organisations and other providers of services who may have more contact with isolated older men may be one way of doing this.

It's also important to identify times of transition (e.g. bereavement, retirement, and onset of physical health problems, changes in accommodation or caring responsibilities) that may be a good time to offer support.

- One way to reach isolated older men is to make contact with the people they encounter in day to day life, such as publicans, sub-postmasters, owners of corner shops, local supermarkets, barbers or community pharmacists. They may be an older man's main source of interaction and conversation, and if they are

given information and properly advised, could be a useful way to direct men to your service or other sources of support. This may require having a personal contact but you might be able to contact them, via your local chamber of commerce, or for example, your local licensed victuallers association.

- Another idea that has been suggested to help with this is small contact cards with helpline numbers (or contact details of local groups) left on shop counters or with staff, so services can be signposted in a way that is quick, easy and non-intimidating for an older man who doesn't want to have much interaction. Providing information in these ways may also work well with a family relative or friend of an older man they have concerns about.
- Asking for help can be a big step for older men to take, so the first contact they have needs to be positive; putting them off at this stage will make it harder for them to ask again

or to approach them again. If services are full or oversubscribed, care must be taken in the management of waiting lists as these can be very off-putting.

- Offers of practical advice or support such as providing information about financial help or entitlements, form filling, and dealing with practical domestic issues may be a good way to begin building a relationship. Focusing too much on help you think they need or their mental health before a relationship of trust is established may be counter-productive because of male pride or because it is overly intrusive.
- When giving information about services, a variety of information sources is best. Sometimes it takes a recommendation from a friend or relative of an older man to persuade them that they should take the next step because this can 'legitimise' a problem and the need to seek help, in a way that an older man might find difficult to do on their own.

Providing information about older men's mental health aimed at family members (especially wives or partners) and friends may be a helpful approach to take. For others, being able to read written information aimed directly at older men, in their own time may be preferable.

Increasing numbers of older men are using the internet, and the relevant information should always be made available online.

- The phrase "mental health" is often seen by people to be stigmatising and off-putting (perhaps because it is associated with 'mental illness' which unfortunately, still has a lot of stigma attached to it). For older men who are often reluctant to go and see their GP or seek help elsewhere information needs to be provided in a language and style that they can relate to and doesn't put them off.

Rather than talking about mental health in terms of difficulties or negative feelings it may be worth trying to use more positive, upbeat language, or encourage them to be active in helping other people.

- It is sometimes said that '*women prefer talking about feelings whereas men talk about problems*'. Older men may prefer using a more practical, solution-focused approach if they choose to talk about their mental health. Humour and gentle banter may also be helpful but requires a high degree of trust in a relationship.



Developing services for older men

Once you have made contact with the men you want to provide a service for, the next step is to develop a new service (or adapt an existing one) to meet their needs.

- The easiest way to do this is to ask the men what they want. If they have been fully involved in the development of the service they are more likely to continue using it, and promote it to other older men.
- They may prefer a dedicated men's service (especially if it involves physical activities), or the opportunity to mix with older women. Ask them which they would prefer. If necessary, think about the age and gender of staff doing the work – this is not questioning the professionalism of staff (and remember you can't legally recruit and employ people based upon gender to do this work) but in some situations the age and gender of staff may influence how some older men engage with a service.
- Some older men may not find traditional day centre activities appealing. Activities that have been popular with older men have included talks on health advice, benefits, local history, watching DVDs or videos of sports events from when they were younger, IT classes, art and hobbies, gardening, or simply going to the pub.

Providing activities that relate to men's previous working lives may be particularly popular especially where there are shared experiences – this could involve visits to places of previous employment or other work settings.

- Physical activities are likely to have positive benefits on men's mental health and well being as well. Forms of physical exercise such as tai chi, walking groups, or swimming have been popular with older men.

Discuss this with staff (and volunteers) so everyone understands and agrees if these factors have to be taken into account.

- Make the most of the skills and knowledge of older men. The evidence suggests that one reason older men don't engage in the services available to them is that it makes them feel like a burden. Giving them opportunities to volunteer or to help others will help to make them feel like an asset instead.
- If there is an existing community event that engages older men, this could be used as a vehicle for information to improve quality of life and/or raise mental health awareness. For example, one project successfully used an annual domino tournament to promote information about prostate cancer to older Caribbean men.
- Bear in mind that bereavement or loss, change in caring responsibilities, and the onset of physical health problems are times of potential risk for older people's mental health. If you are in contact with an older man who has recent experience of one of these be more proactive in trying to find out how he is coping. Where appropriate, supporting older men to get back in contact with families, children and friends may be helpful.
- Have a strategy to promote the service in ways that will reach other men. Think about the language used in leaflets or adverts (a bit of humour can help here) but also encourage information to be spread through word of mouth via the men already using the service. Have an agreed policy about what to do if individual men stop attending the service – this may involve some additional outreach, finding out why they have stopped coming, and respecting their wishes to be left alone if they make it very clear they don't want further contact.
- Think about ways to show how the service is working. Is it helping improve the mental health of older men? Is it good value for money? There are some simple tools available to help you measure and evaluate this – but you will need the men using the service to be involved in some of this.

“No man is an island, entire of itself; every man is a piece of the continent, a part of the main.”

John Donne (1572-1631), Meditation XVII

Further sources of information and guidance

“As soon as I get my trainers on I feel like dancing”: an evaluation of Ageing Well in England and Wales (Lambert, S, Granville, G, Lewis, J, Merrell, J and Taylor, C) Age Concern England. 2007.

Haynes Brain Manual – the step by step guide for men to achieving and maintaining mental well-being. (Banks, I) Haynes, 2006.

Investigation into the Social and Emotional Wellbeing of Lone Old Men. Age Concern Surrey, 2006.

Promoting mental health and well-being in later life. Age Concern and the Mental Health Foundation, 2006.

Promoting men's mental health. (Conrad, D. & White, A. eds.) Radcliffe Publishing, 2010.

Untold problems. A review of the essential issues in the mental health of men and boys. National Mental Health Development Unit & Men's Health Forum (and Mind), 2010.

Working with Older Men. (Ruxton, S) Age Concern England, 2006.

Working with Older Men - Improving Age Concern's Services. Age Concern England, 2006.

Acknowledgments

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Some useful contacts

Age Equality and Later Life Programme

National Mental Health Development Unit
(part of the Department of Health)
www.nmhdu.org.uk/nmhdu/en/our-work/mhep/later-life/

Age UK

(formerly Age Concern and Help the Aged)
Tel: 0800 169 6565
www.ageuk.org.uk

Mental Health Foundation

Tel: 020 7803 1100
Email: mhf@mhf.org.uk
www.mentalhealth.org.uk

Men's Health Forum

Tel: 020 7922 7908
www.menshealthforum.org.uk

Mind

Mindifoline
Tel: 08457 660163
Email: info@mind.org.uk

General Enquiries

Tel: 020 8519 2122
Email: contact@mind.org.uk
www.mind.org.uk

National Development Team for Inclusion Older People's Programme

Tel: 01225 789135
www.ndti.org.uk

The Samaritans

General Office Enquiries
Tel: 020 8394 8301
Email: admin@samaritans.org

Helpline

Tel: 08457 909090
Email: jo@samaritans.org



The Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organization.

We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organizations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government, at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services.

We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

Visit www.mentalhealth.org.uk for free information of a range of mental health issues for policy, professional and public audiences, and free materials to raise awareness about how people can look after their mental health.

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