



Scottish Women's Convention consultation on:
Older Women's Mental Health
July 2021

Premise

The Scottish Government's Mental Health Strategy & Co-ordination Unit is gathering information and views on the mental health of older women. The purpose of its current consultation is to explore how older women's experiences of and attitudes to mental health differ from those of other age groups. It is also interested in how the pandemic has affected older women's mental health and their access to mental health services.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in a number of key areas relevant to women's equality.

The SWC is currently engaging with women through digital roadshows, online surveys, asking women to comment by email and by telephoning those who want to talk. We are also using our wide network to ask women to collate views in their local communities and forward these to us on a regular basis. We are continuing to review innovative ways of engaging with women throughout Scotland using whichever medium is appropriate to them.

Q1. How do you think that older women's mental health compared to that of other age groups before or during the COVID-19 pandemic?

The older women that we have spoken to overwhelmingly agreed that older women's experiences of mental health are different to those of other age groups. Chiefly it was felt that, more so than other groups, older women are insufficiently supported and there is a societal expectation that they should be able to manage their own problems:

- "Older women have been left to deal with it, and they're not looking after themselves. It's an absolute mess and it has to be addressed."
- "I feel angry that there seems to be an assumption that because we are older (I am 54) we should be able to cope better because we have lived long enough to have been through stressful situations before. This situation has been unlike anything any of us have experienced before and there should be a recognition that everyone (regardless of past experiences) will have found the last 15 months very challenging."

As has been the case for many people, older women's mental health has suffered because of the lack of freedom caused by lockdown restrictions. However, the substantial difference for older women compared to other age groups is that they were more likely to be shielding. Consequently, many older women have a lot of anxiety about going out again and have lost the confidence to do the things they may have previously used to help their mental wellbeing like going for a walk or reaching out to friends:

- "I still feel down because I'm not able to do the things I always did. I'd been used to going out and making a life for myself, but now that's gone."
- Talking about the older women she works with at the Scottish Pensioner's Forum who, pre-pandemic were outgoing, keen activists, a woman shared "There are some really strong, active women who are now scared to go back out there, and it's quite worrying that they've basically just been ignored. They've just been left behind."

The importance of face-to-face contact for older women were discussed in detail. Women highlighted that digital exclusion and generational differences in approaches to communication have left many older women bereft of meaningful contact with others:

- "Zoom is just not the same. You do not get the same feedback. You don't get the nuances of people's thoughts and words."
- "Banks and post offices have been closing down and older people are being forced to do things digitally. This loss of control and contact has a huge impact on mental health."
- Also, everyday opportunities for social interaction are generally decreasing. For instance, the move towards cashless payments is causing difficulties for some older who may not have access to or have a mistrust about using technology to store these details. This means they may avoid going to places they went to previously because they cannot speak to a person or pay with cash. This can affect their mental health as it isolates them from their community and can also lead to a decline in their cognitive function as they are not having the same interactions as before.

This also seemed to be strongly connected to the idea of community. The older women we spoke to valued community very highly, but felt that this was deteriorating in society as a whole and was perhaps not such an important factor in the mental health of younger age groups:

- “There was no community spirit whatsoever on my street. Nobody knocked on my door to see if I was okay. I ended up knocking on other people’s doors, older ladies than me, to see if I could help them because I knew how isolated I felt.”
- “This is the worst crisis since the Second World War. There was the blitz spirit then but community seems to have been missing this time round.”
- “I think we have to take personal responsibility for befriending people... but we just live in a society where that isn’t normal to go up to someone and speak to them.”
- For some older women, places of worship are a major source of support, community and human contact so it has been a real struggle for these women while they have been closed.

Additionally, older women tend to be at risk of a lot more physical health conditions than other age groups, and physical and mental health are inextricably linked. Many older women shared with us how loss of quality of life from physical illness and difficulties getting access to the correct treatment had negatively impacted on their mental health:

- “I have MS but am still mobile though that will change and I feel that my mental health has been damaged by the realisation that at least a year of my remaining ‘good years’ has been lost. I feel very angry and frustrated as I know it is time I will never get back.”
- One woman who lives with osteoporosis expressed disappointment and anxiety that she had not received any medication or physiotherapy in the last two years because services have deteriorated so much and this was effecting her quality of life.
- Another woman was diagnosed with bowel cancer during the pandemic, and the many restrictions greatly added to her stress and anxiety going through this traumatic time. She was alone when she was given her diagnosis, saying “I was crying and the nurse was holding my hand, but I just wanted my husband with me.” Then she was unable to see her daughters or mother during her months of treatment because they live in England. “When you’re hit with something like that, and you just want your family around you. It was just such a difficult experience made more difficult.”

Finally, having spoken to a wider range of women who would come under the bracket of ‘older women’, it is important to note that there is a huge range of different experiences and demographics within this group. When talking about ‘older women’, we need to avoid stereotypes and remember to consider the experiences of those who may be underrepresented, including:

- Older mothers – one woman described the struggles she has had with her mental health going through the menopause while her son was going through puberty, explaining “My hormones were flying out the door and his were just coming in... It’s

just the two of us in the house and my son did go somewhat off the rails... so that's been very difficult on my mental health."

- Disabled women – we spoke to a woman who had to give up work early due to fibromyalgia. She explained how even before the pandemic "I was already socially isolated because I can't walk anywhere" and this had a profound effect on her mental health.
- Older women in work – it is important we do not exclusively think about those who are retired when discuss older women. As one woman asserted, "It's the women who are 50+ who are the ones that have been keeping us all going, keeping us alive, and doing all the services on the frontline and care and schooling. They've been doing a lot, they've been seeing a lot and that will have a profound effect on their mental health, and we won't really know how it has affected them until we're really out of this, by which time a lot of the funding will have already been allocated."
- BME women – a Sikh woman discussed the cultural differences and additional barriers faced by those in her community. She advocated the need for culturally appropriate counselling, revealing that "For the Asian community, counselling and being depressed, and mental health is very taboo. It's a real issue in our community."

Q2. How does older women's mental health during the COVID-19 pandemic compare to their mental health before the pandemic?

The women we spoke to unanimously felt that older women's mental health was worse during the pandemic than it had been beforehand.

- "Was my mental health affected? Absolutely."
- "With the older people I work with, there was such a decline in mental health even before this but the pandemic has made it even worse."
- "My mental health completely went right down the tubes. I had three crises in the space of six months. There was no mental health staff to help me, there was absolutely nobody."

Themes of loneliness and isolation were very apparent throughout the discussion with several women sharing stories of how they had gone long periods without seeing other people, or had lost connections with loved ones:

- "My daughter couldn't come near me because I was shielding and she's just got married to a doctor so she was scared to come near me because he was on the frontline. So it ended up being no contact with my daughter, so there was a dynamic of a relationship breaking down there."
- "The isolation was just terrible, and it doesn't go away because we're still in a period where a lot of people aren't getting out and we're finding it's affecting people's mental health very badly."
- "I never saw anybody for about six weeks at one point, and I know I got a bit weepy about certain things."

- “I suffered with mental health prior to lockdown but I’ve found that it’s been worse because I’ve not been able to see any family since November 2019.”

Women also spoke about feelings of guilt for not being able to cope during the pandemic or for speaking up about their own mental health:

- “Six months into lockdown and I could go a week without physically speaking to somebody... and trying to explain to people how that was making me worse was even worse because they were saying ‘everyone’s feeling it’, so you’re feeling really guilty.”
- “I didn’t want to be needy when [my daughter] was really busy working from home and we were all worried.”
- “When you know you are getting some access, it makes you feel a bit guilty for complaining.”

Q3. What views are there regarding older women’s mental health before and /or during the COVID-19 pandemic?

As was touched on in response to Q1, the older women we spoke to felt very strongly that older women’s mental health is not taken seriously enough. There is an enormous amount of responsibility and pressure put onto older women as they are often squeezed between caring for both their children and parents, as well as having to work. However, the effect of this on their mental health is often overlooked:

- “Everyone’s going stir crazy and who’s the first point of call? Older women. They’re getting it from all angles, and they’re expected to cope and get on with it. Nobody’s really asking what impact that’s having on their mental health.”
- “Older women need to be supported and not just swept aside.”

Moreover, a lot of older women felt that their problems were belittled, even by healthcare professionals:

- Several women reported having been told by doctors, “it’s just your age” or “it’s just your menopause”.

Q4. How did the accessing /delivery of older women’s mental health services compare to that of other age groups’ services before/during the COVID-19 pandemic?

As has been previously discussed, many older women do not have the same access to or skills with technology that other age groups have. This creates many barriers for them in terms of accessing mental health services when the only way to do this is online. Equally, for those who rely on the telephone to book appointments or get information, many of the helplines are now automated. This process can be very frustrating, mentally exhausting, and often results in older women not getting access to the information and services they need:

- “You get referred round the circle back into the web and, if you don’t have the digital skills, you have a problem. You’re dealing with so many people you can’t even reach, and it’s very frustrating.”
- “My GP system is all online now and I don’t know how many times I’ve said to them, it doesn’t work. I’ve had other people trying to help me and the system just doesn’t accept me, but they’re adamant I need to do it that way... but then I’m getting frustrated and that impacts on my mental health that way.”
- “You’re passed from pillar to post and sometimes out of sheer frustration they just hang up.”

Some women felt that they were falling through the net directly as a result of their demographic as an older woman:

- “More often than not, when I ask for things I’m either the wrong age group, or because I’m not a single parent and I’ve not got kids it rules me out, and I can’t get benefits, so I’m very much in the middle of not being able to access a lot of things.”

Moreover, the women we spoke to did specifically raise concerns that services for other age groups were getting more funding than those aimed at older women:

- “There has been a big push in terms of mental health for the 18-29 age group, and I know that’s a very important age group, and I know older women were consulted, but the money wasn’t directed that way... I think it’s a case of older women, they’re very caring, nurturing people, so they would put themselves on the back pedal in order to get services for younger people.”

Finally, one service-provider of support to older women explained that her organisation had unused capacity because she had been struggling to identify more service-users who could benefit from them:

- She explained how she had been using social media, leaflets through doors, posters in shops, word of mouth, and phoning people, but still knows there are more women she needs to reach. However, when older women become so engulfed in social isolation, it is almost impossible to get access to them, even though they are the ones who need the services most.

Q5. How does accessing/delivery of older women’s mental health services during the COVID-19 pandemic compare to before the pandemic?

Firstly, those delivering services for older women noted that a lot of their funding had to be reallocated during the pandemic. A lot of services had to put more focus into outreach to prioritise responses to social isolation and loneliness.

A lot of services that would usually be delivered in person were moved to online or telephone consultations during the pandemic. As was mentioned above, face-to-face contact was

something that the older women we spoke to felt was very important and they believed that service quality had suffered a lot as a result of the change in format:

- “I do get mental health services but, since the lockdown, it’s just been telephone consultations, there’s been no face-to-face consultations.”
- “It’s only telephone consultations, and how can you gauge someone’s mood over the telephone? You can’t really.”
- “The problem I have had was not being able to get my issues across properly as you are doing everything over the phone.”
- “One of my friends has been getting counselling for a number of months, she’s just not been able to cope with covid at all. But every appointment she’s had over the last eight months has been either on the telephone or by Zoom, and she’s not making any progress at all because she doesn’t feel like she’s having a conversation as such.”

However, several groups spoke about being able to get grants for their service-users to get tablets, and some women felt there have been benefits to the new online approach:

- “It has helped some of the people who have been really deprived. We all decided we would use Zoom and before there were a lot of older people who didn’t use technology, but now we have managed to teach ourselves how to connect and how to use the technology. Zoom has definitely helped. You see each other, you laugh, you can do all sorts of things.”
- “I’ve been lucky enough to get an iPad from the group that I’m involved with and that’s helped a lot... mainly I use it to go on the different sessions and groups and I’ve found that I’m getting to know people because I was very isolated before.”

Many women had found that waiting times had definitely increased as a result of the lockdown, and feared that many older women have been denied the services they need access to due to the technicalities of the processes during the pandemic:

- One woman explained how it took her several months to try to get an appointment with her psychiatrist about her medication, and even her community psychiatric nurse has said to her that everybody is in the same position and is suffering.
- Having shared how it took her sixteen phone calls to book an appointment for a routine mental health check-up, one woman speculated, “If someone was really in a terrible state and was not that persistent, what happens to them? I don’t know.”
- “I found it was difficult to access GP services which put me off seeking mental health support from my GP because there were just too many hurdles to try and get over before you would actually get to speak to someone as they kept saying they were overwhelmed due to Covid.”
- Many services tell people they will receive a call back, but give no indication when this will be. There were concerns about the increased anxiety this uncertainty can cause.

However, a lot of the women we consulted were already “in the system” which they felt put them at an advantage on waiting lists and in terms of knowing about services. Concerns were

raised that first-time users of mental health services likely had much worse experiences accessing services during the pandemic:

- “I just worry about people not getting proper in-person consultations because they could be getting sent medication that could damage them further.”
- One woman praised the 111 helpline which she used during a mental health crisis. “I spoke to a mental health advisor. It’s not a nurse or a psychiatrist, but they can refer you on, so I find that is quite a helpful way of accessing mental health services... but that’s maybe because I’m already in the system. For somebody who’s not in the system, it would probably be quite a different experience.”
- “I’ve called a few voluntary helplines and they’ve been very helpful. I rang the Samaritans once and got through almost instantly... I think people should be given more notice and there should be more general information available for what these helplines are and how people contact them.”

Furthermore, as a result of services being more limited during the pandemic, women felt that there had been a tendency to treat all mental health conditions in the same way when there is actually such a wide range that all need to be approached differently. They also felt this more streamlined approach overlooked the ways in which service provision itself may not be compatible with the realities of living with a mental illness:

- “It’s just lumped together, those two words ‘mental health’ and everyone has to fit under that same umbrella.” It all depends on what your condition is. It could be anxiety and you’ll talk to everyone and you’ll blurt it out, but someone who has depression may not be quite so open... You may be okay to talk one day, but if they’re then phoning you back the next day, you may not want to talk... and if you can’t take the call, you’re put to the bottom of the list again.”
- “People are being passed around from one service to another and it may exacerbate someone’s problems to keep having to tell their story again and again.”

Finally, there was annoyance that the mental health services and other groups that older women rely on have not been able to resume, but other aspects of society have been permitted to get back to normal.

- “We could be running support groups, or tai chi and yoga groups or lunch clubs, quite safely, but we’re not permitted to at present, but they’re allowing fanzones.”

Q6. What other views are there regarding the accessing/delivery of older women’s mental health services before and/or during the COVID-19 pandemic?

There was consensus among the older women and service-providers we spoke to that the pandemic has highlighted just how stretched NHS mental health services are:

- “The services are already overwhelmed and they’re just going to be even more overwhelmed in the future so it doesn’t look too rosy.”

- “There’s not been enough funding for years and we’re storing up huge problems with people’s deteriorating health”
- “I’m wary about phoning [the doctor] again because I know they’re overloaded and I know the services aren’t there.”

Several women recounted the ways in which they were using alternative therapies and coping mechanisms to manage their mental health, often having to resort to these after not being able to access services through official channels or being given inappropriate treatment in the past:

- “I would never approach a doctor about it as I know there’s nothing they can do just now, but I wouldn’t have trusted them anyway because all they did in the past was feed me mountains of pills.”
- “I am taking responsibility for my own health and I think we’re all going to have to help ourselves because we’re not going to get the treatment from the NHS because they’re overloaded.”

This led many women to the conclusion that we need a National Mental Health Service, specifically funded to meet the growing needs we have in terms of mental health provision:

- “There should be a proper National Mental Health Service, like we have a National Health Service, and there should be a National Care Service.”
- “There are fantastic services out there, but the majority of them are serviced by volunteers. These are stretched to capacity without any proper funding put in place, but there has to be a Mental Health Service. There has to be a system where GPs and mental health services are brought together and more people are brought in to deal with this properly.”

Women also wanted to highlight the important role of mental health services in tackling domestic abuse. Many women suffer mental illness as a consequence of living with emotional and psychological abuse, but often they are not picked up by domestic abuse services who will only respond to situations of physical abuse. There needs to be more cohesion between these services, and better training to pick up on the signs of mental abuse.

Finally, concerns were raised about the lack of information and mental health services available in different languages. A woman who works with Sikh Sanjog, a group that provides wellbeing support to older women in the Sikh community, described how they had taken on a counsellor who was able to speak Punjabi and Urdu as there were many women who could not access mental health support any other way. “There was so much going on for them mentally that they just couldn’t explain” and more needs to be done to ensure that the NHS and other mental health services are providing appropriate translators and interpreters.

Conclusion

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on older women's mental health. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to such legislation and the effect of this on women's equality.

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