



Full of Life: Wellbeing in Later Years

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9 September 2008. QEII Centre, Westminster, London



Overview

- Why depression in older adults matters
- The Full of Life Project
- Evaluations
- Volunteer-based delivery
- What are we delivering and why?



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Evidence of need

- mental health problems are **not** a normal and inevitable part of the ageing process BUT
- nearly 2 million older people in the UK live in poverty
- 1 million older people in the UK are socially isolated
- Growing older is associated with some of life's greatest transitions and challenges eg retirement, caring for a partner with a long-term condition, moving into sheltered accommodation, bereavement, loss of social networks etc



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Evidence of need

Depression is the most common mental health problem in later life

“I can’t be bothered to go out.”

“I feel useless.”

“I hardly see anyone anymore these days.”

“I feel tired all the time.”

“I can’t sleep at night.”

These statements should not be normal for older people.



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What we're doing

Living Life to the Full is proven to be efficacious in the treatment of mild to moderate depression. How do we adapt it for older people?

We are developing and testing our Full of Life: Well-being in Later Years project in Manchester and South Tyneside. Three main questions

1. Will it work with older people?
2. Can we recruit and train volunteers to deliver the service?
3. What are the practical issues around service delivery?



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Will it work with older people?

Some questions

- What are older people's attitudes to mental health?
- How age appropriate is the language and content of Chris Williams' materials?
- Will older people join groups?
- Will older people discuss mental wellbeing on the telephone?
- How do we reach isolated older people not in touch with services?



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Working with volunteers

Lessons learned so far

- Build local partnerships with voluntary sector (as well as the PCT)
- Develop a recruitment strategy
- Develop a volunteer policy
- Develop a clear jd and select against the person spec
- Carry out a skills audit when designing the training
- Identify an individual to manage the volunteers
- Think about volunteer turn-over and how to maintain service levels
- Be imaginative



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Service Delivery

Some issues

- Should we use telephone or group work or both?
 - Will depend on skills and availability of volunteers
 - Will depend on local geography – eg rural/urban
 - Will depend on what people want
- Don't be isolationist - set up a steering group to advise the service development
- Develop and use local links with carers' and conditions' organisations, Age Concern, Help the Aged, the churches and mosques to identify referrals
- Protocols for referring in and out of the service
- Measuring performance



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What next?

- Evaluation
- Pilot of services by end of year
- Development of a Full of Life package for local authorities in collaboration with Healthlaunchpad in the 2009



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How have we got here?

- CBT is an effective treatment for depression
- It involves working out – why do I feel as I do?
- Teaches key life skills to help make a difference
- People like to learn in different ways



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Language matters

- Let's look around the room
- Can we speak Spanish?
- What do you like to do on holiday



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Person-centred CBT self-help

- Booklets provide many advantages
 - Structured and accessible
 - Easy language
 - Aid memory
 - Structure changes
 - Personal resource
 - Like the one's you have received
 - Course books/tasks
- The problem of January 1st!



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Supported/Guided self-help

- Part of the overall solution?
- Support: one to one (telephone)
- Group: all the added advantages of learning from others
- How the support is offered is crucial



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Current process

- Using the 10 pre-existing booklets and *The Feeling Good Guide* group
- Pilot: seeking feedback/comment
- Identify changes
 - ? Lose age-specific language
 - Or older adult specific content
- It will be interesting to discover which way forward!
- Next steps: larger evaluated study/roll-out



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Any questions?



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