



How can we improve the mental health of older adults?

Three Schools Mental Health Seminar Series
11th June 2025

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Objectives

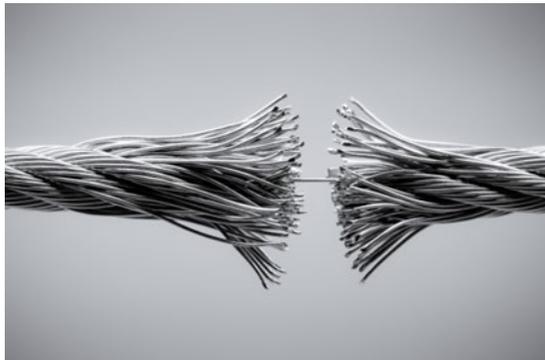
- Set the scene
- Describe our key studies
- Outline our next steps
- Discuss potential impact and implications

Headlines: Older adults in England

- 11 million people (18%) **in England** are over 65 years of age
- Stronger trends in ageing across **Staffordshire & Shropshire**
- **Rural areas** are ageing ‘faster’ than urban areas
- Half of people aged 60-64 have **two or more long-term conditions**
- 2.1 million pension-age adults **live in poverty**
- 2 million **homes** lived in by people over 50yrs do not meet basic standards (cold, damp)
- 25% of people aged over 50 **live alone** (large increase in men over 65 living alone)
- 60% of **unpaid carers** are 50yrs+ (for parents and/or partners)
- Reduced access to primary care through **digital exclusion**
- Older age groups are becoming **more ethnically diverse**

Older adults and mental health

Who? What? Why?



Current evidence

- Between **5-7% of referrals** to NHS Talking Therapies were for people 65yrs+ (predominantly female, White British)
- **Reasons** for not opting-in to talking therapies (Prosser et al. 2024):
 - Beliefs about therapy (possibly based on limited knowledge)
 - Ethnic minority background (cultural incongruity?)
 - Unable to receive text messages
 - Not self-referring
 - Impersonal and confusing processes
- **Social prescribing** not reaching those with greatest social needs (Gibson et al. 2021)
- **Digital mental health interventions** for older adults in their infancy (Riadi et al. 2022) and digital poverty/literacy remain
- Review of **non-clinical community-based approaches** to improve mental health in older adults (Lee et al. 2021):
 - ‘No single category of intervention yet stands out as promising’
 - ‘Theory-driven evaluation’ is needed to appreciate complexity

What is needed?

- 1) **Improve the inclusivity** of existing interventions (NHS Talking Therapies)
- 2) **Build capacity and capability** within the wider system to deliver evidence-based interventions
- 3) **Grow the evidence base** for new interventions for marginalised groups

Our work is underpinned by:

- Understanding that **Early Intervention** is crucial
- The logic of **‘Making Every Contact Count’** to ensure we make use of existing points of contact between older adults and wider services
- **Strengths-based** not deficit-defined
- **Intersectionality lens**

Our three studies



Realist review of interventions that seek to identify and/or manage depression delivered by **“non-traditional” providers** in older adults in the community



Can the Fire and Rescue Service (through Home Fire Safety Visits) be utilized to detect and signpost for anxiety and depression in older adults? A mixed methods study



Realist review of interventions to facilitate help-seeking for anxiety and/or depression work among community-dwelling older adults

Study 1: What did we do?



A realist review of interventions that seek to identify and/or manage depression delivered by “non-traditional” providers in older adults in the community.

- **What is a realist review?**

- Systematic approach to reviewing literature
- Systematic reviews look at intervention effectiveness (i.e. whether something works *or not*)
- Realist reviews look at *how, why, for whom and in what circumstances* something works
- Aim to **develop theory** to explain this complexity

- **5 steps**

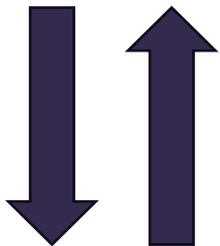
>> Early scoping/consultation

>> Produce candidate theories

>> Systematic literature search and appraisal

>> Data extraction

>> Refine theory



Our approach

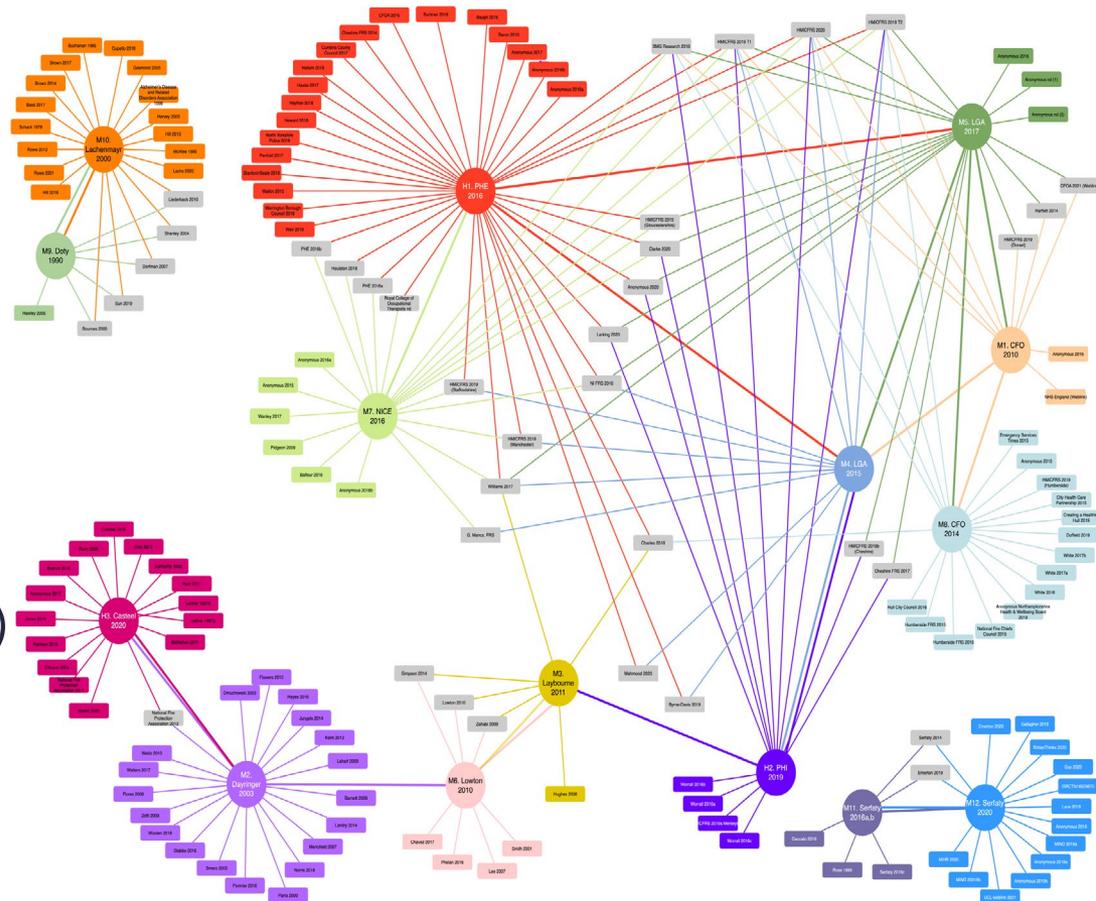
- Early scoping informed a change in focus (inc. health & wellbeing)
- Systematic search
- 15 key papers
- Cluster searches

Summary of evidence

- Variety of interventions delivered by Fire and Rescue Services (FRS) and Police (P)

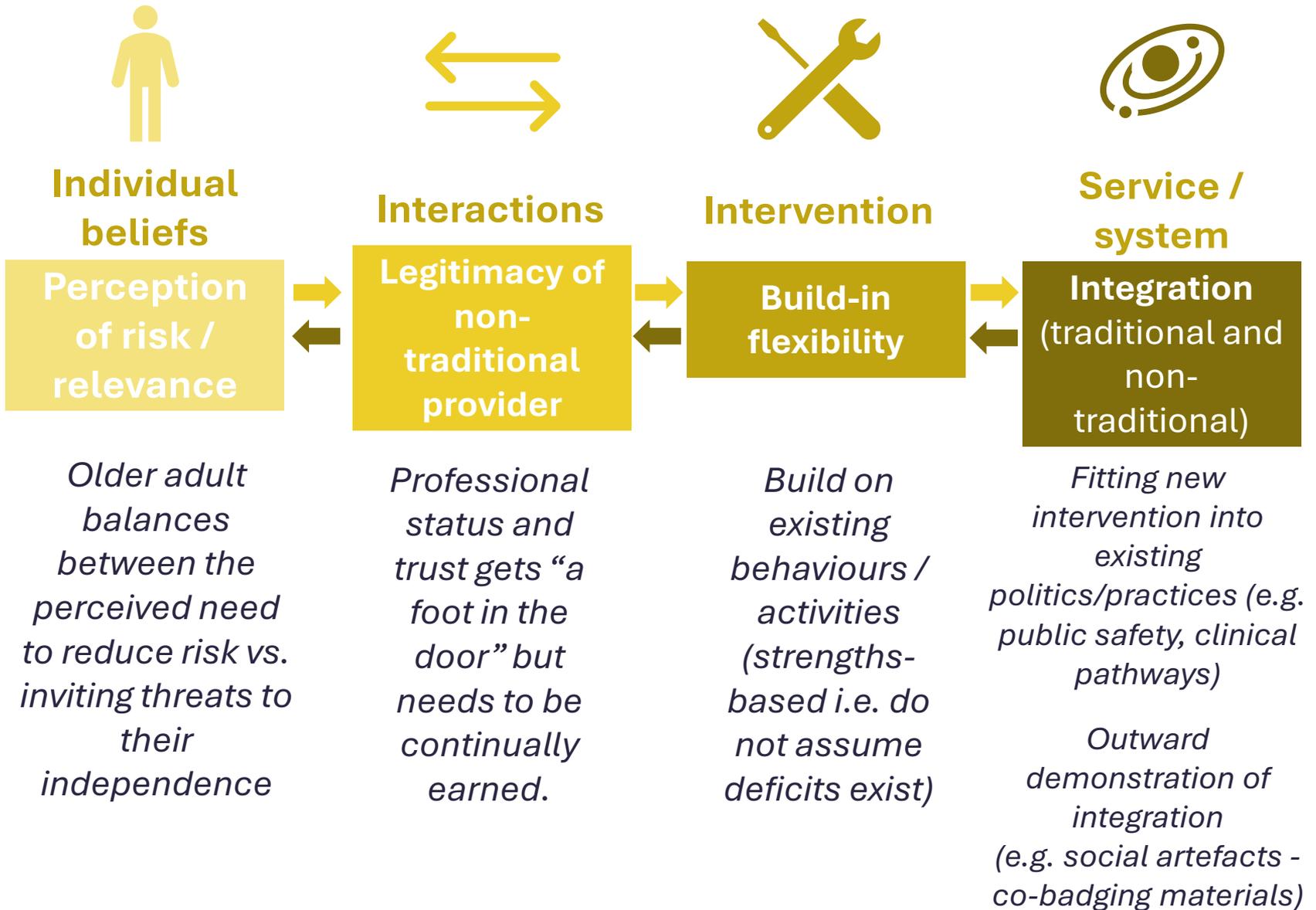
Examples:

- Falls prevention (FRS)
- Smoking cessation (FRS)
- Bowel cancer screening (FRS)
- Mental health crisis in custody (P)
- Victims of crime (P)



***Predominantly service evaluations lacking methodological rigour

Findings (multi-level)



Study 2: What did we do?

FIRESIDE

Can the Fire and Rescue Service (through Home Fire Safety Visits) be utilized to detect and signpost for anxiety and depression in older adults?

- Mixed methods study (qualitatively driven)
- Staffordshire Fire and Rescue Service
- Interviews and focus groups with older adults, Fire and Rescue Service staff, Health and Social Care practitioners
- Observations of HFSVs
- Co-design workshops
- Intervention development

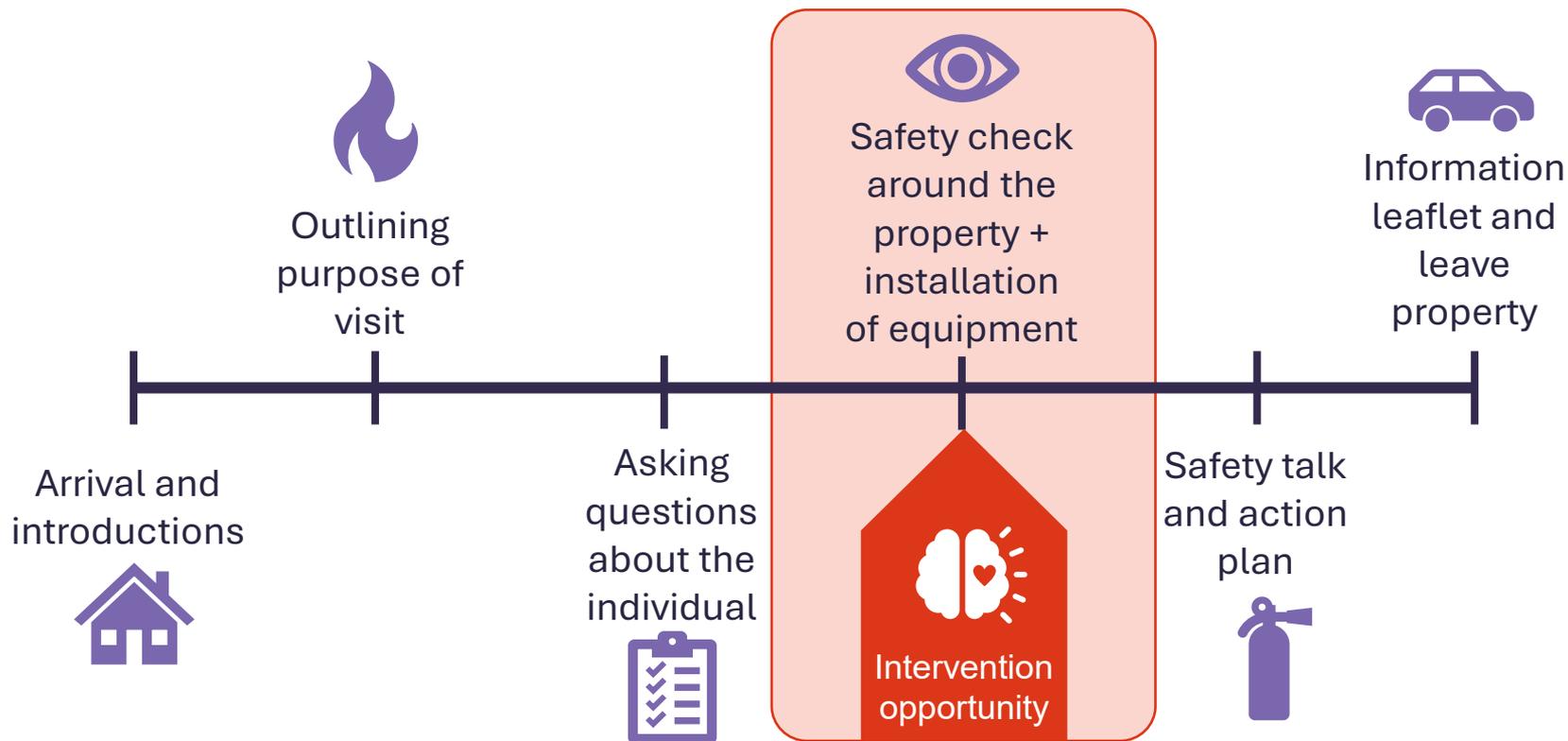


Home Fire Safety Visits

- HFSVs
- 598,342 HFSVs completed 2023/2024
- General safety check of home
- Install smoke detectors
- Fire safety advice
- Some lifestyle questions
- 20mins to 2hrs in the home

Spotting an opportunity to engage

A typical home fire safety visit:



- Potential for video or reading materials delivered during visit
- Working with FRS and other stakeholders and PPIE group to develop materials

Findings



“A foot in the door”

- Access to properties HSC stakeholders don't
- HSCs denied access
- HSCs still using phone consultations



Eyes on the ground

- It's all over the phone and a lot of the elderly population aren't happy to talk over the phone. They want to see somebody face to face... I think the fact that somebody's there with them, showing the time, it'll be good. [HSC04, Community Matron].



“it's not about being acceptable, it is expected”

- Working in a caring role so hope they'd want to make a difference

I've had a few incidents where mental health took over. I don't know how to deal with it... I don't have a clue what to say or know whatever is the right thing to say. How are you supposed to identify what the right thing to say is? We're not trained on that and we're not specialists. We go in and ask the questions and I actually think that one of our questions in our Home Fire Safety Visits is 'Are you depressed?' But if they say yes, what do I say? [FRS10]





FIRESIDE 2

Delivering a Fire and Rescue Service-led intervention to facilitate help-seeking for anxiety and/or depression in community-dwelling older adults

NIHR Three Schools Prevention Research Programme

Start: September 2025 (18 months)

Methods

- Co-design intervention materials based on FIRESIDE
- Two case study sites: Shropshire, Derbyshire
- Mixed methods evaluation
 - **Outcomes** (staff: pre- post-training change in knowledge, confidence; older adults: mental health literacy, stigma, help-seeking)
 - **Processes** (fidelity of intervention, engagement)
 - **Economic** (factors resource use, costs)

Anticipated impact

Resources (training, sign-posting 'toolkit') for national implementation through collaboration with National Fire Chiefs Council

Study 3: What did we do?

SHADOW

Realist review of interventions to facilitate help-seeking for anxiety and/or depression among community-dwelling older adults

- **Help-seeking defined as:** *‘the action of actively searching for help from others via formal or informal mechanisms’*
- **Reluctance to seek help:** maintain independence, avoid (double) stigma
- Understanding how best to facilitate help-seeking **may improve uptake** of existing sources of support to align with prevention agenda

Context

Stigma
Mental health
literacy
Intersectionality

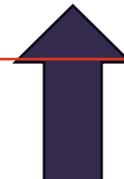
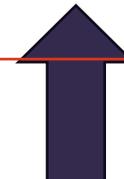
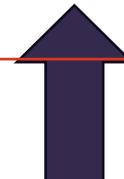
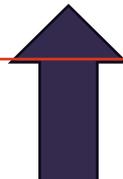
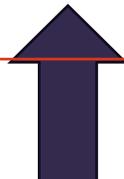
Attitude



Intention



Behaviour



The hard work of help-seeking

Non-help-seeking

Need to maintain independence

- Self-reliance
- Avoidance of help

Stigma

- Maintain positive identity
- Concealing mental ill-health from self and others

Don't understand mental ill-health

- Normalisation of depression/anxiety

Tipping points

Internal capacity for coping becomes exposed

- Recognises need for help

Made aware of scale of ill-health

- Acknowledging need for help

Family expected to support older family members

- Moral obligation informed by cultural norms

Help-seeking

Conceptualisation of mental health conflicts with western models of mental health

MH services offered in format familiar to older adult

Peer-educators and befrienders

- Feeling heard and valued
- Offer of social engagement or relationship



Not a linear process = hard work!

Tilly's story



Tilly lives on her own. She feels that her grandchildren don't visit her.*

Tilly is struggling to keep on top of her housework and is finding it difficult to get out and about. This is making her feel very sad and lonely.

Why won't Tilly ask for help?

- Embarrassed to tell friends that her grandchildren don't visit much
- Doesn't want to burden others
- Doesn't know who would want to hear her problems

What is the tipping point?

- Tilly can't cope any more. The house is dragging her down and one of her adult children visits and notices that she is sad and fed up. They suggest she needs to get some help.

What help does Tilly ask for?

- Admits she's struggling and is lonely.
- Agrees to contact the GP, who suggests a social prescriber might be able to help. An OT is also contacted to help with adaptations she needs around the house.
- GP offers antidepressants

Bonus study! PhD studentship

Project SOAR: Supporting older adults with low mood to access care in rural areas.

Keele Legacy funded PhD Studentship

Research question: Can we co-design an intervention to support help-seeking for low mood that targets older adults living in rural areas?

Objectives

- 1) To establish a **local rural research stakeholder group** to inform and refine all aspects of the research.
- 2) To **examine current literature** on help-seeking interventions that target older adults with low mood in rural areas and to identify intervention components and delivery model options.
- 3) To **explore attitudes and beliefs** among older adults in rural areas about help-seeking for mental health problems.
- 4) To **explore attitudes and beliefs** among health and social care professionals about older adults in rural areas seeking help for mental health problems – with a focus on barriers and opportunities.
- 5) To **co-design a framework** for a help-seeking intervention that targets older adults with low mood in rural areas.

Implications and impact of the work

Older adults and common mental health problems

- Targeting the 5-in-6 who have symptoms but do not access services
- Patient enablement, avoiding medicalisation, strengths-based

Exploratory, theoretical, developmental

- **RIDDLE and FIRESIDE** informed intervention development (theory and resources)
- Promoted the role of non-traditional providers
- **SHADOW** clarified thinking around help-seeking
- To inform future intervention design (including adaptation of existing interventions)

What next?

- Evaluation and implementation
- FIRESIDE2 intervention evaluation
- PhD studentship

Outputs:

RIDDLE

Kingstone, T., Chew-Graham, C.A. and Corp, N., 2022. Interventions to identify and manage depression delivered by 'nontraditional' providers to community-dwelling older adults: A realist review. *Health Expectations*, 25(6), pp.2658-2679.

FIRESIDE

Fisher, T., Chew-Graham, C.A., Farooq, S., Kingston, P., Read, I., Southam, J., Spolander, G., Stevens, D., Walchester, M., Warren, C. and Kingstone, T., 2023. The acceptability of the Fire and Rescue Service working with primary care to improve identification of mental health problems in older adults. A mixed-method qualitative study. *BJGP open*, 7(4).

Fisher, T., Chew-Graham, C.A., Corp, N., Farooq, S., Kingston, P., Read, I., Spolander, G., Southam, J., Stevens, D., Warren, C. and Kingstone, T., 2024. Defining the Role of the Fire and Rescue Service in Mental Health Support for Older Adults: A Qualitative Study. *Health expectations*, 27(5), p.e70028.

Animation: <https://www.youtube.com/watch?v=ayk9AIOFhLM>

SHADOW

<https://www.keele.ac.uk/health/fmhsresearchthemes/mentalhealthandwellbeing/shadow/>

Acknowledgements (too many to name!)

- ★ Dr Nadia Corp
- ★ The late **Katie Tempest**
- ★ Jane Southam and Samina Begum
- ★ All other PPIE contributors
- ★ Anna Hough (PPIE coordinator)

RIDDLE: Funded by NIHR School for Primary Care Research (ref 472)
Kingstone T, Chew-Graham CA, Corp N.

FIRESIDE: Funded by NIHR Research for Patient Benefit (NIHR201967)
MPFT as the lead NHS site. Staffordshire Fire and Rescue Service. Professors Saeed Farooq, Paul Kingston, Gary Spolander, Dr Dean Stevens, Mark Walchester, Ian Read and Carmel Warren.

SHADOW: Funded by NIHR School for Primary Care Research (ref 642)
Professor Sam Hider, Professor Geoff Wong.

These studies were/are funded by the NIHR. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care

CC-G is part-funded by the WM ARC

FUNDED BY

NIHR | National Institute for
Health and Care Research

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