

CALL FOR EVIDENCE FROM ORGANISATIONS/PROFESSIONALS COVER SHEET

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I heard about this call for evidence from: a colleague

I am responding on behalf of the above organisation
 as an individual professional/practitioner
 other: _____

This organisation is best described as (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Service provider |
| <input type="checkbox"/> Public sector | <input type="checkbox"/> Academic/research body |
| <input type="checkbox"/> Private sector | <input type="checkbox"/> Professional organisation |
| <input checked="" type="checkbox"/> Voluntary sector | <input type="checkbox"/> Community/older people's group |
| <input type="checkbox"/> Other: _____ | |

My / this organisation's geographical remit is: Britain

To prepare this response, I did the following: (tick all that apply)

- Consulted colleagues at my organisation
- Consulted colleagues at other organisation(s): _____
- Consulted older individuals or groups of older people
- Reflected on personal experience
- Other: Reflected on known research data

Please add my name to the Inquiry mailing list

I give permission to have my response posted anonymously on the website

THANK YOU FOR YOUR RESPONSE

Please send to Simone Ellis by 19 November 2004

By email to inquiry@ace.org.uk

By fax to 020 8764 6594

By post c/o Age Concern England, Astral House, 1268 London Road, London SW16 4ER

INQUIRY INTO MENTAL HEALTH AND WELL-BEING IN LATER LIFE

CALL FOR EVIDENCE QUESTIONS – ORGANISATIONS/PROFESSIONALS

The following questions are provided as a guide for organisations and professionals submitting evidence to the Inquiry.

The questions are divided into **7 sections**. We hope they will stimulate thinking, discussion and debate. You do not have to follow this format or answer every question in detail. If you would like to submit other relevant information that is not specifically asked for here, please feel free to send it separately. We would like to receive information about informal or unpublished reports, existing models of practice, innovative plans or any other work that you know of that relates to maintaining or improving mental health and well-being in later life.

Please refer to the Guidelines for Submission for more information about how to submit your response. The Guidelines may be downloaded from the Inquiry website at www.mhilli.org. Please keep in mind that this call for evidence is focusing on positive mental health and well-being rather than mental illness (which will be the subject of a separate call for evidence next year).

We know that these questions are challenging. Please do not give up! Your response is important to us. It will help make a real difference to the mental health and well-being of older people.

Thank you for your help!

SECTION 1: Introduction

A. How did you first learn about the Inquiry and what was your reaction?

From a colleague who directed me to the website. I thought it an interesting and worthwhile enquiry, and we alerted our members via our web forums and e-bulletin and collected some responses.

SECTION 2: Defining mental health and well-being in later life

A. There are many ways to define mental health and well-being. Is there anything different or special about mental health and well-being *in later life*? How do you/your organisation define it?

Most of the generic key factors for well-being, e.g. good social and family relationships, physical health and activity, a sense of meaning and purpose, must apply equally well to later life - but they can become more difficult if physical health deteriorates.

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- B. One potential difficulty is how to define 'later life'. How do you/your organisation define it?

We have no definition of later life, though retirement does mark a significant transition and we offer discounted membership to the retired.

- C. What in your view are the most important issues relating to mental health and well-being in later life?

Humanists believe in striving for happiness in the only life we have and that living a good life and helping others to be happy is an important factor in this. Many of our members are older and / or have experience of caring for older people, and their recommendations tend to focus on keeping active and involved in life, not "vegetating" or "dying slowly in front of the television". This suggests that it is very important that society / local communities enable and encourage those in later life to stay active and involved .

SECTION 3: Promoting good mental health and well-being in later life

- A. Please describe any work that you/your organisation 1) has done in the past, 2) is doing now, 3) plans to do in the future or 4) knows of others doing, to help people maintain or improve mental health and well-being in later life. You may attach descriptive information separately.

1) and 2) The BHA offers meaningful and worthwhile training and part-time work as self-employed humanist officiants (funerals and other ceremonies) to many retired and semi-retired people, whose experience of life is particularly valuable for this service. There are also opportunities for voluntary participation in the local humanist groups that we support, and in various campaigning activities. The BHA nationally, and humanist groups locally, provide philosophical and "spiritual" support for those with a humanist world view, and opportunities to meet like minds. As is common in voluntary community groups, local humanist groups tend to be run by those in later life. The knowledge that they can have a humanist funeral is undoubtedly a comfort to some humanists contemplating death, as is the humanist world view generally. 3) The BHA would like to expand into areas such as hospital "chaplancy" as we are aware of an unfulfilled need for humanist support for the ill and dying

- B. Based on your knowledge and experience, *what works* in helping people achieve good mental health and well-being in later life? What doesn't work? For which group of people? How do you know?

The members we come into contact with are impressively active and

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committed people. Having a confident world view and, sometimes, causes to work for, seem to be elements in helping to maintain mental health and well-being. Humanists who have had the opportunity and / or support to develop confidence in their world view tend to face death when it approaches calmly and well prepared - and most would welcome the opportunity to make a legally binding "living will" aimed at ending their lives with dignity. We know this from observation and contact with our members and humanists who use our services.

C. What could you/your organisation do to make the most difference?

The single most important thing would be to reach more people - too many implicit humanists and atheists have never heard of Humanism or the BHA and consequently feel alone and insecure in their beliefs, perhaps particularly as they get older. It would also be helpful if we could develop the network of affiliated local humanist groups. Our members generally have no wish to be involved with faith-based organisations, and this excludes them from many local groups and activities which might otherwise provide social activity and human contact. Humanists often to travel considerable distances to take part in humanist groups and activities, which may become difficult or impossible in later life. We know of quite a few members who feel very isolated.

SECTION 4: Engaging and listening to the voices of older people and carers

A. How do you/your organisation ensure that older people and carers are involved in work related to mental health and well-being in later life? You may attach descriptive information separately.

Our work is only indirectly involved in mental health and well-being (see above).

B. Based on your knowledge and experience, *what works* in getting older people and carers involved? What doesn't work? For which group of people? How do you know?

Our organisation provides members and others with the information they need in order to arrange their own lives in accordance with their beliefs and to get as involved in humanist organisations and causes as they wish. We believe that personal autonomy and responsibility are as important in later life as during any other phase of life, and do not find that the freethinkers we deal with want to be told what to do or think.

C. What could you/your organisation do to make the most difference?

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We do listen to and depend on our members, but inevitably mostly to the more assertive ones. It would be good to involve more people (and electronic communication has helped with this), though more face-to-face social contact would be valuable, if we had the resources. There is still a silent and substantial number of people who share our world view that we never reach or meet, and we need to do that.

SECTION 5: Building a base of evidence and knowledge

- A. What are the main gaps in our knowledge and understanding of what helps people achieve good mental health and well-being in later life? How can these gaps be filled?

We are aware of a great deal of data on general well-being, mental health and contentment, (e.g. discussion paper on Life Satisfaction (Cabinet Office Strategy Unit, 2002); the work of the Relationships Foundation; the research of Professor Richard Layard and the late Professor Michael Argyll) but not of specific knowledge on how the factors that contribute to well-being, on which there is much consensus, can be maintained into later life. As the UK population ages, this seems a serious gap which needs to be filled.

- B. What are the main barriers to building a solid base of evidence and knowledge? How can these barriers be overcome?

The main barriers are a shortsighted lack of interest in the elderly in both public and private institutions and a foolish commercial neglect of a significant market amongst the retired and elderly - so probably little funding for research.

SECTION 6: Influencing policy and priorities

- A. What in your view is the state of mental health and well-being in later life in the UK today? What might it be in the future? Please give reasons for your response.

The people this organisation comes into contact with are generally mentally healthy - but we have no way of knowing how typical they are. There is some worrying evidence of depression amongst the elderly.

- B. What evidence do you see that the current government takes this issue seriously?

The only relevant issue the government seems to take very seriously is "the

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pensions time bomb"- and poverty in old age can obviously contribute to mental and physical ill-health and deterioration. However, it is likely that in the long term, some of the current government's concern to improve general health and fitness, would, if effective steps could be taken, affect the mental health and well-being of older people. Much depression, for example, has its roots in physical ill health and the social isolation to which it can lead.

- C. What evidence do you see that the current government does not give high enough priority to this issue?

Not something we have sufficient knowledge to comment on..

- D. Which key stakeholders need to be influenced to ensure that this issue will become and/or remain a high priority? How can they be influenced? What competing priorities must be taken into account?

There does need to be more "joined up" government. For example: cutting back on services that help the elderly to stay in their own homes can result in more calls on hospitals; closing libraries, local post offices, public transport routes, adult education courses, etc, curtail opportunities for those in later life to participate. On the other hand, many of these depend on public subsidies, and it difficult to see how they can be maintained without them - and there are many calls on public funds, both nationally and locally.

SECTION 7: Making a difference to mental health and well-being in later life

- A. In the previous section we asked what mental health and well-being in later life in the UK looks like today and what it might look like in the future. In this final section we would like to know, what *should* it look like?

People in later life should be financially secure, and physically and mentally fit. They should be enabled to be fully engaged in society, which we think would require a greater investment in support services. In an ideal world one would remain in full possession of all one's physical and mental capacities and then die quickly and painlessly.

- B. What needs to be done to create real change? At what level, and by whom? Based on what values and principles?

The values and principles of the welfare state seem more likely to deliver well-being in later life than those of the private market. The National Health Service must move towards maintaining health and mobility for later life, and investing more in preventing, curing or mitigating some of the ailments of later life that operate against well-being, for example failing sight, arthritis.

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Employers and employees should prepare properly for retirement.

C. In your view, what is the one thing that would make a real difference?

There is probably no one thing.

Any other comments?

We are concerned about the government's and local authorities' increasing reliance on both private and voluntary organisations to deliver services in the community, particularly while it seems that such organisations are not considered to be acting as public authorities, and hence are not subject to the Human Rights Act. We have particular concerns where public services are provided by religious groups that may discriminate both as regards who receives the service and the manner in which they are delivered - especially if charities are to be exempt from the proposed legislation prohibiting discrimination on grounds of religion or belief in the provision of goods, facilities and services, as has been suggested. Even if such organisations do not discriminate, people without religious beliefs are unlikely to approach them for assistance or to welcome services provided in this way. There seems to us to be a serious risk that people in later life who do not have religious beliefs will be excluded from services that would benefit their mental health and well-being.

Thank you for your response.

We will share the results of this call for evidence with you in Spring 2005.

For information about staying involved in other aspects of the Inquiry, please contact Michele Lee on 020 8765 7434 or Leem@ace.org.uk.