

# Brighter Futures

Supporting mental health in later life  
Project overview, learning & recommendations

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The Brighter Futures project was developed and informed by a 4 year programme of work which provided evidence on mental health in later life.

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## **Acknowledgements**

### **This report was written by**

*Isabella Goldie*

Head of Scotland, Mental Health Foundation

with

*Dr Sandra Grant OBE*

Associate, Mental Health Foundation

### **Project team**

*Tina Yu*

Policy and Service Development Manager, Mental Health Foundation

*Kate McCormack*

Development Lead for Mental Health in Later Life, GAMH

*Jacqui Heron*

Day Services Manager, RAMH

*Christine Calder*

Corporate Resources Manager, Seniors Together

*Claire Goldie*

Volunteer Co-ordinator – Glasgow

*Laura Griggs*

Volunteer co-ordinator – East Renfrewshire

*Paula Docherty*

Volunteer Co-ordinator – South Lanarkshire

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### Introduction

Scotland like the rest of the UK has an ageing population where the proportion of older people is increasing due to low birth rates and increased longevity.

By 2020 two in five people in the UK will be over 50 years of age and one in five over 65. The oldest age group (85 and over) is growing the fastest with an increase in the proportion of the population from 1.9% in 2004 to an estimated 2.7% in 2020.

By 2050 in Europe 30% of the population will be over 65 years of age and 11% over 80 years (Office of National Statistics, 2009).

This will have a major impact on society not only in terms of family structure and roles but also on economic issues related to wealth production and the costs of care. It is one of the most significant and challenging issues to be faced this century (Goldie, 2010).

The number of older people with mental health problems is forecast to increase as the population ages and often such problems are not identified or appropriately treated.

Mental health problems particularly depression and dementia are more common and have a worse outcome in the 60% of older people who suffer from a long-term illness (Healthcare Commission, 2009).

Depression affects 20% of people aged between 65 and 69, rising to 40% of people aged 85 and over and often the illness is underestimated being mistakenly viewed as an inevitable consequence of ageing (Beekman, Copeland, Prince, 1999; Depression Alliance Scotland, 2010).

According to reports from one later life organisation, fewer than 10% of older people with diagnosed depression are referred to specialist mental health services compared with around 50% of younger adults who experience mental health problems. In some cases, GP's are unable to refer older people onto other services that could

help them because of age related exclusion criteria operating within services. Overall, eight out of ten older people with depression do not get any treatment (Age Concern, 2007).

To add to this picture there is also a wide spectrum of people in later life who while not having a diagnosed mental health problem such as depression, do not enjoy optimal mental health and well-being. Later life can often be a time of loss and transition and mental health can be negatively effected by poverty, bereavement, loss of position/ status in society, disability or long-term conditions, or being the victim of discrimination or elder abuse. However, a wealth of evidence points to problematic social isolation (loneliness) as a key contributory factor (Age Concern, 2009).

According to a recent report: 12% of older people feel trapped in their own homes; nearly 200,000 older people in the UK have no help to get out of their house or flat; 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month. Over half of all people aged 75 and over live alone. Half of all older people saying that the television is their main form of company (Age UK, 2009).

As documented in the Mental Health Foundation's recent report on loneliness changing demographics in society mean that many older people do not have large families or families that live close enough to be able to visit regularly and who are able to help them retain their contact with wider society (Mental Health Foundation, 2010).

The World Health Organisation have recognised that loneliness is a trigger for depression and that older people are often deprived of a broad social network and are therefore more likely to be isolated. They state that in later life depression is a commonly under-diagnosed condition that is seldom adequately treated and which vastly diminishes quality of life (WHO, 2002).

## The Approach

The Brighter Futures project was developed and informed by a 4 year programme of work which provided evidence on mental health in later life. An Initial inquiry based research project was undertaken in partnership with Age Concern (now Age UK) and more recently in 2007-2009 service improvement activities were undertaken in partnership with NHS Health Scotland and the large number of key stakeholders forming NHS Health Scotland's later life steering group.

These activities included work with 15 Community Health Partnerships. This work directly engaged upwards of 1,000 older people in Scotland and provided further understanding of the key issues effecting mental health in later life.

Consistent themes that emerged were:

- Poverty
- Age discrimination
- Physical health and mobility
- Relationships
- Lack of meaningful opportunities to make an active contribution to society.

(Age Concern & Mental Health Foundation, 2006; NHS Health Scotland, 2009)

This work has sat alongside and complemented the strategic work of NHS Health Scotland and the Scottish government on developments such as 'All our Futures', 'Towards a Mentally Flourishing Scotland' and the EU Healthy Ageing Strategy (Scottish Executive, 2007; Scottish Government, 2010).

During these activities it became apparent that there were large numbers of older people who were missing from these discussions and were therefore unable to have their voices heard, older people who are living their lives trapped in their own homes with little or no social

support networks or links to the wider community. This significant gap has framed the development of Brighter Futures and informed the approach of peer mentoring.

In developing solutions to these challenges older people told us that it was important to take account of the contribution they could make as well as their potential support needs. In shaping Brighter Futures we felt that it was vital that we acknowledged that although there is much to do in relation to designing effective services for older people, there is also a steadily increasing number of older people, mainly retired from paid work, who are able to contribute actively to society – a strength not a 'burden'.

The principle aim of Brighter Futures has therefore been:

To work with older people to deliver a peer mentoring service aimed at improving the wellbeing and the quality of lives of more isolated older people through enhancing their social networks and enabling meaningful community engagement.

## Brighter Futures Project Partners:

Funded by the BIG lottery fund's Life Transitions area of investment, the Brighter Futures project worked across 3 areas to pilot this peer mentoring approach:

- East Kilbride and Larkhall
- East Renfrewshire
- South East Glasgow

The Brighter Futures Project was led by the Mental Health Foundation in partnership with three local partner organisations:

- GAMH (South Glasgow)
- RAMH (East Renfrewshire)
- Seniors Together (South Lanarkshire)

This partnership brought together a range of expertise within the project where two of the partner organisations, GAMH and RAMH were very experienced local mental health service providers while Seniors Together brought a wealth of experience of working with older people in South Lanarkshire.

## Brighter Futures Objectives

- To promote the mental health of isolated older people by developing and piloting a support model that takes account of their individual needs and aspirations, promotes choice and supports independent living and an active community life.
- To harness the strengths of older people who are making the transition into retirement or from caring roles by enabling them to contribute in the role of volunteer (peer mentor) to improving the lives of more isolated older people living within their communities.
- To strengthen partnership working between mental health services and organisations that work directly with older people within their communities.
- To share the learning from the project across Scotland to influence the future direction of service delivery for older people and raise awareness of the current inequity in service provision for isolated older people.
- To tackle age discrimination within communities by increasing the visibility and voice of older people within community life.

## Key Achievements

- A peer mentoring approach was developed that met the specific needs of isolated older people supported by membership of the Scottish Mentoring Network.

- Engagement activities were undertaken with over 500 organisations across 3 sites, developing project recognition, establishing referral routes and raising awareness of mental health in later life. Including: Trade Unions, Professional bodies, Job Centre Plus, volunteer centres, Pre-retirement council, Scottish Mentoring Network, Social Work Teams, NHS teams, GPs, Churches, local authority groups and organisations.

- A wide range of local events were held helping to address low aspirations amongst older people and age discrimination within communities alongside engaging older people and communities as active partners in the project.

- A national reference group was established and a local reference support structure developed in each local site to engage key stakeholders to act as expert advisors to the project.

- A learning network was developed and facilitated bringing together the 3 delivery sites enabling them to share learning throughout the life of the project.

- 78 older people were recruited and trained as volunteer peer mentors. 69 went on to actively support older people as mentors.

- 11 participatory training programmes were facilitated across the 3 sites.

- 96 participants were provided with a peer mentoring service and supported to engage with a wide range of community resources including universities, arts groups, lunch clubs, bowling clubs, church and faith community groups, slimming classes, exercise classes, book clubs, library events, community theatre groups, music sessions and community café's.

- Group activities were established within all 3 areas in year 2 providing supportive community based activities for older people with higher levels of support needs. Group sessions were imbedded within a wide range of existing community resources and have increased the visibility of older people: addressing age discrimination and supporting the development of intergenerational understanding.

- Progress exceeded original target with 96 older people receiving a support service and a further 20 people receiving support within a group setting.

## Peer monitor training

A six week training programme for peer mentor volunteers was developed with support from older people.

Final training programme included 6 sessions with additional training support offered where required.

Training sessions included:

- Introduction to peer mentoring: the approach, key differences between mentoring and befriending

- Mental health and wellbeing: mental health as a positive resource for living, mental health in later life, overview of common mental health problems and their impact

- Equalities – promoting equality and challenging discrimination, inequalities and multiple disadvantage, age discrimination

- Later Life - ageing, societal attitudes, challenges and opportunities

- Communication: communication skills, addressing communication barriers

- Helping relationships: boundaries, use of self, developing, maintaining and ending relationships well.

- A total of 11 cohort training programmes were delivered across the 3 areas involving 78 volunteers. In total 69 Volunteers became active mentors following training.

**‘The training was an incredible experience, getting to meet other people and it was really thought provoking and challenging too. Really well thought through and thorough...’**



# Brighter Futures Research & Evaluation

## Methodology

The evaluation methods applied include:

### Participants

- Friendship scale to measure social connectedness with 9 month follow-up - 19 participants
- Rosenberg's Self Esteem Rating Scale with 9 month follow-up - 16 participants
- Individual interviews - 12 participants
- Progress mapping through individual development plans
- Development of 4 case studies

### Volunteers

- Post training Questionnaires – 23 volunteers
- Focus groups - 35 volunteers
- Individual interviews - 4 volunteers
- Development of 2 case studies
- Analysis of comments within post training questionnaires

## Evaluation Findings Participant Experience

***Improvements in self-esteem were indicated for all participants after 9 months.***

***Improvements in perceived social isolation were indicated for 74% participants after 9 months***

- All participants interviewed described feeling very lonely prior to engaging with the project. All had lost contact with most of their social networks and the negative impact that this had had on their mental health and wellbeing was consistently described. Most participants described feeling very low in mood with little hope for the future.

*'One morning I was so down I took four sleeping pills, I only take two at night and I keep them in my bedroom drawer. I then thought, I'd better stop, I won't go any further....that was two or three weeks ago but the girls [brighter futures staff and mentors] have pulled me out of that'.*

*'Immediately prior to Brighter Futures I hadn't been at all well and had been in hospital. I had drifted out of contact with people from solitary drinking and when I came out of hospital I needed something to get me moving but it was impossible as I had drifted out of contact with everyone and everything. Thank goodness for my social worker at the alcohol dependency unit who recommended it [Brighter Futures].*

- All participants indicated that physical or mental health problems had been the main contributory factor in their isolation. Mobility issues were a key barrier for people making leaving the house independently particularly difficult.

- A typical day for participants prior to engaging with the project involved watching television as their main activity with some describing staying in bed all day.

*'Since I had my lung removed it's got harder and harder to get out alone. I get very breathless and can't walk far. My husband works so I pretty much spent my day on this couch before Michael (mentor) began coming to visit me'*

*'I broke both my hands and then what with my arthritis by the time I got out of hospital I just didn't get out of bed anymore, or would get up to this seat and watch telly and then go back to bed. Lost my confidence going out, in case I would fall.'*

*"I wasn't interested in anything. I would get up in the morning, I would sit and have my toast and a cup of tea and I would sit and fall asleep, dozed off for a while, put the television on and then doze off again. I wasn't interested in anything – really down in the dumps. I thought I would never get out of it."*

*'Absolutely nothing – just watching TV and in and out of bed and eating. Lots of eating. I only went out if I had to and then only taxi – I need a hand due to my mobility. I'm terrible getting up and down stairs.'*

**'Since I went blind in this second eye, I've not managed out hardly at all and since the ramp has been broken for over a year, it's really dangerous for me leaving the house. My mentor comes and helps me out, sometimes it's just for a wee walk, but that's brilliant as I live my life on this couch. Don't know what I'd do without him...it sure brightens your day.'**

- Participants attributed a range of improvements in their lives to the project. The majority of participants were able to connect with existing community activities and many also described reconnecting with family members and friends that they had lost contact with.

- Improvements in mental health and wellbeing were identified as key benefits of the project.

*'It got me back into what I love .....I've been asked to do my first Feis (Irish dancing competition) in years and I'm going over to Germany next month to do the judging'*

*'I get out a fair bit now. Not depressed any more, on Wednesdays I call the dial a bus and go into town. It was Sheila [Brighter Futures Co-Ordinator] that organised that for me the first time and now I have the number and call myself. I can go shopping now as the drivers will give me a hand in with my bags – it's great to be able to choose things yourself, although I can't carry much.'*

*'My family can't believe that I'm going to university now at my age. I didn't want a male mentor initially but when Anne [co-ordinator] suggested this I thought well if he likes arts and crafts like me it might be worth a go. But when he saw how interested in the arts I was he set about finding me a course to go on, he helped set up my visit to the uni at first but now I go myself and I have really got to know the other people there. Even did my first painting of a nude last week!'*

*'My Cordia and care watch staff know when I've been out with David. They say I am much more relaxed in the evening. I notice it but I wouldn't have thought they would. It's really great - it's different having a paid worker than a family member, if someone is volunteering you know they want to be there - and that's important to me.'*

*'I see my niece again and we are going to the caravan soon. I'm really looking forward to this, it's been good getting back in contact like that.'*

*'Yes absolutely my lifestyle is totally normal now. I don't have any problems going out and I have lots of friends again – old friends and I picked up some new friends. I've made it – it's been totally positive no negative outcomes.'*

**'They've brought me into a different world. I'm not perfect but an awful lot better. I wasn't going out the door. I didn't want to go out but these girls have helped me out, they're first class, excellent.'**

- The mentor was identified as one of the most important features of the project. Participants described their mentor as playing a key role in helping them to take steps towards becoming more socially connected. Participants described how difficult these first steps had been for them and the role the mentor had played in helping them to make this progress.

- The majority of participants outlined a positive image of the future. From going on holiday and taking up further university courses, with one participant considering voluntary work themselves.

*'Gradually after a while they got somebody to take me out. I wasn't wanting to go out at that time but she was excellent. She came and took me to the local lunch club. I'm not good at mixing at first when I go in amongst strangers. I've always been like that, kind of quiet. She said to me one day 'I see your talking a wee bit better' and I thought so I am.'*

*'I'm looking into another course at the university, this one hasn't worked for me during the summer as it's more advanced but once autumn comes in – I'm going to see what else I can go to as well'.*

*'The future? Carrying on much as before and I intend to get involved in voluntary work myself. I've not managed yet. It probably needs someone to call me and say do it or something like this, but yes that's what I'd like to do'.*

*'For me it was a kick start and I managed to get myself less isolated. I just wasn't used to going out anymore. But the Co-ordinator and Andrew were very good. He was very reliable which is really important when you are struggling to trust people and get to know them. He came every fortnight. It really eased me in – I was so used to being isolated and not able to go out that it wouldn't have happened without the support of a volunteer. A good thing to do.'*

*'Keep going to weightwatchers and go to my group and hopefully still go out as much.'*

- Although most participants had moved on in their lives some participants felt they required longer support. Mobility and physical disabilities were a key factor in this requirement for longer term support. As were the lack of age appropriate activities to move onto that were easy to access on public transport and were felt to be non-stigmatising.

*'I don't want it to end yet, don't know what I'd do without my mentor. I'm scared of falling again, that's partly why – my balance is so bad'.*

*'Don't fancy many of those old fogey groups – not really for me, that's what's been good, getting to go out and do things it would be hard to do on your own but although my mentors helped me find things like the university, it is hard as even the club I go to for my breathing is difficult for me to go to. They don't provide help with getting around and I can't walk far so need help with my mobility.'*

*'Need more things for my age though I do get the dial a bus now as thanks to Jean my mentor we got that organised but there are only a couple of things I can go to, that are for older people and near enough, but still it's great as I wasn't getting out of bed before and now I get out twice a week and sometimes more.'*

**'It got me back into what I love...'**  
**'My family can't believe I'm going to university now at my age...'**

## Participant Case Studies

### Participant Case Study 1

Mary was referred to the project by her Community Psychiatric Nurse after she had been isolated for many years. Much of this isolation had resulted from a fall where Mary had broken both of her wrists. Following this fall Mary lost her confidence in going out. Gradually Mary became more and more depressed. She states that she had felt 'suicidal' and had taken an overdose of sleeping pills.

Mary described her life as very lonely and felt that she had lost interest in everything. A typical day involved 'getting up in the morning, sitting having tea and toast and then sleeping all day in front of the television'. Mary felt that life was so hopeless that she just 'wanted to go' and that is what led her to take the sleeping tablets. She felt she was so 'down in the dumps' she would never get out. Then after being referred to the project by her CPN Mary was matched by the Volunteer Co-ordinator with a peer mentor who slowly began to persuade her to go out with her. Initially just to the bins outside her house and then gradually a little further until over time she felt able to get on the Dial a Bus.

After several weeks of gradual progress and much persuasion, Mary was convinced to attend a local lunch club with her mentor. Mary stated that she had been very reluctant to go and needed several weeks of persuasion. When she did attend the club she described this as difficult for her as she felt she wasn't any good at 'mixing amongst strangers'. She stated that she had found socialising difficult over the past few years but that it had got much worse since she had been unable to get out of the house. However, with encouragement Mary decided to keep going along to the club and slowly began to talk more to others and make some friends.

After a few months Mary gained enough confidence to go out on her own using the Dial a Bus service introduced to her by her mentor.

Mary feels that she no longer needs the Brighter Futures service as she is now able to go to all of the clubs on her own after she had the opportunity to go with her mentor and build her confidence.

She regularly goes to the hairdressers, shopping, the dentist and a variety of lunch clubs and is now planning a holiday. She is worried that she may slip back as her daughter has recently been diagnosed with cancer, however, she feels confident that if this does happen she knows that she can 'overcome it' again and that she wouldn't be so reluctant to ask for help in the future.

## Participant Case Study 2

John is 74 and lives with his wife and dog. His isolation is a result of the gradual onset of blindness over a number of years with sudden and complete blindness occurring recently.

John lives in a house where there are a large number of stairs making it very difficult for him to get out of the house now. He has one daughter and a grandchild that he sees occasionally, who are his only contacts alongside his wife, who is his main carer.

Due to John's disability he struggles to cope with his grandchild who is a boisterous toddler and finds the visits stressful at times, although they are infrequent. John is now very seldom able to go out since he became completely blind and describes his day as being confined to the couch and occasionally listening to the radio.

Although John's wife is very supportive she is unable to help him to get out of the house on a regular basis. John was referred along to the project by his GP and has recently been matched with a male mentor. John has welcomed this as he feels he misses male company and he has no other men in his life now.

The peer mentor has been working with John to help him get him out for short walks weather permitting and is trying to organise a new ramp for his stairs to make getting out easier for John in future.

He has also introduced John to audio books, which he describes as being a real life line. John states that he really looks forward to the 'men chats' and catching up about the news and sports. Due to John's mobility and his visual impairment, he has no other social networks and his only other contact are his hospital appointments related to his vision. John doesn't receive any other support service and although highly sociable is unable to have any meaningful social life. Despite this John remains hopeful that in the future he will be able to get out more often.

## Participant Case Study 3

William is a 72 year old man who lives alone but until a few years ago had a very active social life. Before retirement he was a lawyer and worked long hours. Following his retirement, William began to drink more regularly and gradually began to isolate himself, drinking alone in the house.

Once his health reached a very serious crisis point he was admitted to hospital and on his recovery he was referred to the local addiction team. The social worker within the addiction team recognised one of the key issues for William was his loss of a sense of purpose and his isolation and therefore referred him to the project.

William was initially unsure about someone coming to visit him at home but after meeting his mentor he realised that he had much in common with him, including an interest in classical music, arts and culture and both had held similar jobs of responsibility.

William and his mentor met on a fortnightly basis and visited museums and art galleries but also talked about sports that they enjoyed. Gradually his mentor began to introduce William to clubs where he could pursue his interests in music, arts and culture.

With support, William began to reconnect with his old friends and through the clubs and groups that he engaged with he also managed to make a range of new friends. He felt he no longer needed the project and made this decision when he found that he was having to cancel activities to meet his mentor.

He feels in his own words that life is 'normal' again. He hopes in the future to give something back by becoming a volunteer in a similar field himself, as he feels the project helped him turn his life around.

#### Participant Case Study 4

Barbara is a 60 year old woman who lives with her husband and two teenage sons. Her husband works all day and her sons are at college, leaving her alone with only a cleaner for company that she hires a couple of days per week.

Barbara has had one lung removed and suffers from COPD and as a result is breathless on slight exertion. She uses a walking aid for short distances and a wheelchair for longer distances. Until her lung cancer Barbara worked full time and was very active looking after her children.

She has had a life-long interest in arts and crafts but has had no way of pursuing this interest recently. Barbara describes her typical day as sitting on the couch watching TV and occasionally using the computer that her husband bought her to help 'occupy her mind'. She likes to look out of the window but feels that over the years her street has become quieter and quieter.

Barbara's mood has become increasingly low and recently she received treatment for depression within a local community mental health team, who referred her to the project.

At the initial assessment point Barbara stated that her preference would be to have a female mentor, however during the matching process it became clear that one of the male mentors had a real interest in art and might be a good match for Barbara. She agreed to give the relationship a try with some trepidation, however found that she instantly connected with her mentor.

The peer mentor worked with Barbara to begin to explore her interests and supported her to go along to a number of different arts based activities. When her mentor realised the extent of her interest in the arts, he managed to persuade a very sceptical Barbara to look at a university course on still life drawing. After persuasion she

agreed to go along with support from her mentor. After a few weeks settling into the course she began to attend independently and now feels that the course has given her a whole new set of friends and interests.

Barbara still faces some challenges due to her mobility and the cost of taxi travel and the project is now supporting her to look at the possibility of Self Directed Support (direct payments from local authorities to support independent living) to enable her to go to her classes and arts activities independently.



## Volunteer Experience

### Participant Case Study 1

**78% of volunteers felt that their contribution was highly valued with the remainder of volunteers feeling that their contribution was valued. No-one felt that their contribution had not been valued.**

**73% of volunteers found accessing and engaging with the project very easy with only 9% finding this process difficult.**

**The 4 most frequently expressed reasons for volunteering with Brighter Futures were to feel that they had a role that was valued, to help others who were in more difficult circumstances, to meet other people and to find new interests.**

**The other most common reasons were to get out of the house, find out more about mental health, gain a structure to the day and to enhance job prospects.**

- Most volunteers had experienced a point of transition in the recent past, such as bereavement or retirement and described feeling that they had lost their role in life. Many volunteers talked about loss of identity following retirement or the death of someone they had cared for and the lack of a purpose to their day.

*'I was in full-time employment, worked in a bank for 27 years, which involved a lot of travelling. Then I took early retirement .....I was proud to work in a bank but after the financial crisis that all changed and I decided I wanted that feeling back. I decided I wanted to go into social care work through the Church as I'm a church elder and I thought I would see if it was for me by volunteering for Brighter Futures.'*

*'for years I had child-minding, I was always involved and at home with the kids and going to the park and talking, the usual, toy libraries and stuff like that. Then all of a sudden I had nothing. I thought what am I going to do with my time.'*

*'I was looking for a challenge. I was filling my days but was looking for something where I was actually out and meeting people, communicating with people. I had an elderly mother who died and had her own problems. So this [volunteering for Brighter Futures] appealed to me.'*

*'After nursing for all these years, I suddenly wasn't needed by anyone. My children were grown up and my husband had his life but when the care organisation I worked for shut down, I had nothing. I felt life was pointless.'*

- Around half of the volunteers had little or no experience of formal volunteering prior to working with Brighter Futures

*'I had a very limited experience [of volunteering] and it was through a small organisation but it was nothing like this. It was meant to be befriending and I used to go to the person's house but there was no proper preparation or proper matching and it wasn't a success. I wasn't a success for me or the person and it kind of put me off until I found this.'*

*'I had no experience at all except through helping family and through the carers sometimes telling me about some wee lady round the corner that needed a bit of help with forms and my admin skills would come in handy – because I had a computer I would help them. Usually as well some of them got into bother with their phone bills, they didn't understand the options on the phone and I used to go round and help them out. Passing the phone backwards and forwards. I did that but that was just off my own back to be helpful to people. I wasn't like being a volunteer and such.'*

*'I hadn't volunteered before – between work and children, there was never any time and because life was so busy. Working full time and taking work home but no time to volunteer.'*

- Those that had previous experience of volunteering mainly pointed out how different they had found the experience and how beneficial they had found the approach, both with regard to the mental health focus but also the goal orientated mentoring approach. Being able to support other older people and particularly those who were most isolated from within their peer group was highly valued.

*'I worked as an accountant with a big organisation – worked all my life- it was a very pressured job and when I was made redundant I was unemployed for a couple of months and then through a regeneration organisation, I came across Brighter Futures. I immediately like the idea of Brighter Futures for my age – it seemed right – my first choice'*

*'I've got a range of different [experiences] – I thought I was learning peer support before. I've done befriending, befriending and peer support are so different, it's frightening. Befriender becomes someone's friend and peer support you work through things with the person. I found that what I learned through peer support was so different from doing befriending, entirely different. I found that very beneficial.'*

*'Well as I said before I feel I found myself isolated or I could've been. You know going from being really really busy to all of a sudden nothing. Everybody needs structure to their day. I was wakening up in the morning and saying to myself, what am I going to do now? I thought I can't let this continue, I'll end up depressed. So I was going about looking for things to do but I wasn't quite sure what and I had a friend who did befriending. It was for younger people and I thought well I'm more used to working with older people, and in between times I had been widowed and lost my mum. I was very much looking for something to do at that time. Then I was in the library one day and there was the notice. It just felt right.'*

- Many of volunteers described being attracted to volunteering and to this project in particular due to concerns about their own mental health. They felt that they were experiencing poorer mental health as a result of recent losses and life changes, such as retirement and bereavement. Most were experiencing these problems for the first time. Volunteering was described as part of their recovery and a way to give something back.

*'I retired early from teaching at the age of 54, a few months later I was out Christmas shopping and my husband dropped dead, no history of anything. I never thought I would need mental health assistance but I did. I'm now very interested in helping other people.'*

*'I had a mental health breakdown myself and really didn't know what I wanted to do.....when I was introduced to Brighter Futures I thought that sounds good as I thought I want to pay something back.'*

*'I was a trained nurse, I'd trained in hospital and worked twenty years between three children, all grown up now. Then I was in a nursing home and I worked there basically for twenty years. The last nursing home I worked in closed and it totally hurt me much worse than I ever expected and I really took it badly.....my children didn't need me anymore and I felt useless, I really felt useless. I started to feel unwell and went to the doctor and was diagnosed with depression ...I just felt so lonely, I felt really worthless, I so much missed my work...I was jammed in a hole I couldn't get out of, it was like being in a deep hole. Anyway I got counselling and that was brilliant. I had the best part of a year going to counselling and gradually I began to feel a bit better and a bit better, and I read about the Mental Health Foundation in the Living Well magazine and I thought you know there must be many people out there who haven't got the benefit of good friend and counselling like I have and I really just wanted to give something back.'*

- Amongst those that hadn't experienced their own mental health problems having the opportunity to contribute positively to society and to support others that they felt they could relate to was also highly valued.

*'I decided I had got to the age that I didn't need a job that was taking up my whole life and even taking work home every night. I wanted some satisfaction in life and wanted to work with people and make a difference to someone's life. I'm very much a people person.'*

**'This is something I'm proud of, I'm giving something back to society. I love my new job but love this more as it's very rewarding and pleasurable being a volunteer in Brighter Futures, you know you are giving something back and can see the difference you've made to someone's day.'**

- A number of volunteers had previous experience of caring for a loved one and were attracted to the direct support element of the project as a way of being able to use their experience and caring skills to help others.

- Concerns about undertaking voluntary work were reported as many volunteers felt that volunteering might involve very mundane tasks and a lack of respect for their existing skills. Some of those that had previous experience of voluntary work hadn't felt that their skills had been used as well as they could have been.

*'Well I worked in secretarial all my life and then I got made redundant and I thought I'm fed up with secretarial work, I'm looking for something different. But that was a few years ago and my mum had an accident and fell and broke both her wrists so I became a carer until she died and I was really really busy but after she died it was like what do I do now? I used to moan all the time before about needing time for myself. But after it all of a sudden I had all this time and I thought, what will I do? I was in the library one day and saw the advert and I thought, I might be able to do that because I have some experience, maybe not with mental health – until later when my mum took alzheimer's but at least I had an idea. So I just came in and found out about it and it's the best thing I ever did.'*

*'I certainly found that coming from a sort of level of not understanding the input of being a volunteer, I had met these people at college who had told me all the different things they had done and it sounded really interesting. Consequently I think I had been talking about volunteering to different people and some said oh if you do this, you will only be photocopying, if you do this job, it's really boring, you'll be treated really badly if you're a volunteer. That kind of thing. You'll get all the crap jobs to do.'*

*'I wanted something that would be challenging so not kitchens or shops. That's the usual idea isn't it? I wanted training and a good experience that would allow me to move into social care.'*

*'I looked after my partner, still do but it's good to use those skills for helping other people. She's had a hard time but it's given me strength that I can share'*

*'Well it was working in a shop with other ladies that had volunteered for years there. They enjoyed it – it was their world but not for me. I couldn't settle for that – not yet. I thought I was nursing for all these years like Mary there and had a lot to give. I don't mean to be critical, as the ladies there were very nice and seemed happy with the work there and it was nice enough but there had to be more for me than that surely.'*

*'It left a big hole in my life when my husband died. I cried all the time, it was so difficult, but then I thought Betty dust yourself down and help someone else for a change. I think all the work sorting out things for my husband and his problems and that were good for working with the project'*

- The volunteer experience with Brighter Futures was reported positively. Key elements that volunteers had found to be particularly useful about the project were the mental health focus, the goal orientated mentoring approach and being able to support other older people, particularly those who were most isolated from within their peer group.

*'When I first entered into it, I felt quite excited, it's probably calmed down a wee bit, and I thought it was quite doable for me and I felt very appreciated. I've always felt quite welcomed and appreciated. I found it very structured. There have been times along the way, sometimes I've flagged a little bit, because it doesn't come off as quickly as you'd hope, but you have to be realistic I suppose. I found it all very positive, the way we've been received and supported.'*

*'Loved it – hopefully for my participant too. I have a super time with her. I see such a change in her everytime I see her. When we achieve a goal that's fantastic. Don't know whose happiest her or me. I get an awful lot from it. It was fantastic for me when she achieved her first wee goal. Just satisfying seeing her increase her confidence. Imagine how she feels too'.*

*'I find it rewarding and wouldn't be doing it if it wasn't I suppose. I thought it would be from that sense... one thing I get from Brighter Futures is the stimulating conversation that I've had with participants. William the first participant I supported had a real interest and knowledge in the arts and classical music and was a lawyer so we have really stimulating conversations. I'm learning constantly and not just about mental health issues.'*

*'There has been nothing difficult about the project, being particularly well paired with participants is really important. The Co-ordinator has been great sorting out the pairing. She has been really good at that. I wanted to work with men and I have worked with two now, the first made great progress. He did it all, not me, I just helped to bring him out himself and now he's going to all sorts of things. I remember the first visit we stayed in and chatted and then thereafter began to go out a bit at a time, till it got to the point where I couldn't get a meeting with him because he was too busy. He seems really content and so then so was I and I am now working with a new participant and he's married. His wife is long suffering and he will go out with her but only with her, which is a lot for her to manage. But now with me, he has his coat on and is ready to go out – he actually makes his way to the door – a lot to do there still a real challenge before the end of the project. I need to get him to a group or he may slip back. He won't go to old folks groups as he doesn't consider himself that old.'*

- Volunteers attributed a range of life changes to the project including moving onto education, further voluntary work and some gaining new employment.

*I'm looking for work at the moment, something with people, not nursing again, just something part time would be good, I feel I can handle that now'.*

*'I've went to college, oldest in my class but there are some really nice young people there. I'm doing an HNC in social care and its going well'.*

*'I work shifts now as I have got a new job in the care industry. Because of being in Brighter Futures I got a job working with vulnerable people, mostly elderly. Being a volunteer prompted me to look at that side of work. Because of my experience working with people with mental health issues, I felt I could do it and I love it – it's been so positive for me.'*

*'It's hard to work round my new job a lot of 24 hour on call shifts but it's great what I wanted'.*

- A key element volunteers felt had been important to the success of the project and had impacted positively on their experience was the training programme. Volunteers valued the social experience that this had provided in particular the opportunity to meet other people in similar situations and of the same age group. The quality and depth of the training was highly valued with some volunteers also feeling that the quality of the learning experience helped them to gain employment or to access education opportunities through strengthening their CV.

*'I found out about this through the volunteering centre's website and I liked what I saw. I liked that there was a beginning and an end and I didn't want to get into a befriending relationship as how can you ever end that. I liked that this was goal focused. Initial training was absolutely great. A right good group of volunteers from all walks of life with some working and some retired. A great bunch. For someone like me with no formal training it was a real eye opener. Mental Health aspect was brilliant to find out about the causes -a real eye opener and it was clear the project was really worthwhile.'*

*'I thought the training was really good. I thoroughly enjoyed it. It was very interactive and I learned so much from the training and so much was extremely beneficial. I had it at a different venue and that was a great location and lots of fun. We had a super group but so informative. Really professional.'*

- Volunteers felt one of the most successful aspects of the project was the mentoring approach. They appeared to have a clear understanding of the difference between mentoring and befriending, with a generally held view that the mentoring approach had enabled them to see a real change in the lives of the people that they supported. The majority of volunteers felt that they now had a socially valued role and attributed the quality of the experience and professionalism of the organisations involved as being the key factors.

*It's particularly important to have good training as we are aiming for a goal so it was important to have the 6 week training to help us feel confident that we could take people through that process and stay focused on the goal.'*

*'It's so well run and organised and you get all the support you need. You knew before the end of the training that this was going to make a real difference. I'm only working with my first participant at the moment but I can see such a difference already. Really the training is a big part of that and the support you get throughout. You don't always agree with some of the limits, such as whether you can drive the person but once it's explained you understand even if it seems strange to walk to the bus-stop when your car is sitting there'.*

*'We had a lot of discussions about boundaries but it seemed a bit rigid at first but when you start working with people you get it and think right that's why it's important not to give out my phone number – so much thought given to everything. Makes you feel you can do something special with the rest of your life.'*

## Volunteer Case Studies

### Volunteer Case Study 1

Andrew is 60 years old and worked for all of his working life as a banker, however 2 years ago, he took early retirement. He felt that he had always been proud of working for the bank but that had changed after the economic crisis. He therefore felt he could no longer continue in this role and felt that retirement may be the best option for him.

However, following a few months of retirement, Andrew began to feel that his life lacked a purpose and that his days felt very unstructured. In an attempt to address this he began to extend his commitments to his church and in his capacity as a church elder, he began to visit older people at home, which he enjoyed. However, he felt that this did not fully occupy him and he continued to feel that there was a large gap in his life and that he was having great difficulty adjusting to so much free time after working long hours all of his life.

He felt that he would benefit from looking for another job but this would need to involve making a positive contribution to society. He was particularly keen on working within the social care sector and wanted to work within a church managed social care service.

He was aware that he did not have the relevant experience to be successful in applying for such a post and that voluntary work might be the best way to gain this experience. His local volunteer centre suggested several options, but he felt that the one that most suited his work with the church and the one that interested him most was Brighter Futures.

On contacting the service he expressed an interest in supporting a male participant and was matched with William, a man who had recently been discharged from hospital following physical health problems resulting from alcohol abuse. He began to visit William weekly and felt that they had a lot in common,

William had been a lawyer and enjoyed a degree of intellectual debate and an appreciation of the arts and culture.

Andrew supported William for a 6 month period and in that time helped him to re-engage with a range of previous and new interests and to reconnect with old friends. Andrew has now moved onto work with a new participant, who has multiple disabilities.

Andrew has welcomed this fresh challenge and is keen to continue to volunteer in the long term. During his time with the project, Andrew felt he developed a wide range of experience and skills from the training and from the mentoring experience itself and has since secured himself a job within the social care sector, where he undertakes regular sleepovers supporting clients with learning disabilities.

Although he finds this role very rewarding, he continues to volunteer for Brighter Futures as he feels that the volunteering experiences gives him so much personal reward.



## Volunteer Case Study 2

Susan is aged 62 and is one of 3 registered nurses volunteering within one of the Brighter Futures areas. Her career ended when the care home she worked in closed down.

Susan describes this as a very traumatic event, as overnight she lost all of her support networks and purpose in life. In the early days of her redundancy she realised that her husband still led a busy life and her children were old enough to live very independent lives. She felt she was no longer needed by anyone and struggled to find a reason to get out of bed.

After a time she realised that she had developed a depressive illness and sought help from her GP who referred her to specialist mental health services. As part of her journey of recovery she began to explore options within volunteering and initially helped to run a hospital cafe, which she found wasn't particularly rewarding and didn't make the best use of her skills.

When looking for other volunteer opportunities she came across an advertisement for Brighter Futures and decided that although very nervous about making contact with the service, this might be a better way to use her caring skills.

On contacting the service, she immediately felt she had made the right decision and after joining the training programme, she met other volunteers who had been nurses too and she quickly developed friendships within the group.

Susan has worked with a few participants individually but also helped to run group sessions, where she feels her skills are best used. She is now considering part-time work in the caring field but intends to continue to volunteer.

She feels that volunteering with the project has completely changed her life and that she now feels that after experiencing the bleakest point in her life, she now sees herself as having a 'Brighter Future'.

## Conclusion

It was evident throughout our work within Brighter Futures that many older people appear to make few demands for support and their needs are therefore often overlooked by service providers as a result. As we found, this is not an indication that they do not need or want support but rather that many are invisible, trapped in their own homes and are therefore unable to connect with and influence service developments that could make a difference to their lives.

There is much debate about meeting the challenges of 'our ageing population' but seldom within this debate do we hear the voices of these older people. This lack of visibility adds a further layer of disadvantage to those who are already encountering significant challenges. Within Brighter Futures we found that many older people had limited expectations of life and were often very grateful for any small level of service received. This was particularly true of the oldest people that we worked with. Older people are often described as coming from a more 'stoic' generation who know how to make do. However, this stereotyping often serves as a barrier preventing us from taking the time to engage with people who are isolated and finding out the reality of their lives.

Within Brighter Futures we worked with many people whose quality of life was unnecessarily and unacceptably poor, who told us that they lived their lives on the couch with television as their main source of company.

In the first year of the project one of the challenges for our project team was in accessing isolated older people. We found that the most isolated people were the hardest to reach, due in part to low levels of contact with staff who could act as referral agents but also to the lack of understanding amongst many service staff of the emotional toll of problematic isolation. Often the focus within service provision is in meeting the practical support and healthcare needs of older people not reducing isolation. Much of this appears underpinned by age discrimination, which is embedded

not only within services but across society as a whole. Later life is viewed by society as a time of loss and transition from an economically productive working life into a passive phase of retirement, with little hope for any new gains or achievements. It is not surprising then that services for older people predominantly focus on deficits rather than assets.

As people grow older there are of course a number of losses that are a reality, exposure to bereavement increases and retirement often brings with it a reduction in income and loss of structure, status and identity.

Deterioration in health, through long-term conditions or illnesses such as dementia can create real barriers to living a full life. Many older people do encounter significant challenges in relation to their mobility, physical and mental health, which can be compounded by other factors such as poverty. These are difficult challenges for any service model to grapple with but even within the short period of available support Brighter Futures participants were able to move on to new phases in their lives.

Within Brighter Futures evaluation we found that the majority of participants were able to re-engage with community life with a low to moderate level of support, overcoming barriers such as a loss of confidence, fear of falls, mobility and transport issues. The average length of support required was notably less than one year.

As Brighter Futures has shown it is therefore entirely possible to develop services that are able to work alongside people in their own homes, supporting them at their own pace to overcome the challenges that they encounter. Key findings were that providing support to explore interests, consider options and set goals was an important feature of the Brighter Futures model alongside the peer relationship. This enabled participants to think about what might be possible, whilst having the support from another older person to gradually take those first steps. Having a peer with them every step of the way appeared to be

one of the most valuable aspects of the project. Participants told us that they felt understood and that their mentors were often very supportive, patient and reliable.

Peers were seen to act as positive role models and by sharing their own achievements and aspirations, were viewed as inspiring by participants. Participants felt that being supported by someone who had 'walked the talk' helped to motivate them to take risks and try new things. Some participants considered becoming volunteers themselves as a result of their positive experience and felt that once they had regained their confidence, they too could 'give something back'.

This role as mentor was also highly valued by volunteers who felt that they were contributing positively to society and had a role that was valued. Many talked about themselves as 'mentors' clearly taking on a new identity. This new identity was seen as being very helpful in supporting them through difficult life transitions such as retirement. Many volunteers told us that prior to the project they had been worried about their own mental health.

The project therefore appeared to play an important role in promoting wellbeing and working to prevent mental health problems amongst volunteers as much as participants. Very much demonstrating an effective way to intervene early to prevent poor mental health in older people following major life changes. However, many volunteers told us that Brighter Futures had felt unique in its approach and that there were few opportunities available to older people that enabled them to make active contributions to their communities and take on new positive identities.

Two of the key differentiating factors determining whether an older person engaged with the project as a volunteer or a participant was age or health. Many volunteers told us they had experienced low mood and loneliness, however the majority of volunteers were between the age of 50 and 65 and in relatively good physical health with participants mainly aged

over 65 and often living with a long term condition or disability.

Many participants were able to move on from the project within a short timescale, however there were other participants that needed longer term support. These were often people that had significant mobility, mental or physical health problems who continued to have difficulty leaving the house independently.

Although the mentoring approach worked very well for most participants, the goal orientated approach could be limiting for people whose health makes it difficult or impossible to regain a greater level of independence.

Towards the end of the project the volunteer co-ordinators worked to ensure that all participants that hadn't moved on from the project were able to receive a longer term service. However, there are clearly a limited number of befriending or similar services available that are designed to provide longer term support for older people to engage with community life.

As a result older people who cannot leave their houses independently or work towards this remain consigned to living unacceptably lonely lives. If the balance of care is to shift from residential to community based care it will be essential that these issues are addressed.

The recent report on the future of public services in Scotland by the Public Services Commission acknowledges this failure of services to support independent living. The Commission recommends investment in prevention and early intervention and argues that a failure to do so will increase the demand for public services in the longer term – 'failure demand'.

The Commission states that substantial reform is needed and that services often tackle symptoms not causes, leading not only to 'failure demand' but worsening inequalities. They found that many services maintained dependency and failed to build personal capacity or to support

independent living (Public Services Commission, 2011).

Within the wider community there remains a general lack of awareness about the reality of many older people's lives. This was apparent when engaging with potential referrers and community resources. Within communities there are many resources that older people can use with initial support to help them access these. However, there are few resources aimed specifically at the needs and interests of older people, leaving

many older people feeling that these resources are 'not for them'.

Throughout the project the mentors and volunteer co-ordinators had to work closely with community venues and organisations to address barriers to access and to raise awareness of the needs and interests of participants. Volunteers often undertook a lead role in networking and speaking at events helping to raise the visibility of older people within the community.

## Recommendations

- Services should be developed that focus on the needs of those most isolated within our communities. Many participants within Brighter Futures were able to make significant changes in their lives as a result of the peer mentoring approach adopted within Brighter Futures. There is therefore a need to develop service models that provide support which is built on peer relationships, is goal orientated and solution focused and is flexible enough to engage with people in their own homes. These services need to move beyond practical and health care support to address the wider emotional needs of older people by working to promote social connectedness.
- There needs to be new ways of thinking about ageing and later life. Even when facing the challenges of living with a life limiting condition, there are often new skills and experiences that can add real quality to people's lives as has been evidenced within this report. Services need a fundamental refocus where the starting point for many older people is to promote opportunity alongside preventing deterioration, investing early in helping to build resources, maximise strengths and harness assets will reduce the burden on health and social care further down the line.
- Older people that require longer term support to remain socially connected, such as people with dementia or who have physical disabilities that impair mobility should have access to home based services that are not time-limited such as befriending. They require access to services within the community that are non-stigmatising but have higher levels of support built in, such as supported group activities within community venues. Within Brighter Futures community hubs were developed where a range of older people came together to socialise but also to offer support to those who required it creating an inclusive collective environment.
- Older people who experience mental health problems should have equal access to mental health service including the range of psychological therapies. Age should not pose a barrier to accessing specialist support.
- Greater opportunities should be developed to enable older people to 'give something back' and contribute positively to their communities. Volunteering opportunities should be developed that take account of the importance of having a socially valued role and should aim to enable older people to create new positive identities for themselves following retirement. As evidenced in this report, many older people are finding themselves in the transition to retirement at a younger age and the experience of many of the Brighter Futures volunteers has been that they have had to take early retirement for a range of reasons, including the current economic crisis. As a result people are finding that they are leaving work in their 50's and have potentially many years of active life in front of them. When provided with the opportunity many volunteers within Brighter Futures developed new interests, accessed education, contributed further as a volunteer or moved onto a new form of employment. Meaningful opportunities and supportive structures are required to enable people to make these transitions successfully. In rising to the challenges of our ageing population – we need to enable older people to become part of the solution. Later life need not be a time only of loss, it can also be a time of achievement, new opportunities and gains.
- Brighter Futures has produced a peer mentoring training resource which has been modified throughout the life of the project and has received very positive feedback from volunteers. This training has taken traditional mentoring approaches and learning from existing peer support models

such as those from within mental health services to create a training programme that meets the needs of older volunteers and is focused on the support needs of isolated older people. There is potential to mainstream this model to support the development of services that are more responsive to the needs of older people.

- Local authorities and community planning processes need to ensure that community resources are accessible to people in later life. Brighter Futures was not designed to explore community accessibility and therefore detailed recommendations are outside of the scope of this project and would require a separate significant programme of work but from the experience of working to support older people to engage with community life within Brighter Futures some of the barriers that emerged and need to be addressed include:

- *Accessibility* – there are still major challenges accessing many community venues for older people that have mobility problems. Within many community resources the workforce has varying levels of awareness around communication challenges, memory loss, visual impairments and hearing loss. Training and development programmes should be developed that raise awareness of the challenges that older people encounter but also of their potential contribution. These programmes should help community organisations to equality impact assess their venues and activities in relation to age.

- *Age discrimination* – older people told us clearly that often community resources feel as though they are ‘not for them’. Older people need to be supported to participate fully in community life and be visible within their communities. A starting point would be to support the development of activities and programmes that are relevant for older people and that are shaped/co-produced by older people themselves. This will require older people’s involvement in planning processes.

- *Transport* – transport issues remain difficult for many people living in more rural communities, which was apparent within two of our project sites. Even where this exists it can be limited in terms of availability. The majority of participants within Brighter Futures had mobility issues and without access to appropriate community transport will have limited options to engage with community life independently. This could become an even greater issue as welfare reform changes impact and there is a danger that fewer people have access to benefits that support mobility.

- Most importantly, *Reforms* - within public services and developments to reshape older people’s services need to ensure that **all** older people can have an equal voice in creating the future. Efforts to increase co-production within communities need to ensure that older people and particularly those most disadvantaged are enabled to participate as equal partners.

**“How have  
I found my  
experience as  
a mentor – well  
just simply I  
would have to  
say without a  
doubt that it’s  
given me a much  
‘Brighter Future’”**

**- Brighter Future’s  
volunteer mentor**

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The **Mental Health Foundation** is a UK-wide charity that carries out research, campaigns for better mental health services, and works to raise awareness of all mental health issues to help us all lead mentally healthier lives.

### **Seniors Together**

As one of the UK pilot areas for the Better Government for Older People (BGOP) programme launched in 1998 as part of the modernising government agenda, older people in South Lanarkshire have been actively engaged with public sector partners in programmes, dialogue and in increasing democratic participation. Seniors Together is the successor of BGOP and has taken the involvement of older people in their communities to the next level. It is an active partnership of older people and public services, co-ordinating regular older people's assemblies and acting as a catalyst for older people to become active in their communities.

**Glasgow Association for Mental Health (GAMH)** promotes the mental health and wellbeing of people in Glasgow. It provides services that assist people with, or who are recovering from, mental health problems to live the lives they want to live. GAMH also supports their carers.

### **RAMH (formerly Renfrewshire Association for Mental Health)**

was founded in 1978 by a group of service users, carers and workers who individually and collectively had taken a keen interest in highlighting the needs of people experiencing mental health difficulties.

The Association has developed since then, but retain as a founding principle, the desire to increase awareness and understanding of mental ill health throughout the community. RAMH's vision is to deliver services to individuals and their families in their local community, to enable recovery from mental ill health and promote well-being.

## Mental Health Foundation

Sea Containers House  
20 Upper Ground  
London SE1 9QB  
United Kingdom

Telephone  
020 7803 1100  
Fax  
020 7803 1111

Email  
[info@mentalhealth.org.uk](mailto:info@mentalhealth.org.uk)  
Website  
[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Registered Charity No.  
England 801130  
Scotland SC039714  
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# changing minds

