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Coverage
Great Britain
Theme
Health and Care

Mental health of older people

One in ten people aged 60 to 74 living in private households in Great Britain (10 per cent) had a common mental disorder (such as anxiety, depression and phobias) according to a survey report* published today by the Office for National Statistics.

Common mental disorders were strongly associated with disability. Over a third of people interviewed (37 per cent) had difficulty with one or more of seven common activities of daily living (ADLs), (for example, personal care, household work, getting out and about), and the likelihood of reporting difficulties rose steadily with increasing severity of symptoms of common mental disorder.

Difficulties with ADLs increased were also associated with long-term physical health problems. However, at every level of physical ill-health those with mental disorder were more likely than those without to have difficulty with at least one ADL.

This report is also the first in the UK to examine systematically cognitive impairment in older people. One sixth of those aged 60 to 64 rising to one quarter of those aged 70 to 74 were relatively impaired in standard tests of memory and concentration. While very few would be suffering from dementia, those with impairment were much more likely than others to experience difficulties with most ADLs.

The report is part of a series based on a survey of psychiatric morbidity among adults in private households that was carried out in 2000 by the ONS on behalf of the Department of Health, the Scottish Executive and the Welsh Assembly Government.

***The Mental Health of Older People**

The Stationery Office. £37.50. ISBN 0 11 621660 3.

Available free on the National Statistics website:

www.statistics.gov.uk/statbase/Product.asp?vlnk=10499

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The report focuses on the mental health of older people, those aged 60-74. It examines the distribution of common mental disorders, such as anxiety and depression, and cognitive functioning among people of that age group and their impact on level of functioning and use of social and health services.

Other key findings from the survey include:

- Women aged 60 to 74 were more likely than men to have a common mental disorder (12 per cent of women compared with eight per cent of men).
- The likelihood of a common mental disorder decreased with age, but this was much more pronounced in men than in women. Among men, 13 per cent of those aged 60 to 64 years, compared with just five per cent of those aged 65 to 69 years, and six per cent of those aged 70 to 74 years had a common mental disorder. Among the women the corresponding figures for each age group were 13 per cent, 12 per cent, and 11 per cent respectively.
- The likelihood of a common mental disorder increased steadily with decreasing household income. While just one in fifty people (two per cent) with a weekly income of £500 or more had a disorder the prevalence increased to about one in seven respondents (15 per cent) with an income below £200.
- Being in receipt of the types of state benefit that are either means tested, or contingent upon disability, was associated with a greatly increased likelihood of having a mental health problem.
- People were asked about their use of a range of services for both physical and mental health problems. The General Practitioner service was the most commonly used community based service. Almost three-quarters of all respondents (72 per cent) had visited their GP about a physical complaint in the year before interview, and about one in twelve (eight per cent) had visited with a mental or emotional problem.

- Respondents with mental health problems were more likely to use most services, whether the consultations were ostensibly for physical or mental health problems. People with common mental disorders were more likely than those without to have consulted a GP about a physical complaint in the year prior to interview, (90 per cent compared with 70 per cent), or a mental problem, (30 per cent compared with five per cent).
- About one out of five (19 per cent) of all respondents showed signs of cognitive impairment, and there was no difference between men and women in likelihood of doing so.
- The likelihood of having cognitive impairment increased with age. Among men, the likelihood of showing signs of cognitive impairment remained constant in the 60 to 64 years and 65 to 69 years age groups (16 per cent), but was significantly higher among those aged 70 to 74 years (25 per cent) than in the younger age groups. Among women, the increase in the proportion with cognitive impairment occurred at an earlier age. About one out of seven women (16 per cent) aged 60 to 64 years showed signs of cognitive impairment but this increased to over one out of five women (22 per cent) aged 65 to 69 years, and one in four women (26 per cent) aged 70 to 74 years.
- The likelihood of being assessed as having some cognitive impairment decreased with increasing level of education and with increasing household income.
- People with evidence of cognitive impairment were more likely than those without to have difficulty with at least one activity of daily living, (52 per cent compared with 34 per cent). This difference was observed at all levels of physical health problems.

BACKGROUND NOTES

1. The survey was carried out between March and September 2000. One person aged 16 to 74 in about 12,600 randomly selected households in England, Scotland and Wales was asked to take part in the survey and just over 8,900 agreed to take part and completed an interview, a response rate of just under 70 per cent. The survey was a repeat of a survey carried out in 1993 (Meltzer H, Gill B, Petticrew M and Hinds, K. (1995) *OPCS Surveys of Psychiatric Morbidity in Great Britain, Report 1: the prevalence of psychiatric morbidity among adults living in private households*. HMSO: London). In addition to the disorders covered in 1993, the current survey assessed personality disorder, for the first time in a national household survey in Great Britain, and intellectual functioning. In 2000, the upper age limit for the survey was increased from 64 to 74 years, computer-assisted interviewing was used instead of paper and pencil questionnaires, questions on service use were extended and there were also some changes to the way in which substance misuse was assessed.
2. The survey used a two-stage approach to the assessment of mental disorders. The first stage interviews were carried out by ONS interviewers and included structured assessment instruments for measuring neurotic symptoms and disorders and alcohol and drug misuse and dependence. These interviews also contained screening questions for personality disorder and psychosis as well as covering a range of other topics, such as service use, risk factors for disorder and background socio-demographic factors. A sub-sample of people were then selected to take part in a second stage interview to assess psychosis and personality disorder, the assessment of which requires a more detailed interview than was possible at the first stage and some clinical judgement. These interviews were carried out by specially trained psychologists, employed by the University of Leicester and under the direction of Professor T. Brugha. Of the 1036 people selected 874 (84 per cent) had agreed to be recontacted and, of these, 638 (73 per cent) completed an interview.
3. **Common mental disorders**, sometimes called neurotic disorders or depression and anxiety disorders, are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which are present to such a degree that they cause problems with daily activities and distress. The prevalence of common mental disorders in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A CIS-R score of 12 or above is considered to indicate the presence of common mental disorder.

4. **Cognitive functioning** and impairment was assessed using the following three measures:

- The TICS-m: a short measure to screen for dementia
- The Animal Naming Test: a test of verbal fluency (VF)
- The National Adult Reading Test (NART): a measure of crystallised intelligence.

Cognitive function is the measured performance on any test of higher intellectual function, such as memory, attention/concentration, reasoning or mental speed. **Cognitive impairment** is defined as relatively poor function on one or more of these tests. In older age groups this category includes people with clinical dementia (cognitive function which has declined to a sufficient extent to impair activities of daily living), but will also include people with more mild cognitive decline and those whose cognitive function has been low throughout adult life. In any research study, there will also be some people with 'normal' cognitive function who for one reason or another score within the 'impaired' range for a test on the day it is administered. There is no absolute division between 'normal' and 'impaired' scores for cognitive tests. Any definition of cognitive impairment is based on a cut-off point for a particular test. A TICS-m score of below 21 is considered to indicate possible cognitive impairment.

5. Details of the policy governing the release of new data are available from the press office.
6. National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. © Crown copyright 2003.