Mental Health Access for Older Adults in Southampton

insights from lived experiences

EXECUTIVE SUMMARY

Most existing research on older adults' access to Mental Health Services relies on quantitative methods, which often overlook the depth and complexity of lived experiences. In contrast, this policy brief draws on a study employing a qualitative design based on in-depth interviews, which allowed for a more nuanced understanding of personal and social dynamics that influence access.

Older adults are significantly underserved in Mental Health Services (MHS) access (NHS, 2025; Sharland et al., 2023). Data shows that 11.5% over 65 in Southampton have mental health issues (Southampton Strategic Assessment, 2025) but it is unclear how the access rate is. This policy brief shares findings from a qualitative study involving in-depth interviews with four older adults (65+) who have used MHS in the city. Using a life-course perspective and the Network Episode Model (NEM), the study reveals how access is shaped by individual experiences, social networks, and system responsiveness. Key barriers include limited recognition of mental health problems, ongoing stigma, and a fragmented health system. Facilitators include supportive GPs, peer influence, and mental health literacy. To enhance access, policies must prioritise integrated care, stigma reduction, and improved communication about services.

This brief is based on a study conducted by Jana and Heuser (in submission), which explores older adults' lived experiences of accessing mental health services in Southampton. It complements findings from a policy brief by Wang (2024), who identified systemic issues including long wait times, digital exclusion, and insufficient funding, as well as a strong preference among older adults for face-to-face, personalised care.

UNDERSTANDING THE PROBLEM

Barriers and Facilitators to Access

Recognising the Problem and Knowing Help Exists

Older adults often delay MHS due to difficulty identifying symptoms. Many understood their condition only after talks with GPs or professionals. Awareness of treatments and access routes remains a major barrier.

Destigmatisation through Social Contact and Media

Stigma persists but attitudes are improving via public discourse and media. Sharing stories in safe spaces (e.g., churches, peer groups) fosters acceptance and openness.

The Need for Integrated, Holistic Care

Services are often fragmented, with medication given without social or emotional support. Impersonal care and poor follow-up limit effectiveness. Older adults prefer services recognising social needs and history.

These findings align with Wang (2024), who also noted that misinformation, stigma, and poor accessibility limit older adults' use of mental health care in Southampton.

Insights from Southampton's Study

Although Southampton provides many mental health services (e.g., via the City Council directory), older adults still face barriers in navigating and accessing them. Understanding these barriers from service users' perspectives is crucial.

- All participants used NHS services; some also accessed private care.
- GPs were key in validating emotions and providing referrals.
- Positive experiences encouraged re-engagement; negative or impersonal ones discouraged it.
- Stigma reduction came through shared experiences in community/religious groups and media.
- Social connection was both a motivator and an outcome of seeking care.

Recommendations and Suggested Focus Areas

Promote Mental Health Literacy Across Generations

- Inform older adults, families, and community leaders about symptoms and resources.
- Equip GPs with communication tools tailored to older adults.

Sustain and Expand Anti-Stigma Campaigns

- Encourage storytelling and lived experience sharing in older adult communities.
- Support campaigns via TV, radio, and community/religious organisations.

Strengthen Community-Based Support and Funding

- Expand community hubs, tailoring services to older adults' preferences (Wang, 2024).
- Advocate for dedicated funding for integrated, personalised care.

Enhance Integration and Coordination of Services

- Improve collaboration between primary care, mental health, and social services.
- Offer hybrid models that maintain emotional connection with consistent providers.

Adopt a Gerontological Perspective in Service Design

- Respect older adults' views on mental health.
- Implement holistic models integrating biological, psychological, and social needs.

NEXT STEPS FORWARD

Expand Participatory Research

Support further qualitative studies that include older adults not currently accessing MHS, and their social networks, to build a broader understanding of invisible barriers.

Develop a Larger Quantitative Study

Build on this work by conducting a larger study using quantitative methods to assess mental health access and needs in later life more broadly.

Deepen Community Engagement

Continue discussions with those affected by mental health issues and local mental health networks to explore effective methods for identifying and supporting older adults in need.

Monitor Progress Transparently

Establish local tracking systems that report on older adult MHS access rates, wait times, and satisfaction, with mechanisms for public input.

Strengthen Funding Partnerships

Encourage cross-sector partnerships and apply for grants that can sustain community-based mental health initiatives tailored to older populations.

References

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