

FC12: Ageism and mental health stigma: key barriers to accessing mental health services among Peruvian older adults

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Objective: To explore barriers towards mental health services for older adults with symptoms of depression and/or anxiety in a low-resource community in Lima, Peru. We explored these barriers from the perspective of older adults and health providers.

Methods: We conducted an interview-based qualitative study. The first set of interviews was carried out between October 2018 and February 2019, and the second, between January 2022 and September 2022. In the first sample, we interviewed 38 older adults ≥ 60 years with symptoms of depression (Patient Health Questionnaire-9 ≥ 10), anxiety (Beck Anxiety Inventory ≥ 16), or those who had previous experience using formal mental health care irrespective of current symptoms. In the second sample, we included 20 health providers (8 psychologists, 2 general practitioners, 2 nurses, 4 psychiatrists, 4 social workers). We used an inductive thematic data analysis.

Results: We identified two main barriers: stigma towards mental health conditions and care, and ageism. Stigma and ageism interacted with each other and exacerbated other barriers to mental health services. Stigma led to negative labels for people with mental health conditions and shame among older adults to disclose their feelings to health providers. Looking at the health system, health care facilities were described as not being age friendly. Additionally, aside from psychologists and psychiatrists, most providers mentioned little previous training in mental health care, but even less about the nuances of treating mental health challenges in old age. Among older adults, other important barriers were the accumulated mistrust towards health professionals and lack of knowledge about existing services and how they work. Importantly, older adults mentioned competing priorities, for example, not having time to seek care because they needed to work to obtain food. Other barriers included hidden costs incurred for transportation to health centers or to obtain medications. For older adults with diminished physical mobility, lack of accompaniment to attend health appointments was another important barrier.

Conclusions: Community-based mental health interventions towards older adults need to address ageism and mental health stigma to improve access to care. Furthermore, training for health providers must be improved and expanded to prioritize older adult mental health care.

FC13: A qualitative exploration of older people's lived experiences of homelessness and memory problems – Stakeholder perspectives

Authors: Penny Rapaport, Garrett Kidd, Martin Knapp, Jill Manthorpe, Caroline Shulman, Gill Livingston.

Background: The numbers of older people experiencing both homelessness and Alzheimer's disease and related dementias are growing, yet their complex health, housing and care needs remain undelineated and unmet. Older people experiencing homelessness have high levels of memory and cognitive impairment relative to stably

housed age equivalent populations. In this study we aim to address a critical gap in understanding what can improve the care, support and experiences of older people experiencing homelessness with memory and other cognitive impairments.

Objectives: To explore how stakeholders understand and experience memory problems among older people experiencing homelessness. We consider what they perceive to be meaningful outcomes for those living with memory problems and those supporting them and what gets in the way of achieving good care and support for these individuals.

Method: We conducted reflexive thematic analysis of qualitative interviews (n=49) with 17 older people (aged ≥50 years) experiencing memory and other cognitive problems and homelessness, 15 hostel staff and managers, and 17 health, housing and social care practitioners working in England.

Results: We identified four overarching themes. The population is not taken seriously; you ‘can’t see the wood for the trees’; risk of exploitation and vulnerability; and (dis)connection and social isolation. The transience of homelessness intensified the disorienting nature of memory and cognitive impairment. Older people experiencing homelessness and memory problems fall through gaps in service provision further fragmenting their lived experiences and intensified by cognitive difficulties. Those providing direct and indirect support required flexibility and persistence to advocate, provide care and safeguard individuals, with staff moving beyond traditionally commissioned roles to advocate, provide care and safeguard individuals.

Conclusions: Efforts to meet the needs of older people living with Alzheimer’s disease and related dementias and experiencing homelessness must reflect the complexity their lives and current service provision. These findings have been used to co-design a psychosocial care and support intervention for hostel staff to be tested in a feasibility trial.

FC14: Measuring the prevalence of sleep disturbance in people living with dementia in the community. A systematic review and meta-analysis

Authors: Penny Rapaport, Tala Koren, Lucy Webster, Emily Fisher, Gill Livingston

Objectives: Sleep disturbance affects all aspects of mental and physical functioning and quality of life and may lead to or worsen Alzheimer’s disease. Sleep disturbances in people with dementia living at home predicts care home admission and carer distress. Estimates of the prevalence of sleep disturbance vary, and it is unclear how prevalence rates differ according to setting. We conducted the first systematic review and meta-analysis on the prevalence of sleep disturbances in people living with dementia in the community. We aimed to examine demographic predictors and whether overall prevalence has changed over time.