



New service models must meet the mental health needs of older people

By Kitty Clark-McGhee | 7 January 2026

An ageing NHS must prioritise psychological wellbeing, adapting services to later life realities to improve outcomes, inclusion, and system sustainability

The impact of an ageing population on the NHS is well understood. Demand continues to rise, resources remain constrained, and the complexity of need increases year on year. These pressures are most often discussed in relation to physical health and social care capacity. Less attention is paid to psychological wellbeing in later life, despite its influence on outcomes across the system.

Mental health services and workforce models have historically been developed around working-age adults. This history continues to shape how care is delivered, even as services move towards more integrated or “ageless” provision. While these models aim to improve access and consistency, they do not always reflect the circumstances of later life, where physical illness, cognitive change, and reduced mobility are common.

In practice, services that accommodate these realities tend to focus less on speed and throughput and more on enabling engagement. This may involve allowing additional time to build trust, offering continuity of contact, or providing home-based appointments when clinic attendance is difficult. These are not radical changes, but they often determine whether care is accessible in a meaningful way.

Professionals working with older adults face a gap between service expectations and reality. Mainstream teams operating at pace can find it difficult to adapt brief or

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manualised interventions for people managing multiple health conditions.

Digital delivery, while effective for many, is not always the “best fit” in later life without support or alternatives – this may change as generations age, but, for now, issues of digital literacy will significantly impact inclusion in an increasingly digitised NHS. Where flexibility is limited, older people may be discharged early or described as unsuitable for intervention, even when psychological need remains.



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Services that respond more effectively tend to treat this as a design issue rather than an individual one. Adjustments to engagement models, for example, adapting appointment length or location, can reduce repeated referrals and prevent escalation into crisis. Over time, this can lessen reliance on acute and emergency care, supporting system flow.

Working with the wider network

The psychological needs of older people are also closely linked to the wellbeing of those around them. Family members, informal carers, and care staff often provide significant emotional and practical support. When these networks are under strain, risks increase, including breakdown in care arrangements and avoidable hospital admissions.

Some of the most sustainable approaches recognise this interdependence. In care home settings, for instance, teams supported to understand behaviour as a communication of distress (rather than “challenging behaviour”) often

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In practice, psychologists are already leading the way in delivering such work, working with teams to build on their existing skills through reflective discussion and shared formulation, rather than additional specialist input.

Across settings, progress in meeting psychological needs in later life is more often associated with small, practical adjustments than with new programmes. Services that use specialist older adult expertise to support mainstream teams through consultation, supervision, or joint working often find that this improves confidence and consistency without increasing workload.

Similarly, recognising support for carers as part of preventive care can reduce crisis demand later on. These approaches reflect a broader shift in how psychological wellbeing is understood within the system; not as a separate strand of care, but as something that underpins physical health outcomes, independence, and service use.

Meeting the psychological needs of older people does not require new service silos; it requires attention to how care is experienced, and a willingness to adapt existing models to better reflect later life. Older adults continue to benefit from psychologically informed support, and systems that acknowledge this are better equipped to manage demand and deliver sustainable care.

As the population continues to age, meeting psychological needs in later life becomes a shared responsibility across the NHS. How effectively this is addressed increasingly influences both individual outcomes and system performance.

