International Longevity Centre UK

Latest news

ILC Friday three

- Mental health - will more women in public health mean it matters more?
- Universal health coverage - what it means for low- and middle- income nations
- The 10-year plan - how can we create an NHS fit for long lives?

Mental health - will more women in public life mean it matters more?



Our latest report, *Mind the Age Gap: Making Mental Health Matter Across the Life Course*, focuses on how we can prioritise mental health throughout life. The picture is not encouraging. One in eight of us will live with a mental health condition. Half of us will experience some form of mental health condition during our lifetime, and as we live longer, this likelihood increases.

A key finding of the research, supported by Boehringer Ingelheim, was that ageism creates barriers throughout our longer lives. The binary distinction between young and old is reflected in who can more easily access treatment and referrals, and who faces more obstacles. This undermines the person-centred approach to mental healthcare that many countries and international organisations praise as the gold standard.

Despite this gloomy scenario, the policy discussion we organised on the report was surprisingly positive. According to Professor Lord Richard Layard, the biggest reason for optimism is the changing public attitude towards mental health. People are now far more willing to discuss these issues, and this shift will ultimately drive policy change. Additionally, he said that *"the increasing representation of women in public life – who have historically been more open about discussing emotions and mental health – will contribute to positive progress."* While we're hopeful this is the case, we felt that this statement deserved some level of unpacking.

Evidence suggests that women are more likely to talk about their feelings and seek support, which can help protect mental health. However, sex and gender play a significant role in shaping mental health and the likelihood of developing mental health conditions. Women often face a higher risk of mental health issues, such as anxiety and depression, compared to men. For example, depression is a major cause of disability worldwide, accounting for over 40% of disability in women compared to just under 30% in men.

This disparity arises from a combination of biological, social, and environmental factors. Key social determinants – such as gender roles, discrimination, economic challenges, and exposure to violence – play a major role in shaping women's mental well-being. Rigid societal expectations, domestic and sexual violence, and the pressure of balancing multiple responsibilities further increase vulnerability.

Additionally, women often juggle multiple roles, from caregivers to professionals, and face greater expectations regarding their appearance, emotional labour, and nurturing qualities. These pressures, alongside higher rates of discrimination and lower economic security, contribute to poorer mental health outcomes.

Access to healthcare is another challenge. Implicit biases in medical treatment can lead to women being either overtreated or undertreated for mental health issues. In some countries, restricted communication and social stigma make it even harder for women to seek support.

In recent years, particularly in countries like the UK, more of us now feel able to talk openly about mental health. Between 2009 and 2019, the charity Mind found significant positive increases in men's help-seeking behaviours and their ability to speak openly about their mental health. However, worryingly, according to the Office for National Statistics (ONS), three out of four people who take their own lives are men. In 2023, the suicide rate among men aged 45 to 64 years was the highest since 2010, at 22.4 deaths per 100,000.

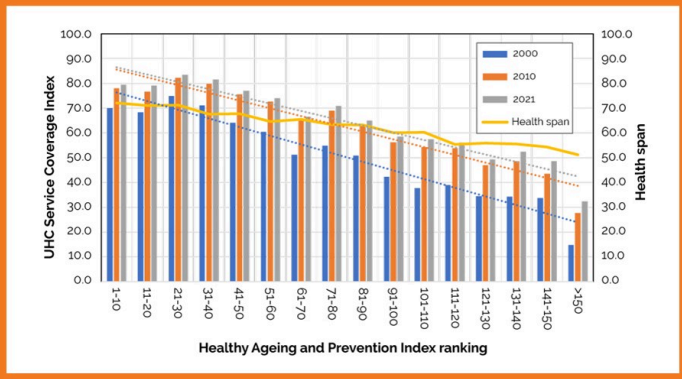
Across all groups, poor mental health can be devastating and poses a huge barrier to realising the opportunities of longer lives across the globe. Poor mental health can arise at any time, and adverse events in childhood stay with us for life. The good news is that with the right support, people can live well even with serious mental health conditions. However, we need targeted, personalised support at all stages of life. As Baroness Margaret Ritchie emphasised in the discussion, *"Government policies must prioritise mental health services across all age groups to ensure that treatment and care remain central to healthcare and social policy."*

Other speakers included Marion Devaux, Health Policy Analyst at the OECD; MEP András Kulja, Vice-Chair of the Committee on the Environment, Public Health and Food Safety; and Professor Tsuyoshi Akiyama, President of the World Federation for Mental Health. You can watch the webinar here and download the report via the button below.

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Universal health coverage - what it means for LMICs

LMICs have seen a 60% increase in UHC and inequalities have reduced by 25%



Last week, we launched our work on universal health coverage (UHC) in low- and middle-income countries (LMICs), supported by Amgen.

Over the last two decades, access to universal healthcare in LMICs has increased by 60%. This has led to a 25% reduction in healthcare inequalities between LMICs and high-income countries. However, high-income countries still outperform LMICs by 22 percentage points.

The world is ageing rapidly: by 2050, the number of older people will more than double to 2.1 billion, with 80% living in LMICs. These countries urgently need investment in healthy ageing – not only to improve lives but also to boost economic growth, with potential returns of $3.2 trillion.

Using our Healthy Ageing and Prevention Index, we found that countries investing in UHC are better prepared for ageing populations. Countries with stronger UHC systems have longer healthspans and lower rates of non-communicable and infectious disease mortality.

In partnership with HelpAge International, we conducted focus group discussions with older adults in Rwanda, Zambia, and Mongolia. We found that physical barriers, high costs, systemic infrastructure gaps, and ageism all hinder older people's access to healthcare.

Governments must take steps to address the challenges of demographic change if they are to further improve healthcare access. That's why we're calling for:

- Strengthened national healthcare systems to ensure accessing care does not become a financial burden.
- Increased investment in primary health services, where 90% of healthcare, including vital preventative services, can be delivered.
- Comprehensive measurement of healthcare outcomes across all age groups, including older adults.

However, global aid budgets that support much of UHC in LMICs are being cut. The US has frozen and threatened to withdraw aid, and this week the UK Prime Minister announced a reduction in the international development budget – from 0.5% to 0.3% of GDP by 2027 – to increase defence spending. This threatens to reverse years of progress and puts the health of millions at risk.

The report was launched at a webinar featuring an insightful and expert panel, including Dr Pamela Cipriano, ICN President and Co-Chair of UHC2030; Professor Dr Srinath Reddy, former Head of Public Health India; and Dr Socorro Escalante, WHO Representative to Mongolia. The panel highlighted the urgent need for increased investment, new funding mechanisms, a focus on people-centred primary care, and stronger financial protection.

You can watch the webinar recording here and read our report via the button below.

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The 10-year plan - how can we create an NHS fit for long lives?



ILC's Chief Executive, David Sinclair, opened our tenth Future of Ageing conference earlier this month, stating: *"We are frustrated that things aren't changing fast enough, but as Steve Jobs said, 'If you look closely, most overnight successes took a long time.'"* David went on to state: *"Looking long term is key. The new Government has come into power with good intentions."*

A similar combination of optimism and frustration over the slow pace of change emerged as the dominant theme during the health session at the conference earlier this year. While welcoming the policy sentiment behind the NHS 10-year plan, speakers voiced their disappointment at the Government's decision to launch a commission on adult social care that will not deliver its final report until 2028.

Jonathan Rallings, Senior Policy Advisor at the County Councils Network, said: "There was a lot of anticipation before the election… and we have been disappointed. A ten-year plan for health has not been accompanied by a ten-year plan for social care."

While acknowledging the expertise of Baroness Casey, who will lead the commission, Rallings questioned whether her findings would differ from previous reports, such as the Dilnot Commission (2011) and the Wanless Review (2002). He emphasised the urgency of strengthening services now, warning that "the demographic time bomb is continuing to tick."

Other speakers reinforced the need for proactive policy responses to the challenges posed by an ageing population. Nicky Draper, Honorary Fellow at the Institute and Faculty of Actuaries, set the scene by outlining the demographic shift. She emphasised the urgent need to move from a sickness-based model to a prevention-focused system.

On a more positive note, she explained how advances in medical treatments, such as GLP-1 agonists, were improving cardiovascular health and discussed emerging research into anti-ageing therapeutics – highlighting that the goal is not simply to extend life, but to improve healthy life expectancy.

Dr Ines Hassan, Director of Health and Economic Policy at the Ellison Institute of Technology, stressed that the Government's ambitions to shift from hospital-based to community-led healthcare must be realised. *"Age-related diseases are rising, and workforce inactivity due to ill health has increased by 400,000 since the pandemic,"* she said, pointing to the economic advantages of preventative healthcare.

She cited a study by Professor Andrew Scott, a member of ILC's Strategic Advisory Board, which found that reducing the incidence of major diseases by 20% could increase GDP by 0.74% in just five years.

Richard Maughan, Senior Director at Pfizer, underscored the importance of investment in preventative measures such as vaccination and digital health solutions. *"The NHS cannot tackle these challenges alone. Public-private*

partnerships and employer engagement are key to supporting a multi-generational workforce."

William Roberts, Chief Executive of the Royal Society for Public Health, called for reforms in the funding and delivery of social care but also urged a cultural shift in attitudes toward ageing. *"We've got to stop talking about long lives being a problem,"* he said. *"Ill health is a problem – and it's a much worse problem if you're poor."* William Roberts highlighted that enabling older people to work longer, rather than forcing them to leave employment to care for loved ones, would yield significant social and economic benefits.

For more information about the speakers and a recording of the session, which was kindly supported by the Institute and Faculty of Actuaries, please visit the Future of Ageing programme page via the button below.

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The Friday three newsletter is generally sent out once a fortnight.

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