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New horizons and new opportunities for qualitative research to understand and improve mental health in later life

The *International Journal of Geriatric Psychiatry* has built a strong reputation for publishing high-quality qualitative research in geriatric psychiatry that has helped us to understand the perspectives and experiences of older people, their families, social networks and the health and social care professionals and organisations that support them. We consider well-conducted and robust qualitative research instrumental in shifting services and practice into more user-centred directions, providing rich data that has illuminated what it means to live with mental health problems in later life. As in the younger population, where narratives of emotional distress and resilience have enabled a shift towards a recovery paradigm [1], older adults' personal stories of living with mental health problems have provided an alternative to medical conceptions of mental illness, empowering voices that have traditionally been marginalised and/ or excluded from social research and study. For people living with dementia, this has helped to draw attention away from neurological impairment to understanding a person's behaviour and wellbeing in the context of their everyday social environment and interactions [2]. It has also challenged the insidious view that the perspectives of those living with dementia lack credibility or awareness into their condition.

In this editorial, we explore the opportunities provided by qualitative research for understanding the lives and experiences of older people with mental health problems. At times we will use 'dementia' as a case study for mobilising this attention, a focus we have selected for two main reasons. First, as authors, the dimensions and attributes of the lived experience of dementia has constituted the main direction of our individual and collective research over the years; second, dementia crystallises many of the macro and micro challenges (and opportunities) afforded to the wider older people's mental health field. But, before moving on, it is important for us to state that the *International Journal of Geriatric*

Psychiatry encourages submissions that employ qualitative methods that empower and explore the quality of lives of *all* older people with mental health problems, not just those with dementia.

The vulnerability of older people with mental health problems has been brought into searing focus by the disproportionately negative impact of COVID-19 on their lives, including a substantial increased risk of infection and subsequent death among people with dementia and those in care homes [3]. Liu and colleagues' recent review in this area highlighted experiences of social isolation, increases in antipsychotic prescribing, reduced access to health and social care and reduced research involvement. For most of the pandemic there were limited opportunities to hear directly from those who were self-isolating, either in the community or in care homes, or from those who were providing paid or unpaid support, about how their physical and mental health were affected. Qualitative research can be used to shed light on these experiences, foregrounding perspectives that have been obscured or neglected, and increasing our understanding of what COVID-19's 'risks and rules' meant to older people and their families during lockdown, and now, as the world tentatively reopens from the grips of the pandemic. Conducting qualitative research virtually offers a partial solution where there is a need to explore perspectives in context, but when physical proximity is not possible. Yet methodological literature on the use of virtual qualitative methods is still in its infancy [4]. In our opinion, the gerontological field would benefit from a deeper consideration of how best to establish equitable access, privacy, trust, and rapport with older people with mental health problems remotely, as well as the implications for researcher positionality and reflexivity.

Parallel to this, we consider qualitative research vital in grounding the development of remote methods of assessment and support, which have arisen in response to the disruption of normal service provision, in the lives of the people who will use them [3]. Person-centred approaches that use iterative qualitative designs can play an important role in optimising the

feasibility and acceptability of new psychosocial interventions and services for older adults [5, 6]. Applied qualitative research also affords valuable insight into the messiness of daily practice, helping to unravel the successes and failures of complex interventions in pragmatic trials and explicating the contextual factors that are necessary to implement and sustain changes in routine healthcare settings [7-9]. Qualitative research can also help to ensure that trials and treatments are focussed on what is important to those with lived experience. We advocate privileging the person with dementia's perspective in identifying core outcomes for use in dementia care trials [10] and in developing outcome measures that capture key conceptual categories, for example, quality of life in dementia [11]. Developing consensus about what outcomes matter most to key stakeholders is a critical precursor to identifying effective interventions. As such, we view research that prioritises participants' experiences and unmet needs in relation to health and social care services as key to delivering goals around dementia diagnosis, intervention and care across the trajectory of the condition [8]. We are also interested in what timely and quality care means to older people and their families from diverse social and cultural backgrounds, and would welcome submissions that look beyond barriers to accessing services to consider how support for older people with dementia and other mental health problems can become more culturally informed, inclusive and responsive to the ever-changing world around them.

Qualitative interview studies remain the mainstay by which social scientists engage with the lived experience of older adults and their supporters, and much has been learnt about managing the methodological and practical challenges involved in interviewing older people with mental health problems, including the ethical complexities of interviewing participants who may lack what is traditionally viewed as capacity to consent, whilst remaining mindful that obtaining capacity is not a singular one-off event [12]. Within the pages of the *International Journal of Geriatric Psychiatry*, interviews have been used, for example: to explore the complex roles family members assume during primary care visits and their implications for improving the quality of primary care communications [13]; to ascertain how

family carers conceptualise quality of life in dementia and how this can be measured [14]; and, through the use of repeat interviews and regular researcher 'analysis clinics', to consider how the diagnostic pathway is experienced by people with cognitive impairment who, we learn, can 'feel lost amongst the labyrinth of tests, score sheets, scans and appointments' [15]. Qualitative interviews of lived experience have consistently highlighted the value of recognising that the level of insight people with dementia demonstrate may be a reflection of the ways in which they are coping with it [16]. By recognising that processes of resistance and denial may be part of the way in which people with dementia understand and balance the tension between their own agency and struggle against objectification [17], we can better understand the part health and social care services and wider society play in their well-being.

Beyond interviews, we note the rich insights afforded by ethnographic studies in care homes, hospitals and, more recently, home care that have informed our understanding of the interactions underpinning care in those settings [18]. Qualitative research now offers a wide range of creative and innovative methods that provide opportunities for "more than talking", promoting inclusive research and opening up alternative channels of communicating lived experience [19]. Philipson and colleagues (2018) note that creative methods, such as photo elicitation, participatory film making, and theatre, build on participants' strengths and mirror the use of arts-based and visual methods that have begun to transform dementia care and an understanding of lived experience [20]. For example, video-observation and video-elicitation interviews have helped capture what 'in the moment' musical experiences mean to people with dementia, affirming music as a means to connect people in the moment with their own life story, others and the environment in which music making takes place [21]. Mobile methods such as walking interviews offer a way to engage with participants 'on the move', providing insight into the experiential and everyday interactions that people with dementia have in the social and physical environment of their neighbourhood and how these connections can facilitate social health [22]. These studies are based on principles of

participatory research that seek to engage older people as active partners in the research process, evening up the power relations between the researcher and those being researched and recognising the value of using experiential knowledge to promote innovative practice and different ways of thinking. Participatory studies have gained considerable momentum in the mental health field, and to a lesser extent with older adults generally, but it is important to note that certain groups such as those with dementia and older people from minority ethnic groups are less likely to be included in the research design and conduct. We hope to see more research with older co-researchers from these marginalised groups, and to see wider engagement with the ethical and practical challenges that this work poses [23, 24].

The focus of the *International Journal of Geriatric Psychiatry* is on applied research that advances treatment and care for older adults with all forms of mental health problems. Until now, all research articles have been subject to the same word limit reflecting the priority given to reporting findings that are accessible and relevant to practitioners and policy makers, but also, perhaps, with a view to enhancing the acceptability of qualitative research within the landscape of evidence-based practice [25]. We recognise, however, that this may be counterproductive, as the norms and values that dominate medical research tend not to be conducive to conducting high quality, qualitative research that is underpinned by reflexivity [26]. We hope that relaxing the word count to 6,000 words for qualitative papers will encourage elaboration on the procedures used to establish the trustworthiness of the findings and conclusions, support thick description of context, and reduce pressure to extract participant data from the analytical narrative. Quality criteria, like qualitative research itself, are not monolithic, but specific to the given methodological approach and its underlying theoretical assumptions. It is beyond the scope of this editorial to elaborate on this here, but prospective authors may find it helpful to refer to recent quality guidelines on how to be more deliberative when conducting and reporting thematic analysis, grounded theory, Interpretative Phenomenological Analysis, narrative analysis, discursive psychology and

other widely used qualitative methodologies [27-32]. For the journal's part, it has appointed VL as the Associate Editor for qualitative research and it will seek reviewers that appraise the quality of the qualitative research within the context of the methodology used, the stated research purpose and the aims and scope of the journal.

The purpose of this editorial is twofold. The first is to celebrate the role qualitative research has played in advancing dementia research and practice and the new opportunities afforded by innovative and participatory research methods. The COVID-19 pandemic has underscored the importance of finding ways for the voices of vulnerable older people to be heard. It has also raised the possibility for doing research differently with technology and social media providing a means to communicate instantly, even within the confines of one's own home. Of course, the research question should drive the research methods and these, in turn, should be congruent with the methodology and underpinning theoretical assumptions. We welcome submissions that reflect the full range of qualitative approaches *and* present indicators of quality that align with the methodological approach used. The second aim of this editorial is to locate the *International Journal of Geriatric Research* as a home for rigorous qualitative research that seeks to engage and represent the authentic voice of older people with mental health problems and their support networks. This is the secret to developing and establishing treatment, services and support that can make a positive difference to the lives of older people with mental health problems no matter what condition, or range of conditions, they have.

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