

Securing better mental health for older adults

Foreword

This document marks the start of a new initiative and provides a vision for how all mainstream and specialist health and social care services should work together to secure better mental health services for older people.

This is the first time that the mental health and older people's divisions have adopted such a strategic approach in order to influence change and improve services for older people with mental illness.

To help make this vision a reality, the Department of Health recently established a programme board for older adult mental health services, with representation from older people's and mental health policy, the Care Services Improvement Partnership, the Healthcare Commission and the Commission for Social Care Inspection. This will help ensure that mental health and age-inclusivity are seen as cross-cutting themes across policy development, that the implementation of proposed developments in older people's mental health services are supported centrally, and that they are subject to independent scrutiny. The board will help promote social inclusion and support the government's vision for social care.

Mental health problems in older adults are common: present in perhaps 40% of GP attendees, 50% of general hospital patients, and 60% of care home residents. In the next 10 years, the population of over 65s will increase by 15%, and the population of over 85s by 27%.

Effective intervention in older people with mental illness improves quality of life for the sufferer and their family carers. It promotes independence and inclusion in society and allows people to take part in activities that others take for granted. Through improved care, it reduces morbidity and improves outcome from physical illness, and minimises unnecessary service utilisation and emergency hospital admission. It will help meet PSA targets (Appendix 1), support delivery of the mental health standard of the Older People's NSF, reduce discriminatory policy and practice, and support the implementation at local level of national policy on choice, public health and long-term conditions.

Introduction

The publication of the National Service Framework for Mental Health in 1999 and for Older Adults in 2001 were landmarks in the ongoing development of consistent, high quality care for these two major health areas. However, despite some significant achievements, our reviews of progress against NSF standards in 2004 highlighted challenges to the delivery of health and social care services for older adults with mental illness. In particular, older adults with mental illness had not benefited from some of the developments seen for younger adults, and some of the developments seen in older people's services were not fully meeting the mental health needs of older people.

“Age discrimination in mental health services needs further attention, so that services developed for working adults are available to older adults on the basis of need, not age and vice versa. Mainstream primary care, intermediate care, hospital care, residential and other long-term care services all need to be able to accommodate the care of older people with mental health problems as these often co-exist with other problems. Further investment in specialist old age mental health services is required to provide care for those with greatest needs as well as providing advice and support to mainstream services.”

Ian Philp

Better Health in Old Age, 2004

“This review has followed the remit of the mental health NSF – adults of working age. Comprehensive mental health care needs to go beyond this, to provide similar benefits for older people...”

Louis Appleby

The National Service Framework for Mental Health – Five Years On, 2004

Mainstream services

We know that mental illness in old age is very common in all care settings. We also know that in each of these settings, and in older people at home not receiving care, mental illness is mostly un-recognised, and even when recognised often does not receive adequate or appropriate management.

The key priorities in mainstream services are to change attitudes and improve skills in detection and assessment of mental illness, and equip staff with guidance on initial management and referral pathways to appropriate other services. This will include referral criteria for specialist older people's mental health and social services, though also for other support services whose intervention will help reduce the severity or impact of the mental health problems for patients and their family carers. This approach is entirely consistent with, and should be seen as integral to, the comprehensive assessment, information sharing and service signposting of the Single Assessment Process, and the guidance for protocols for the care and management of older people with mental health problems (Appendix 2).

Local authorities will have a particular role to play through specialist housing provision and in health promotion. Advocacy services should be able to represent older people with mental illness.

Specialist services

Due to the very common nature of mental illness in later life, and its co-morbidity with physical conditions, the majority of mild and moderate severity mental illness will be managed in mainstream settings, by staff without psychiatric training. Older people with mental illness still need access to all appropriate health and social care services. A diagnosis of dementia or depression should not be a barrier to care or a basis for discrimination.

A key function of specialist older people's mental health and social care services therefore should include the support of colleagues in the development and implementation of guidance for the detection and initial management of mental illness in later life in mainstream settings, and assisting with the elucidation of referral pathways to specialist and generic support services for older people with mental illness. This may have significant education and training implications.

Specialist services are required where for reasons of severity of disturbance and of risk to self or others, it is not appropriate to follow guidance for initial management without their involvement, or where initial intervention in mainstream settings has not helped.

In addition, specialist services are required for the early diagnosis of dementia, where the diagnosis of any mental illness is in doubt (particularly in the context of ageing-related multiple co-morbidities), where psychotic symptoms are present, for treatments that require their involvement due to national guidance (e.g. NICE), or where the mental health act is being considered.

Senior professionals from specialist health and social care services also have a key role in advocating for older people with mental illness in service development and strategic planning.

Components of a comprehensive specialist service might include: patient/user and carer support services, memory assessment services, integrated health and social care community mental health team, specialist support to care homes, day services, inpatient assessment beds, liaison psychiatry (psychiatric services to the general hospital), intermediate care services (or support to generic intermediate care services), psychological services, and services for young onset dementia, black and minority ethnic groups, and people with terminal illness. In many areas this will require new investment in addition to modernisation of services.

Relationship to working age adult mental health services

Mental health and social care service provision for adults should be based on need and appropriateness of intervention for that need, not on age alone. While specialist services for younger adults are often designed around the particular needs of this age group, there may be approaches used in these service models that could usefully be employed in older adult services. Equally, OPMH service models have particular strengths that could inform better practice in younger adult services. There should be no automatic transfer of people from younger adult to older adult services at the age of 65. If younger adults have multiple, age-related physical co-morbidities, or suspected dementia, their needs may be better met by older adult services. Conversely if older adults are physically fit, or are well known to younger adult services, their needs may be better met by younger adult services. It should be possible for people to access appropriate components of both younger and older adult services without transferring care coordination responsibilities. Older adults presenting for the first time with a major mental illness are likely to require the experience of the older adult services.

Relationship to other generic and older people's specialist services

Intermediate care services, whether institution or home-based, are currently primarily focussed on physical disorders. However they should not exclude people with mental illness. Rather they should be able to provide person-centred, needs-based care that holistically manages all of their physical and mental health needs, whether provided by the rehabilitation staff or through input of specialist OPMH service personnel. Similarly people in intermediate care facilities for people with dementia should have their physical needs met by psychiatry staff who are well trained in physical care, or through input from the physical rehabilitation team. There are significant workforce challenges, in particular with regard to training and development, to meet these goals.

The management of long-term conditions should apply equally to mental illness as it does to physical illness. Not only does mental illness in many older people have severe long-term implications for health and well-being, but mental illness is associated with, and worsens the prognosis of, most common long-term physical conditions and requires treatment in its own right.

Working together

Older people with mental illness and their carers often have complex needs that cross service boundaries. Truly person-centred services, and health promotion activities, will necessarily span health and social care, local authority housing, specialist and mainstream, statutory, independent and not for profit sectors. We must ensure that service developments in one sector do not have unintended consequences for the individual using services in another sector. Such complexity requires a whole-systems response, both from Government and from local health and social care communities.

We are working with a wide range of stakeholders – professional bodies, users, carers, and service managers on a more detailed description of the components of a modern specialist Old Age Psychiatry Service.

The older people's mental health programme of NIMHE and the Change Agent Team, now part of the Care Services Improvement Partnership, will support the implementation of this new initiative, and will use its existing network of regional development centres to help share good practice.

Whatever policy is produced, and however it is supported, ultimately, better mental health for older people will only be secured by adequate resourcing and the close working of all organisations at a local level. This will require a coordinated strategy, which it is the whole system's responsibility to deliver. We must aim to provide the best possible person-centred care, at the right time, by an appropriately trained person, no matter which organisation they come from. And crucially, we must continue to involve service users and their carers to ensure that their wishes and perspectives are adequately taken into consideration, not only in the design of policy but in the design and implementation of services. Good mental health care for older people is not optional.

Professor Ian Philp,
**National Director for Older People's
Services**

Professor Louis Appleby,
National Director for Mental Health

Appendix 1 – High level drivers in addition to the NSFs for Older People and Mental Health

PSA targets

Priority I: Improve the Health of the Population

iv) Reducing mortality from suicide:

Interventions which will help deliver this target are described in the National Suicide Prevention Strategy, and the National Service Framework for Mental Health. Unemployment and social isolation are important risk factors for deteriorating mental health and suicide. Information on how to help people with mental health problems gain and retain work, and improve community engagement, is set out in the report on mental health by the Government's Social Exclusion Unit. PCTs should support access to assessment, treatment and care for all those at risk, paying particular attention to the needs of those from black and minority ethnic communities and other groups that may be hard to reach.

Planning and Priorities Framework 2003 -- 2006

Objective 2: Improve health outcomes for people with Long-Term Conditions

To improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/04 baseline), through improved care in primary care and community settings for people with long-term conditions.

Objective 4: Improve the patient and user experience

- (i) Secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys. The experiences of black and minority ethnic groups will be specifically monitored as part of these surveys.
- (ii) Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:
 - increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
 - increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.

Public Service Agreement 2005 – 2008

Appendix 2 – Department of Health, 2003 Guidance on the minimum contents for protocols for the care and management of older people with mental health problems

This note sets out brief guidance on what protocols for the care and management of older people with mental health problems, which are required in the Priorities and Planning Framework for 2003/06, might include.

The NSF for Older People (NSFOP) was published in 2001 and included detailed guidance on national standards for service delivery for older people with mental illness (1). To help assess progress with implementation, the NSF has a milestone around health and social care systems having agreed protocols for the care and management of older people with mental health problems. Linked to this, the Priorities and Planning Framework 2003-2006 (2), which sets out national priorities and targets to enable local planning, includes the following target:

“Ensure that by April 2004 protocols are in place across all health and social care systems for the care and management of older people with mental health problems.”

Some areas are further advanced than others in implementing this target. We have received requests for additional information about what should be included in these protocols. We have consulted relevant stakeholders for their views on the most important elements of the protocols, to ensure the promotion of high quality local services.

Although there was very great detail in the responses obtained, the following are felt to be the minimum key areas that should be addressed in local protocols to achieve best practice in meeting the needs of older people with mental health problems.

The majority of older people with mental illness do not come into contact with specialist mental health services. To maximise care therefore requires effective management by others in contact with older people.

- There should be a protocol for the detection, initial assessment (incorporating contact and overview assessment within the Single Assessment Process), initial management and specialist referral of older people with mental illness, including depression and dementia. This should be adapted for use in primary care, the general hospital, care homes, and social services.

Key to improving the experience of the user and carer is to make the patient pathway through any transition between services as seamless as possible, and for the main principle to be interests of the user and carer rather than of the service.

- The protocol should indicate when and how people with mental illness should be referred between different services across different

agencies, with mechanisms to optimise appropriate information sharing.

Improving the efficiency of acute general hospitals is crucial to maximising effectiveness of the whole of the health economy.

- The protocol should indicate cost-effective mechanisms for managing people with mental illness in the general hospital, by avoiding unnecessary admission (in particular through A+E), reducing length of stay and facilitating discharge (for example through integrated liaison psychiatry services).

To be effective, these protocols should be “owned” and well understood by those using them, and their implementation audited.

- Each protocol should be developed in consultation with and agreed by all relevant agencies, and have service user involvement in their preparation. There should be agreed implementation planning for training and dissemination across all care sectors. It is to be expected that these protocols contain auditable standards and would be included in all organisations’ audit programmes.

Implementation of these protocols may have resource implications for areas where local delivery plans have not already taken these service developments into consideration.

The Commission for Health Improvement is currently working with the Social Services Inspectorate and Audit Commission on an inspection of implementation of the Older People’s NSF (due to begin early in 2004). They (and their successor organisations) will be looking at progress with the implementation of the NSF in relation to mental health services for older people.

References

1. National Service Framework for Older People
Department of Health March 2001

2. Improvement, Expansion and Reform: the next three years. Priorities and Planning Framework 2003-2006.
Department of Health
September 2002