Mental Health (Older adults)

Introduction

This section focusses on mental health in older people (65+). Maternal mental health, child and adolescent mental health, and mental health in adults are separate sections in the JSNA.

Older people's mental health services are concerned with the care and treatment of people with complex mixtures of psychological, cognitive, functional, behavioural, physical and social problems usually relating to ageing.

There are some misconceptions about what constitutes 'mental health'. It is often assumed to be mental ill health and in particular, with older people, just dementia. Mental health is not just about the absence of ill health but the promotion of positive health and wellbeing. Mental ill health in older people does not just mean dementia but also other disorders such as depression, anxiety, schizophrenia, suicidal feelings, personality disorder and substance misuse

Conservative estimates of mental health problems in older adults, taken from the most recent national study, suggest a prevalence of perhaps 40% of people attending their GP, 50% of general hospital inpatients, and 60% of care home residents. Two thirds of NHS beds are occupied by people aged 65 or over and up to two thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

There are currently up to 2.4 million older people with depression severe enough to impair their quality of life.

Psychosis is common in older people, with 20% of people over 65 developing psychotic symptoms by age 85, and most are not a precursor to dementia. These rates of hallucinations and paranoid thoughts remain high in people of 95 years of age without dementia.

Approximately 800,000 people are known to be living with dementia in the UK. This is expected to almost double within 30 years, and only 40% of cases of dementia are currently diagnosed.

What do we know?

Facts, Figures and Trends

- Within the general community, depression is present in around 15% of older people and an estimated 2-4% have severe depression. Dementia affects 5% of people over 65 years and 20% over 80 years. In the next decade, the number of people over 65 will increase by 15%, and those over 85 by 27%. Mental health problems, particularly depression and dementia, are more common and have a worse outcome in the 60% of older people who suffer from long standing illnesses. In costs of illness studies, the

direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease. Around 40% of the NHS budget and 40% of the adult social care budget is spent on people over the age of 65.

- Older people living alone or in residential/nursing care, and those with physical illnesses and/or disabilities, are more at risk. Most residents of nursing homes are female, aged more than 80 years, are physically frail and are highly likely to be affected by moderate-to-severe dementia. Symptoms of depression are common among these residents (20-50%) and it is likely that schizophrenia is more common in this population than among elderly people in the community. The management of behavioural and psychological symptoms of dementia, including agitation, resistiveness, aggression and excessive motor behaviour presents a major challenge in this population".

Alcohol

- The number of older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 50% more than in the 15-59 age group over the past 10 years (a 94% increase in the 15-59 age group from 27,477 to 53,258 and a 150% increase in the 60-74 age group from 3,247 to 8,120).

- Those people aged 75 and over with mental and behavioural disorders associated with alcohol experience longer periods of hospitalisation than their younger counterparts.

- It is estimated that between 4% and 23% of older adults seen by health professionals have an alcohol problem. These are more common in older men; around one in 6 older men and one in 15 older women are drinking alcohol at levels that could harm their health. Although alcohol abuse is a problem for people of all ages, it is more likely to go unrecognised among older people.

- Approximately one in three older people with alcohol problems only start drinking to excess in later life. Reasons for alcohol abuse in older age include bereavement and other losses, loneliness, physical ill health, disability and pain, loss of independence, boredom and depression, which is also linked to the other factors. Retirement may also provide more opportunities for drinking too much. Approximately 20-30% of older people who abuse alcohol become depressed. They are also at greater risk of suicide. Mental health problems associated with alcohol abuse include anxiety, depression, hearing voices, confusion and dementia.

- Prescribed medications can cause symptoms associated with mental illness in older people. Most older people are taking some kind of medication, and many are taking several at the same time. There are risks associated with taking multiple medications, including confusion.

- There are a number of rarer mental health problems that affect older people, including delirium, anxiety and late-onset schizophrenia. The prevalence, nature and course of these illnesses are different in older people, as are the treatments that may be offered.

Dementia

- "Living Well With Dementia: a national dementia strategy" (NDS) was published by the Department of Health in 2009, and set out a strategic framework within for making quality improvements to dementia services and addressing health inequalities. The NDS estimated that the prevalence of dementia nationally was over 700,000 although only one third of people with dementia receive any form of diagnosis at any point in their care or during the progression of the condition. For older people it is vital to diagnose dementia early so that any identified care plan is more holistic of individual need and can facilitate choice and control. Evidence suggests that early diagnosis and treatment can improve the quality of life for people with dementia and increase their independence as the condition progresses. Statistics indicate that nationally two thirds of people with dementia do not receive a diagnosis.

- The NDS estimated that dementia costs the UK economy approximately £17 billion a year. This cost is expected to rise as the prevalence of the condition increases due to an increasingly ageing population. It is estimate that the prevalence of dementia will increase to over 1.4 million over the next 30 years; this is a 100% increase with associated costs rising to an estimated £50 billion per year.

- There are approximately 26,000 people over the age of 65 living in Bedford Borough. This is predicted to rise to approximately 31,000 by 2020. (poppi). Nationally less than half of the people with dementia receive a proper diagnosis and the Quality Outcomes Framework (QOF) data significantly under reports the prevalence of the condition. Although the Dementia Registers show an increase in the prevalence of dementia over time, it is estimated that more than 50% still remain undiagnosed in Bedford Borough.

- In 2011 a report from the National Audit Office, "Improving Care for people with Dementia" estimated that only 43% of people with dementia were registered with a GP. Using the estimated figures from POPPI, this equates to 1069 people with dementia in Bedford Borough were unregistered with a GP in 2012.

- Estimates imply a percentage increase in cases of dementia in Bedford Borough of around 2.7% annually to 2020. For females, where prevalence of dementia is higher than in males, this is 3.6% annually, and for males, 1.8% per year. It is estimated that by 2020, 2406 people over 65 in Bedford Borough will have dementia.

Table 1: People aged 65 and over in Bedford Borough predicted to have Dementia, by age, projected to 2020

Dementia – all people	2012	2014	2016	2018	2020
People aged 65-69 predicted to have dementia	99	106	110	101	100
People aged 70-74 predicted to have dementia	156	170	186	211	222
People aged 75-79 predicted to have dementia	294	298	291	310	339

People aged 80-84 predicted to have dementia	456	479	493	513	523
People aged 85-89 predicted to have dementia	483	500	539	561	600
People aged 90 and over predicted to have dementia	388	447	505	564	622
Total population aged 65 and over predicted to have dementia	1,876	2,000	2,124	2,259	2,406

Source: www.poppi.org.uk

Depression

- Depression can affect anyone, regardless of culture, background or age. However, it affects more older people than any other age group.

- Depression includes a range of moods, from feeling a bit low to being unable to cope with everyday life. People with severe depression experience a range of symptoms including low mood, loss of interest and pleasure and feelings of worthlessness or guit.

- Older people are more vulnerable to many of the factors known to cause depression, including being widowed or divorced, retirement or unemployment, physical disability or illness and loneliness and isolation. Older people may also develop depression because of neurological changes associated with ageing, prescribed medication for other conditions and genetic susceptibility, which increases with age
- Within the general community, depression is present in around 15% of older people and an estimated 2-4% have severe depression. In the next decade, the number of people over 65 will increase by 15%, and those over 85 by 27%. Mental health problems, particularly depression and dementia, are more common and have a worse outcome in the 60% of older people who suffer from long standing illnesses. In costs of illness studies, the direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease. Around 40% of the NHS budget and 40% of the adult social care budget is spent on people over the age of 65.

- Older people living alone or in residential/nursing care, and those with physical illnesses and/or disabilities, are more at risk. Most residents of nursing homes are female, aged more than 80 years, are physically frail and are highly likely to be affected by moderate-to-severe dementia. Symptoms of depression are common among these residents (20-50%).

- it is also likely that schizophrenia is more common in this population than among older people living in the community.

Table 2: People aged 65 and over in Bedford Borough predicted to have Depression, by age, projected to 2020

Depression – all people	2012	2014	2016	2018	2020
People aged 65-69 predicted to have depression	662	712	740	684	673
People aged 70-74 predicted to have depression	469	511	560	633	668
People aged 75-79 predicted to have depression	429	431	420	447	491
People aged 80-84 predicted to have depression	358	377	386	405	415
People aged 85 and over predicted to have depression	333	354	386	414	446
Total population aged 65 and over predicted to have depression	2,251	2,384	2,492	2,583	2,693

Source: www.poppi.org.uk

Table 3: People aged 65 and over in Bedford Borough predicted to have Severe Depression, by age, projected to 2020

Severe Depression – all people	2012	2014	2016	2018	2020
People aged 65-69 predicted to have severe depression	198	213	218	203	198
People aged 70-74 predicted to have severe depression	91	99	109	125	130
People aged 75-79 predicted to have severe depression	175	179	179	186	203
People aged 80-84 predicted to have severe depression	117	120	123	129	132
People aged 85 and over predicted to have severe depression	140	156	172	183	199
Total population aged 65 and over predicted to have severe depression	721	766	799	825	861

Source: www.poppi.org.uk

Black and minority ethnic (BME) elders

- In Bedford Borough the BME population aged over 65 rose from 2,895 in 2001 to 3,644 in 2011, an increase of 749 or 26%. In the same period, there was an increase in the BME population over 80 which rose from 427 to 988, an increase of 130%. A report from Age Concern (Age Concern, 2007) warned that older BME people are among the groups most likely to experience mental health problems. It is clear that older people from ethnic minority backgrounds with mental health problems can potentially face issues of discrimination arising from their age, their sex, their ethnicity and their psychological ill health.

- Planning of services for older people from BME groups needs to begin early and there is a need to develop and improve ethnic monitoring and to disseminate evidence of good practice

Table4: Bedford Borough: Ethnicity by 5 Year Age Group, 65+ (2011 Census) - All People

Ethnic Group	Ethnic Group Category	65 - 69	70-74	75 - 79	80 - 84	85 and over
All usual residents		7,045	5,716	4,900	3,780	3,427
White	**Total**	**6,540**	**5,234**	**4,517**	**3,594**	**3,296**
	English/Welsh/Scottish /Northern Irish/British	6,159	4,783	4,063	3,181	3,038
	Irish	147	155	118	84	56
	Gypsy or Irish Traveller	2	1	0	1	0
	Other White	232	295	336	328	202
Mixed/multiple ethnic groups	**Total**	**22**	**29**	**24**	**12**	**12**
	White and Black Caribbean	8	10	8	6	6
	White and Black African	2	2	0	1	0
	White and Asian	3	6	4	2	3
	Other Mixed	9	11	12	3	3
Asian/Asian British	**Total**	**320**	**285**	**198**	**109**	**67**
	Indian	194	155	103	47	45
	Pakistani	27	36	51	25	10
	Bangladeshi	25	40	25	14	3

	Chinese	23	15	5	13	5
	Other Asian	51	39	14	10	4
Black/African/Caribbean/ Black British	**Total**	**149**	**148**	**146**	**54**	**45**
	African	19	8	2	0	4
	Caribbean	115	135	136	51	41
	Other Black	15	5	8	3	0
Other ethnic group	**Total**	**14**	**20**	**15**	**11**	**7**
	Arab	2	2	2	0	0
	Any other ethnic group	12	18	13	11	7

Source: ONS, 2011 Census, Table DC2101EW

Working with carers

- Older people with mental health problems may have an increased requirement for care. This is often provided by family carers, the majority of whom are old themselves.

- It is estimated that up to 1.5 million people care for someone with a mental health problem. Thirty percent of carers will suffer from depression at some stage, and carer breakdown has been found to be a major trigger for long term care..

- The mental health and wellbeing of carers is therefore paramount in the aim of maintaining older people in the community for as long as possible. Carers want to have:

  - information
  - respite
  - emotional support
  - support to care and maintain their carers own health

- Information on carers who are over 65 in Bedford Borough can be found here:

http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/adults_and_older_people/vulnerable_groups/carers/what_do_we_know/facts_figures_trends.aspx

- The numbers of unpaid carers who are over 65 is estimated to be around 3,000

Current Activity and Services

A list of current activity and services is available in the Mental Health (Adults) section. Services specific to older age adults are:

- Primary Care Mental Health Services, including Step by Step
- South Essex Partnership University NHS Foundation Trust (SEPT) are commissioned to deliver care and support to people in their own homes, and from a number of hospital and community settings via Community Mental Health Teams for older people.
- Bedfordshire Drug and Alcohol Action Team - care Co-ordination supports people with a dual diagnosis (mental health problem and substance misuse).
- Bedfordshire and Luton Mind provides mental health, wellbeing and social care services

across Bedfordshire in partnership with other local service providers and mental health service users
- Carers Services are available for the carers of individuals with mental health conditions within Bedford Borough.
- The Alzheimers Society provides peer support groups and one to one support for people who have dementia
- Dementia Tibbs Foundation provides peer support groups for people with dementia and their carers
- SEPT and BEDOC (out of hours GP services) provide early identification dementia identification of people in the community

National and Local Strategies

- National Dementia Strategy – improving care for people with dementia (DoH, 2009)

- National Institute of Clinical Excellence (NICE) guidance:

  - Common mental health disorders: Identification and pathways to care (NICE 2011)
  - Dementia: Supporting people with dementia and their carers in health and social care (NICE, 2006, modified 2012)

- Joint Commissioning Strategy for Mental Health 2013-2018 in Bedford Borough:

http://www.bedford.gov.uk/health_and_social_care/help_for_adults/joint_commissioning_strategies.aspx

- Joint Commissioning Panel for Mental Health (2013) Guidance for commissioners of older people's mental health services. London: JCP-MH.

- Department of Health (2011). No Health Without Mental Health; a cross government mental health outcomes strategy for people of all ages.

- Age Concern (2007). Improving services and support for older people with mental health problems. The second report from the UK Inquiry into Mental Health and Well-Being in Later Life.

What is this telling us?

1. **Older people's mental health services in particular benefit from an integrated approach with social care services**. Most patients in older age mental health services have complex social needs. Commissioners should ensure service providers across agencies work together if they are to meet people's needs and aspirations effectively. A whole system approach that draws together the expertise of health and social care agencies and those in the voluntary sector will deliver a comprehensive, balanced range of services, which places as much emphasis on services that promote independence as on care services
2. **Older people's mental health services need to work closely with primary care and**

community services. Models that include primary care 'in-reach' or joint working with community physical health care services, provide more co-ordinated care and should be the norm.

3. **Services must be commissioned on the basis of need and not age alone.** Older people's mental health services should not be subsumed into a broader 'adult mental health' or 'ageless service'. The needs of older people with functional mental illness (for example depression) and/or organic disease such as dementia and their associated physical and social issues are often distinct from younger people.
4. **Older people's mental health services must address the needs of people with functional illnesses such as depression and psychosis as well as dementia.** The majority of the mental illness experienced by older people is not dementia and there is significant crossover between dementia and functional illnesses such as depression and psychosis.
5. **Older people often have a combination of mental and physical health problems**. Commissioners and service providers need to seek and exploit opportunities for joint working and service delivery that can address both physical and mental health needs. Older people with long-term health conditions make up the greater proportion of this care group. Having more than one long-term condition greatly increases the risk of depression. Planning and delivering an integrated service to manage service delivery to this group through joint working protocols will be the best and most cost-effective way to manage care
6. **Older people's mental health services must be multidisciplinary.** Medical doctors are important because of the complex physical and treatment issues common in older people, but given the complex needs of this group, integrated input from nurses, psychologists, physiotherapists, occupational therapists and speech and language therapists is necessary.

7. **Older people with mental health needs should have access to community crisis or home treatment services**. With extended hours of working and intensive crisis management, home treatment workers help to reduce the need for admission, facilitate early discharge and reduce transfer to residential care

8. **Older people with mental health needs respond well to psychological input.** Evidence shows that response rates amongst older people are as good as those of younger adults. The spectrum of psychological service provision at all tiers needs to reflect this.

9. **Older people should have dedicated liaison services in acute hospitals.** Over 60% of older people in acute hospital wards have a serious mental disorder which is often unrecognised and delays rehabilitation and discharge. Commissioners must ensure appropriate specialist liaison services are in place with relevant discharge care plans and support from secondary care mental health teams.

What are the key inequalities?

- Older people's mental health is now recognised as a significant public health issue. The wider relationship of mental health and physical health problems and ageing upon an

individual is clear:

- ageism and other forms of age and mental health related discrimination and stigma
- social isolation and loneliness – maintaining relationships with friends and family
- financial difficulties
- access to affordable, safe and secure housing
- fuel poverty
- difficulties with tasks of daily living such as cooking, cleaning, personal hygiene etc
- poor mobility
- physical illness and frailty.

- Less than half of people with dementia receive a proper diagnosis and the Quality Outcomes Framework (QOF) data significantly under reports the prevalence of the condition. Although the Dementia Registers show an increase in the prevalence of dementia over time, more than 50% are likely to remain undiagnosed in Bedford Borough. This has serious implications for care which is often unplanned, frequently resulting in a crisis intervention.

- Evidence shows there is a necessity to address the needs of older people with mental health problems associated with alcohol misuse, both in preventing hospital admissions and ensuring appropriate community support following admission. This will require close collaboration between services providers to ensure clinically effective specialist assessment, intervention and care to improve health and social outcomes.

- There is a low uptake of key interventions among older people, such as psychological therapies, which must be addressed within community services. This must address inequality in uptake, and include hard to reach communities, including older people with common mental health problems.

- Older people from BME groups who experience mental health problems are now recognised to be one of the most socially excluded groups in our society. Minority ethnic elders are under-represented as users of specialist mental health services, but there is no evidence that elders from black and minority ethnic groups have reduced mental health needs.

- Mental ill health is frequently cited as a reason for tenancy breakdown, and housing problems are frequently given as a reason for a person being admitted or re-admitted to inpatient care or in delays in leaving hospital.

- The final report of the Independent Inquiry Into Care Provided By Mid Staffordshire NHS Foundation Trust (*known as the Francis Report*) was published in February 2013 following Sir Robert Francis QC's public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. The report made 290 recommendations for the NHS and government. Many of the issues investigated related to the care and treatment of older people and issues of

discrimination in relation to their care.

The Inquiry's main message was that listening to, and understanding patients must come first, and at all levels of the NHS commissioners and providers must work together to ensure the implementation of the relevant recommendations to ensure high quality services that are safe, responsive and effective.

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What should we be doing next?

Commissioners should consider commissioning a range of services to meet the needs of older people, including:

- preventive public health interventions
- support and engagement with families and carers
- provision of psychological therapies that is equitable with those for adult services
- provision of acute hospital liaison services
- services that are delivered in both community and inpatient settings
- memory assessment services
- specialist mental health assessment, diagnosis and intervention services fr older people that are distinct from those for younger adults.

Community-based services
Community Mental Health Teams (CMHTs) for older people are regarded as pivotal to the delivery of an integrated service. Delivering services through multidisciplinary CMHTs ensures that the needs of local communities are both at the forefront of service provision, and creates a service identity that can be easily recognised and accessed by patients and referring agencies.

CMHTs provide continuity, and are often the lynchpin, coordinating between other services within mental health (inpatient, wards, hospital liaison, memory services) and beyond (acute geriatric medicine,Step by Step)

Crisis resolution and home treatment
Crises amongst older people arise for different reasons than in working age adults, and intensive support may be required for longer, particularly where a person is living alone. Service configuration needs to be able to respond in these circumstances. The development and delivery of crisis resolution and home treatment, providing that the service can be delivered solely or in part by people with specific expertise in the problems faced by older adults should be considered.

Psychological Services
The effectiveness of psychological (and pharmacological treatments) for older people with mental health problems is well recognised, but these are often not fully provided or funded.

Commissioners should explore the fullest range of evidence-based interventions to ensure that local services are able to provide a broad set of services across both community and inpatient settings.

An effective older people's mental health service will include access to psychological

therapies across all elements of the services, from primary care (including Step by Step) to inpatient wards. In particular, the Step by Step programme for older people provides a key means by which to achieve improved outcomes by providing a high quality, measurable preventative service in primary care.

Inpatient Services
To ensure the highest standards commissioners should work with providers to deliver inpatient services that best meet the needs of the local population, but that emphasis is placed on:

- inpatient services that specifically meet the needs of older people and are separate from wards for adults of working age
- where possible, separate ward space for functional and organic disorder
- gender separation guidance for inpatient services being properly applied.

General hospital settings
Old age liaison should be provided by older people's mental health services, distinct from those provided by adult teams for working age patients (although a single point of referral may be appropriate). The profile of an older person referred to a liaison service from a general hospital is substantially different from that of a younger adult.

Housing
From specialist housing through to accessible general housing, dementia care services through to handyperson services, commissioners must ensure a full range of care and accommodation solutions are offered to enable independence for longer.

Long-term conditions commissioning must support older people's mental health
People with long-term conditions frequently have more than one condition. Around half of this population will have more than one major health problem, and around a quarter will have three or more problems, with the chances of having more than one problem increasing with age. As people grow older, their health needs become more complex, with physical and mental health needs frequently being inter-related and impacting on each other.

Personal health budgets and personalisation
Commissioners will need to be mindful of the increasing use of personal health budgets and direct payments when developing local strategies for service change and development, and work to overcome potential barriers for older people.

Technology
Information technology is having an increasing impact on the delivery of mental health services to older people. The Step by Step programme has shown that computerised CBT (cCBT) programmes can be used effectively by older people if they are well supported in the first instance to gain confidence in the use of the technology and materials.

Similarly, telephone therapy and email follow-up sessions work well, provided the person and their therapist have had some initial face-to-face meetings. This can reduce need for outpatient appointments not only for therapy but also for memory clinic settings. This can de-stigmatise and normalise contact with mental health professionals and reduce anxieties about travel.

It needs to be offset against the positive gains from face-to-face contact in terms of

relationship building and reduction of social isolation. Although the evidence for use of telehealth and telecare is somewhat equivocal, as seen in the 'Whole System Demonstrator' site review conducted by the Nuffield Trust, commissioners will need to explore the ways in which technology can assist it the provision of effective and responsive services.

Care homes
Depression occurs in 40% of people living in care homes and often goes undetected. Very few care homes provide solely for the care of older people with mental health problems which are not dementia. Usually people with mental health problems are particularly isolated in the care home setting. The special needs of those in care homes need to be recognised in a commissioning process. In particular, training care staff to identify possible symptoms of depression can improve detection.

Prisons
Although the current old age population in prisons is small, sentencing policy over the last two decades will ensure that numbers will increase. The physical health of prisoner is poorer than the general population, with a higher prevalence of vascular disease.Depression and dementia are both more common in the older prison population. Commissioners of services need to recognise this in their local planning and development.

Learning disability
Mental health problems are more common in this group than the general population. Although transition arrangements will be required for people who have been in contact with learning disability services throughout their life, service provision is required for the minority of learning disabled people who develop mental health problems for the first time in old age.

This section links to the following sections in the JSNA:

Mental Health (Adults)
Alcohol (Adults)
Substance misuse (Adults)

References

National Dementia Strategy – improving care for people with dementia (DoH, 2009)

National Institute of Clinical Excellence (NICE) guidance:

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Joint Commissioning Panel for Mental Health (2013) Guidance for commissioners of older people's mental health services. London: JCP-MH.

Department of Health (2011). No Health Without Mental Health; a cross government mental

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Age Concern (2007). Improving services and support for older people with mental health problems. The second report from the UK Inquiry into Mental Health and Well-Being in Later Life.