



**RCPSYCH BRIEFING ON DR VINCE CABLE MP'S WESTMINSTER HALL  
DEBATE ON THE NHS AND THE ELDERLY MENTALLY ILL – TUESDAY 15  
JANUARY 9.30-11.00**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and the Republic of Ireland and is the professional and educational organisation for doctors specialising in psychiatry.

This briefing has been produced by the Old Age Faculty of the Royal College of Psychiatrists.

We are pleased that Dr Vince Cable MP has instigated a debate on this important subject. The Old Age Faculty of the Royal College of Psychiatrists welcomes the opportunity to feed in to this debate and in this briefing we outline two of the most important current problems, namely:

- 1) Older People's mental health services, which have been among the most innovative, are being cynically dismantled;
- 2) There is clear age discrimination within Government health policy.

The following three pages give a detailed background to the two problems highlighted above. We have also provided some of the key statistics relating to the elderly mentally ill.

If you have any further questions on this briefing, please contact:

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## Introduction

Older people's mental health services have been among the most innovative, providing person centred community care away from hospital long before this became department policy.

Yet the Government has cut services for older people's mental health, cut services for older people in the community, totally ignored the enormous problem of older people's mental health in acute hospitals and care homes, and denied people with Alzheimer's disease access to treatment.

Ageing, older people's mental health, and multi-morbidity are the biggest challenges to the capacity, efficiency and effectiveness of the health and social care systems. They should be at the heart of Government policy. Failure to recognise this priority will be an error.

The Government should consider the following overarching aims:

- 1 To eliminate age discrimination in mental health by providing older people access to the same range of specialist services as other adults delivered by specialist older people's mental health teams.
- 2 To invest in mental health care for older people recognizing the increasing number of older people and their special needs.
- 3 To put mental health care for older people back into general hospitals by improved training and access to specialist liaison mental health services for older people

*"Until the government declares older people's mental health to be a national priority with a clear direction for commissioners to address it, then nothing will change. Without that change services will, very soon, drown in this deepening sea of sickness and neglect. This is about more than just dignity and respect." - Dr Dave Anderson, Chair of the Old Age Faculty at the Royal College of Psychiatrists*

## What is happening

### **Old people's mental health services are being dismantled**

The Royal College of Psychiatrists have concerns that it is the intention of some PCTs to transfer the care of older people with mental illness other than dementia to general psychiatry services claiming this addresses age discrimination.

In doing this, health commissioners are cynically dismantling older people's mental health services, transferring elderly patients to the care of general psychiatry services, where staff lack training in older people's mental health. This often means that older people have to share general wards with younger adults.

This is a cynical justification of cutting costs to the detriment of older people by sacrificing their access to specialist services and is not motivated in any way to

(nor will it achieve) meeting the needs of older people. It will provide older people with an inferior, second rate service and more failure in the system. Older people on general wards will be exposed to considerable risk

These policies are clear examples of age discrimination within the NHS and are contrary to Department of Health policy. This is opposed by the Old Age, and, General and Community Psychiatry Faculties of the Royal College of Psychiatrists and the British Geriatrics Society.

General services neither have the training, expertise, competencies or infrastructure to meet the needs of older people. Working age adults and children continue to have access to specialist services with the necessary training, expertise, competencies and infrastructure. What we need is the development of specialist older people's services, and more people with that training and expertise in the face of an ageing population.

### **There is clear age discrimination within Government health policy.**

The National Service Framework for Mental Health applies to all adult ages. It brought targeted commissioning of new services for Early Psychosis, Assertive Outreach and Crisis Resolution Home Treatment teams. This brought an extra £300 Million investment for these three services which exclude older people and £1.65 Billion cash increase for adult mental health over a 4 year period that excluded older people (The 2005/06 National Survey of Investment in Mental Health Services).

Older people have been denied a share of this investment and equivalent services. For example, 70% of Crisis Resolution Home Treatment teams in England exclude older people with only 7 (8.8%) specifically for older people (International Journal of Geriatric Psychiatry, 2007). This is direct age discrimination.

### **Important statistics and comments about the elderly mentally ill**

*Extracts mainly taken from First (2006) and second (2007) reports from the UK Inquiry into Mental Health and Well-Being in Later Life, coordinated by Age Concern*

1. Three million older people in the UK experience symptoms of mental health problems
  - Within the general community, depression affects about 15% of older people and dementia affects 5% of those over 65 years and 20% over 80 years.
  - These numbers are set to increase by a third over the next 15 years.
  - By 2051 there could be as many as 5 million older people with depression and 1.7 million with dementia.
  
2. Very few older people have access to specialist mental health care
  - Only 6% of those with depression receive specialist mental health care.
  - Despite the National Service Framework for Mental Health claiming it applied to all adult ages, commissioning has been targeted on new services for Early Psychosis, Assertive Outreach and Crisis Resolution Home Treatment teams which excluded older people.
    - For example, 70% of Crisis Resolution Home Treatment teams in England exclude older people with only 7 (8.8%) specifically for older people (International Journal of Geriatric Psychiatry, 2007).

- The 2005/06 National Survey of Investment in Mental Health Services estimated a £1.65 Billion cash increase for adult mental health over a 4 year period that excluded older people.
  - Older people have been denied a share of this investment and equivalent services. This is direct age discrimination.
3. Depression is the commonest mental disorder in old age and the World Health Organisation confirm it is the second highest global cause of health burden.
- Older people have the highest suicide rate for women and 2<sup>nd</sup> highest for men (National Confidential Inquiry into Suicides and Homicides). Contrary to the position with young people, self harm in older people usually signifies mental illness, mostly depression, with high risk of completed suicide.
  - Depression is strongly associated with physical illness and disability, and even in this situation, responds to treatment (Cochrane reviews).
  - Most older people do not receive treatment for their depression.

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