What is happening?

Mrs A: Mrs A is 72 years old. Following her son’s death by suicide 12 months ago, she has become depressed. She spends her days indoors, thinking over her son’s death, and washing and ironing his clothes as though he was still alive. She has severely neglected her own care and thinks about suicide. Despite her manic reaction to bereavement, Mrs A is willing to have psychological treatment. However, the older people’s community team do not have the resources to deliver intensive psychological treatment, nor are they access specialist psychological input. Compounding this, her local psychological therapy service is limited to people aged under 65; despite government recognition that therapists working with older people require specialist expertise. Her condition remains chronically distressing and she remains at risk.

Mrs G: Mrs G is 89 years old, lives alone and has early onset dementia. She lives on her own locally. When a neighbour finds Mrs G on the floor of her flat, she calls emergency services. The out-of-hours emergency medical tests conclude that Mrs G has had a simple stroke. She is severely depressed. She spends her days indoors, thinking about her son’s death, and washing and ironing his clothes as though he was still alive. She has become depressed. She spends her days indoors, thinking over her son’s death, and washing and ironing his clothes as though he was still alive. She has severely neglected her own care and thinks about suicide. Despite her manic reaction to bereavement, Mrs G is willing to have psychological treatment. However, the older people’s community team do not have the resources to deliver intensive psychological treatment, nor are they access specialist psychological input. Compounding this, her local psychological therapy service is limited to people aged under 65; despite government recognition that therapists working with older people require specialist expertise. Her condition remains chronically distressing and she remains at risk.

We know that local change can make a difference

The next steps...

Government policy must communicate very clearly the importance of recognising the differences that occur with ageing, and must stress that commissioners have to address need for care in an age-appropriate way. Specialist older people’s mental health services will be required to provide a comprehensive response to that need. It is unacceptable to offer a single, age-inclusive mental health service that is not designed to meet the need of older people and to do so would be discrimination. Older people’s mental health services must develop more specialist knowledge and offer care to older people in particular situations that create different needs.

A number of actions are required at local and national level that will contribute to ending discrimination against older people in mental health services.

Actions

1. The Equality Bill should be enacted but should recognise that age-appropriate mental health services are an appropriate means of achieving a legitimate aim that passes the objective justification test.

2. New Horizons will need to be unambiguous, with a clear message to commissioners that age-appropriate specialist mental health services are required to meet the needs of older people.

3. There must be full implementation of the National Dementia Strategy England (Department of Health, 2009).


5. Comprehensive specialist mental health services for older people must be reconfigured and developed, with an urgent need to provide:
   - access to crisis home treatment
   - early diagnosis and intervention
   - care home liaison
   - general hospital liaison
   - access to psychological therapies

6. There will have to be equitable distribution of resources within mental health services that take account of an ageing population.

7. All commissioners and providers of mental health services should subject their policies and procedures to an age discrimination assessment.

8. Royal College of Psychiatrists and partner organisations should develop a toolkit that allows self-assessment of services based on need, not age.

About the Royal College of Psychiatrists

The Royal College of Psychiatrists is the leading medical authority on mental health in the UK and is the professional and educational organisation for doctors specialising in psychiatry. This report was produced by the College’s Old Age Psychiatry Faculty and Policy Unit as part of the College’s Fair Deal for Mental Health campaign (www.fairdealmentalfewhealth.co.uk). For more information publicaffairs@rcpsych.ac.uk

Organisations endorsing the Royal College of Psychiatrists’ position statement PS2/2009

Royal College of General Practitioners
Help is Available
Royal College of Nursing

Age discrimination in mental health services: making equality a reality

Royal College of Psychiatrists’ position statement PS2/2009

Discrimination against older people must stop: working locally we can do it.
The Need to Tackle Age Discrimination

Overview

Ageing is the major global challenge which UK health and social care services will have to address. In 2007, for the first time in the UK, the number of people aged 65 or over was greater than those aged under 16. The number of people aged over 65 in the UK is projected to increase by 15% in the next 10 years. The number of people aged over 85 is expected to increase by 27%. By 2072, the number of people aged 65 or more will double and those aged over 80 will treble.

Recent reports have shown that older people suffer serious discrimination in mental health services.

Research commissioned by the Department of Health and non-governmental organisations have confirmed various aspects of discrimination, infringement of human rights, unfair treatment and prosecution of older people. Deep-rooted cultural attitudes to ageing are particularly evident in mental health.

In the past 10 years the position of older people in mental healthcare has fallen behind that of younger adults. The National Service Framework for Mental Health (Department of Health, 1999) and National Service Framework for Older People (Department of Health, 2001) created a difference in the way government policy was framed and implemented based on age. Age has been used as the same access to specialist mental health services as those under 65. Old age services have been excluded from investment and have seen reduced resources in some areas.

The Government has taken important recent national action, but only long-term changes will fully address the problem.

Access to services must be based on need not age.

An arbitrary age is not a satisfactory criterion to determine the service a person receives. Services must reflect the complexity of needs of people of all ages and be based on need not age.

The Royal College of Psychiatrists believes that all services should be available to people on the basis of need not age and that comprehensive specialist mental health services for older people are essential to meet needs across the life cycle. This is consistent with the principle that people should not be denied access to services because of age. The definition and task of a service should always be linked to its relevant needs and the evidence for best effectiveness and outcome for older people has been shown to be when services are provided by older people's mental health services.

In mental health the traditional configuration of services in relation to older people has been to define access by a specific age, usually age 65. Although having administrative benefits by creating clear accountability of services, this does not allow for the needs of elderly patients who may present with medical problems such as falls and fractures. People attend the same service regardless of age, will serve people badly and amounts to age discrimination.

Discrimination will also exist when inequitable distribution of resources prevents services meeting needs, when older people are required to attend services not designed to meet their needs, or when older people are denied access to services available to younger people that could meet their needs, for example by age discrimination in resource and crisis resolution.

People's needs change as they progress through the life cycle and as people get older certain needs become more common and these should be the basis for access to services. As people get older they may have additional needs that are not age related, for example cognitive disorder or dementia. At the same time as additional needs are present, healthcare providers may change and fail to relate people attend the same service regardless of age, will serve people badly and amounts to age discrimination.

The Royal College of Psychiatrists believes that it is essential that services sensitive to different needs continue to be provided and that specialist older people's mental health services with unique expertise meeting a particular set of needs characteristic for later life continue to be provided comprehensively in all commissioning areas. Failure to provide these services would deny older people access to services specifically designed to meet their need.

The nature of mental health problems in later life defines a set of needs that only will be satisfactorily met by commissioning specialist older people's mental health services. This principle is already set out in the Royal College of Psychiatrists report Mental Health Problems in older people (CR153, 2009). It is essential that all mental health services collaborate, whenever necessary, to make decisions based on age in older people's mental health services and better access for older people to services they are currently denied.

Addressing age discrimination will require both investment and an increase in older people's mental health services and better access for older people to services they are currently denied.

As people get older certain needs become more common and these should be the basis for access to older people's services and include:

- mental health problems developing in later life, as these are often of a different nature and require a different approach to treatment than those occurring earlier in life, this applies to a range of conditions including some cognitive disorders, mood disorders and psychoses
- multi-morbidity of both physical and mental health conditions
- cognitive disorder or dementia
- problems related to being at a later point in the life cycle that includes psychological and social difficulties and lifestyle

A recent survey of older people attending mental health services in England and Scotland revealed that 4 in 5 older people had significant needs for care related to mental health. As the population is ageing there will need to be more expertise available for older people and specialist older people's mental health services.

The Royal College of Psychiatrists position statement: towards better services for older people

RCPsych position statement: towards better services for older people

1. The Royal College of Psychiatrists believes that all services should be available to people on the basis of need not age and that comprehensive specialist mental health services for older people are essential to meet needs across the life cycle. This is consistent with the principle that people should not be denied access to services because of age. The definition and task of a service should always be linked to its relevant needs and the evidence for best effectiveness and outcome for older people has been shown to be when services are provided by older people's mental health services.

2. In mental health the traditional configuration of services in relation to older people has been to define access by a specific age, usually age 65. Although having administrative benefits by creating clear accountability of services, this does not allow for the needs of elderly patients who may present with medical problems such as falls and fractures. People attend the same service regardless of age, will serve people badly and amounts to age discrimination.

3. Discrimination will also exist when inequitable distribution of resources prevents services meeting needs, when older people are required to attend services not designed to meet their needs, or when older people are denied access to services available to younger people that could meet their needs, for example by age discrimination in resource and crisis resolution.

4. People's needs change as they progress through the life cycle and as people get older certain needs become more common and these should be the basis for access to services. As people get older they may have additional needs that are not age related, for example cognitive disorder or dementia. At the same time as additional needs are present, healthcare providers may change and fail to relate.

5. The Royal College of Psychiatrists believes that it is essential that services sensitive to different needs continue to be provided and that specialist older people's mental health services with unique expertise meeting a particular set of needs characteristic for later life continue to be provided comprehensively in all commissioning areas. Failure to provide these services would deny older people access to services specifically designed to meet their need.

6. The nature of mental health problems in later life defines a set of needs that will only be satisfactorily met by commissioning specialist older people's mental health services. This principle is already set out in the Royal College of Psychiatrists report Mental Health Problems in older people (CR153, 2009).

7. Arising from this analysis of older people's mental health and taking account of what is known about mental health problems in later life, a set of guiding principles can be derived to define the specialist expertise and need best met by older people's mental health services.

   i. Age, in itself, is unsatisfactory as the single criterion for access to services in later life. No person attending any specialist mental health service is required to transfer to an older people's service only because they have reached a certain age. In doing so they may lose benefits of the relationships people have formed with those services and be disadvantaged. Defining older people's services by any age will always be arbitrary and risks people attending services that are not best placed to meet their need.

   ii. As people get older certain needs become more common and these should be the basis for access to services. As people get older they may have additional needs that are not age related, for example cognitive disorder or dementia. At the same time as additional needs are present, healthcare providers may change and treat people attend the same service regardless of age, will serve people badly and amounts to age discrimination.

   iii. There may be younger people for whom older people's mental health services would be appropriate, for example, people with young onset dementia as described in the Royal College of Psychiatrists report Services for Younger People with Alzheimer's Disease and Other Dementias (CR155, 2006).

   iv. For people already experiencing mental health problems there can be no reason for them being transferred to older people's services simply by virtue of their age, but only if their needs have changed and would be better met by older people's mental health services. The Royal College of Psychiatrists report Links not Boundaries: Service Transitions for People Growing Older with Enduring Mental Illness (CR173, 2009) also shows the complex needs of people in older people's mental health services and better access for older people to services they are currently denied.

   v. There will be people for whom more than one service could meet their need equally – a person should be able to choose, with advice from professionals, the service they prefer.

   vi. There will be people who have complex needs that may require more than one service. In these cases there will need to be close collaboration between services and a clear agreement that one service will take the lead role supplemented by other services to provide coordinated care.

   vii. Older people unable to access specialist older people's mental health services, regardless of their condition or circumstances, or these services cannot meet the needs of their population due to inequitable distribution of resources, then discrimination will exist. Addressing age discrimination will require both investment and an increase in older people's mental health services and better access for older people to services they are currently denied.

   viii. As the population is ageing there will need to be more expertise available for older people and specialist older people's mental health services will be essential to train future generations to acquire that expertise.

   ix. It is essential that all mental health services collaborate, whenever necessary, to make decisions based on a person's needs and that accountability remains clear at all times.
Overview

Ageing is the major global challenge which UK health and social care services will have to address.

In 2007, for the first time in the UK, the number of people aged 65 or over was greater than those aged under 16. The number of people aged over 65 in the UK is projected to increase by 15% in the next 10 years. The number of people aged over 85 is expected to increase by 27%. By 2027, the number of people aged 65 or more will double and those aged over 80 will quadruple.

Recent reports have shown that older people suffer serious discrimination in mental health services.

Research commissioned by the Department of Health and non-governmental organisations confirms various aspects of discrimination, infringement of human rights, unequal treatment and unfair disadvantage. Deep-rooted cultural attitudes to ageing are particularly evident in mental health.

In the past 10 years the position of older people in mental healthcare has fallen behind that of younger adults. The National Service Framework for Mental Health (Department of Health, 1999) and National Service Framework for Older People (Department of Health, 2001) created a difference in the way government policy was framed and implemented based on age. Ageing is, therefore, the same access to specialist mental health services as those under 65. Old age services have been excluded from investment and have seen reduced resources in some areas.

The Government has taken important recent national action, but only limited changes will fully address the problem.

Access to services must be based on need not age.

An arbitrary age is not a satisfactory criterion to determine the service a person receives. Services must respond to the needs of the individual, not the age of the person. Age is a continuous variable and there is no point at which populations become discretely separate. A needs-based service will still require the development of comprehensive specialist mental health services for older people.

Research commissioned by the Department of Health and non-governmental organisations confirms various aspects of discrimination, infringement of human rights, unequal treatment and unfair disadvantage. Deep-rooted cultural attitudes to ageing are particularly evident in mental health.

In the past 10 years the position of older people in mental healthcare has fallen behind that of younger adults. The National Service Framework for Mental Health (Department of Health, 1999) and National Service Framework for Older People (Department of Health, 2001) created a difference in the way government policy was framed and implemented based on age. Ageing is, therefore, the same access to specialist mental health services as those under 65. Old age services have been excluded from investment and have seen reduced resources in some areas.

The Government has taken important recent national action, but only limited changes will fully address the problem.

Access to services must be based on need not age.

An arbitrary age is not a satisfactory criterion to determine the service a person receives. Services must respond to the needs of the individual, not the age of the person. Age is a continuous variable and there is no point at which populations become discretely separate. A needs-based service will still require the development of comprehensive specialist mental health services for older people.

This Royal College of Psychiatrists position statement, supported by leading health and social care organisations, gives an overview of the current extent of discrimination against older people in mental health services and highlights areas of best practice, which demonstrate how mental health services can be transformed so that services are provided on the basis of need, not age.

The Equality Bill and New Horizons mental health policy are important steps by the Government to tackle discrimination but, unless services are commissioned, configured and developed locally to better meet the need of older people, more opportunities will be lost and discrimination will continue.

RCPSych position statement: towards better services for older people

1. The Royal College of Psychiatrists believes that all services should be available to people on the basis of need not age and that comprehensive specialist mental health services for older people are essential to meet need across the life cycle. This is because one factor that changes people’s needs, addressing those needs in an equal way and not treating all the people with the same needs are different. Progress through the life cycle is one factor that changes people’s needs and reflects the evidence for best effectiveness and outcome for older people has been shown to be when services are provided by specialist older people’s mental health services.

2. In mental health the traditional configuration of services in relation to older people has been to define access by a specific age, usually age 65. Although having administrative benefits by creating clear accountability of services, this means that services are provided regardless of whether the person attending any specialist mental health service is required to transfer to an older people’s service only because they have reached the age of 65. In doing so they may lose benefits of the relationships they have formed with those services and be disadvantage. Defining older people’s services by any age will always be arbitrary and risks people attending services that are not best placed to meet their needs.

3. Discrimination will also exist when inequitable distribution of resources prevents services meeting needs, when older people are required to attend services not designed to meet their needs, or when older people are denied access to services available to younger people that could meet their needs, for example, crisis resolution teams.

4. People’s needs change as they progress through the life cycle and as people get older those changing needs may be better met by older people’s mental health services. For example, people attending home treatment services may attend the same service regardless of age, will serve people badly and amounts to indirect discrimination.

5. The Royal College of Psychiatrists believes that it is essential services to sensitive to different needs to continue to be provided and that specialist older people’s mental health services with unique expertise meeting a need or neglect of older people. Deep-rooted cultural attitudes to ageing are particularly evident in mental health.

For 10,000 people aged 65 or over there are: 2500 people with a diagnosable mental illness 1150 people with depression (2255) no treatment or treatment for the illness 660 people with dementia (333 not recognised) 650 people with other mental illness

6. The nature of mental health problems in later life defines a set of needs that will only be satisfactorily met by commissioning specialist older people’s mental health services. There are also those who have dementia, for example, people with Parkinson’s disease, who also have mental illness. In a 500-bed district general hospital 23 older people will have other diagnosable disorders 66 older people will have delirium 102 older people will have dementia 230 older people will have depression 330 beds are occupied by older people 2500 people with a diagnosable mental illness 1150 people with depression 650 people with other mental illness

7. Arising from this analysis of older people’s mental health and taking account of what is known about mental health problems in later life, a set of guiding principles can be defined to describe the specialist expertise and need best met by older people’s mental health services.

As people get older certain needs become more common and these should be the basis for access to older people’s services and include:

- mental health problems developing in later life, as these are often of a different nature and require a different approach to treatment than those occurring earlier in life, this applies to a range of conditions including cognitive disorders, mood disorders and psychoses;
- multi-morbidity of both physical and mental health conditions;
- exist cognitive disorder in dementia;
- problems related to being at a later point in the life cycle that includes psychological and social difficulties and lifestyle;
- health where other services are required more directed to the needs of older people, for example, aged over 80 will treble.

ii. This set of needs will become more common as people age past the age of 65, and though this would not be the case for all individuals, it is likely that older people’s mental health services will be best placed to meet the needs of people developing mental health problems at that point in the life cycle, and best placed to assess that need. It is the case that evidence of effectiveness in this population only exists for these services, or where comparisons are made these services produce better outcomes for older people.

There may be younger people for whom older people’s mental health services would be appropriate, for example, young people with onset dementia as described in the Royal College of Psychiatrists report Services for Younger People with Alzheimer’s Disease and Other Dementias (CR135, 2006).

For people already receiving mental health services there can be no reason for them being transferred to older people’s services simply by virtue of their age, but only if their needs have changed and would be better met by a different service. The Royal College of Psychiatrists report Links not Boundaries: Service Transitions for People Growing Older with Enduring Mental Health Problems (CR133, 2006) recommends that age alone should not be a reason for transferring to older people’s services.

8. There will be people for whom more than one service could meet their need equally – a person should be able to choose, with advice from professionals, the service they prefer.

9. There will be people who have complex needs that may require more than one service. In these cases there will need to be closer collaboration between services and a clear agreement that one service will take the lead role supplemented by other services to ensure that the right specialist services are provided to meet their needs.

10. Older people are unable to access specialist older people’s mental health services, regardless of their condition or circumstances, or these services are unsuitable and do not meet their needs. This may reflect an inequitable distribution of resource, then discrimination will exist. Addressing age-related problems is essential for older people’s mental health. Services and better access for older people to services they are currently denied.

11. As the population is ageing there will be more expertise available for older people and specialist older people’s mental health services will be essential to train future generations to acquire that expertise.

12. It is essential that all mental health services collaborate, whenever necessary, to make decisions based on a person’s needs and that accountability remains clear at all times.

In a 500-bed district general hospital

On an average day: 330 beds are occupied by older people 220 older people will have a mental illness 102 older people will have dementia 96 older people will have depression 16 older people will have physical illness 330 beds are occupied by older people 2500 people with a diagnosable mental illness 1150 people with depression 650 people with other mental illness

These key themes are discussed in detail, with supporting evidence, in The Need to Tackle Age Discrimination in Mental Health. This can be found online at www.fairdeal4mentalhealth.co.uk or you can email publicaffairs@rcpsych.ac.uk for a copy.
Overview

- Ageing is the major global challenge which UK health and social care services will have to address.

In 2007, for the first time in the UK, the number of people aged 65 or over was greater than those aged under 16. The number of people aged over 65 in the UK is projected to increase by 15% in the next 10 years. The number of people aged over 85 is expected to increase by 27%. By 2072, the number of people aged 65 or more will double and those aged over 80 will treble.

Recent reports have shown that older people suffer serious discrimination in mental health services.

These key themes are discussed in detail, with supporting evidence, in the Royal College of Psychiatrists position statement: towards better services for older people.

1. The Royal College of Psychiatrists believes that all services should be available to people on the basis of need not age and that comprehensive specialist mental health services for older people are essential to meet the needs of the entire life cycle. The Health of older people is one factor that changes people’s needs, addressing those needs in an equal way and not treating all the people when their needs are different. Progress through the life cycle is one factor that changes people’s needs and the evidence for best effectiveness and outcome for older people has been shown to be when services are provided by older people’s mental health services.

2. In mental health the traditional configuration of services in relation to older people has been to define access by a specific age, usually age 65. Although having administrative benefits by creating clear accountability of services, restricting access by age makes it impossible to ensure that each person attending any specialist mental health service is required to transfer to an older people’s service only because they have reached the age of 65. In doing so they may lose benefits of the relationships they have formed with those services and be disadvantaged. Defining older people’s services by any age will always be arbitrary and risks people attending services that are not best placed to meet their needs.

3. Discrimination will also exist when inadequate distribution of resources prevents services meeting needs, when older people are required to attend services not designed to meet their needs, or when older people are denied access to services available to younger people that could meet their needs, for example in the acute crisis resolution teams.

4. People’s needs change as they progress through the life cycle and as people get older those changing needs may be better met by other services. For example, people who have feckless children in their 20’s or 30’s may feel they are not able to attend the same service as their children. Older people attend exactly the same service regardless of need, will serve people badly and amounts to discrimination.

5. The Royal College of Psychiatrists believes that it is essential services to sensitive to different needs continue to be provided and that specialist older people’s mental health services with unique expertise meeting a particular set of needs characteristic for later life continue to be provided comprehensively in all commissioning areas. Failure to provide these services would deny older people access to services specifically designed to meet their need.

6. The nature of mental health problems in later life defines a set of needs that will only be satisfactorily met by commissioning specialist older people’s mental health services. This reflects the fact that older people will have physical and mental problems that affect their mental health, just as younger people have physical and mental problems that affect their mental health. It also reflects the fact that older people have different needs from younger people and are different from younger people in the way they develop mental health problems. It is the case that evidence of effectiveness in this population only exists for these services, or where comparisons are made these services produce better outcomes for older people.

7. There will be people for whom older people’s mental health services would be appropriate, for example, young people with young onset dementia as described in the Royal College of Psychiatrists report Services for Younger People with Alzheimer’s Disease and Other Dementias (CR135, 2006).

8. For people already accessing mental health services there can be reason for them being transferred to older people’s services simply by virtue of their age, but only if their needs have changed and would be better met by older people’s services.

9. Older people’s mental health services are different. Progress through the life cycle is one factor that changes people’s needs, addressing those needs in an equal way and not treating all people the same when their needs are different. Progress through the life cycle is one factor that changes people’s needs and the evidence for best effectiveness and outcome for older people has been shown to be when services are provided by older people’s mental health services.

Access to services must be based on need not age

An arbitrary age is not a satisfactory criterion to determine the service a person receives. Services must respond to the needs of all people and be based on need not age. Age is a continuous variable and there is no point at which populations become discretely separate. A needs-based service will still require the development of comprehensive specialist mental health services for older people to meet the population needs.

RCPSych position statement: towards better services for older people

- mental health problems developing in later life, as these are often of a different nature and require a different approach to treatment than those occurring earlier in life, this applies to a range of conditions including cognitive disorders, mood disorders and psychoses.

- multi-morbidity of both physical and mental health conditions exist.

- cognitive disorder or dementia exists.

- problems related to being at a later point in the life cycle that includes psychological and social difficulties and lifestyle.

This document provides an overview of the current extent of discrimination against older people in mental health services. This can be found online at www.fairdeal4mentalhealth.co.uk or you can email publicaffairs@ rcpsych.ac.uk for a copy.

The Equality Bill and New Horizons mental health policy are important steps by the Government to tackle discrimination but, unless services are commissioned, configured and developed locally to better meet the need of older people, more opportunities will be lost and discrimination will continue.

The Royal College of Psychiatrists position statement, supported by leading health and social care organisations, gives an overview of the current extent of discrimination against older people in mental health services and highlights the importance of cross sector working to determine how mental health services can be transformed so that services are provided on the basis of need, not age.

These key themes are discussed in detail, with supporting evidence, in the Royal College of Psychiatrists position statement: towards better services for older people.
**The next steps...**

Government policy must communicate very clearly the importance of recognising the differences that occur with ageing, and must stress that commissioners have to address need for care in an age-appropriate way. Specialist older people’s mental health services will be required to provide a comprehensive response to that need. It is unacceptable to offer a single, age-inclusive mental health service that is not designed to meet the need of older people and to do so would be discrimination. Older people’s mental health services must develop more specialised functions to deliver care to older people in particular situations that create different need.

A number of actions are required at local and national level that will contribute to ending discrimination against older people in mental health services.

**Actions**

1. **The Equality Bill** should be enacted but should recognise that age-appropriate mental health services are an appropriate means of achieving an objective that passes the objective justification test.
2. **New Horizons** will need to be unambiguous, with a clear message to commissioners that age-appropriate specialist mental health services are required to meet the needs of older people.
3. There must be full implementation of the National Dementia Strategy (England, 2009).
5. Comprehensive specialist mental health services for older people must be reconfigured and developed, with an urgent need to provide:
   - access to crisis home treatment
   - early diagnosis and intervention
   - care home liaison
   - general hospital liaison
   - access to psychological therapies
6. There will have to be equitable distribution of resources within mental health services that takes account of an ageing population.
7. All commissioners and providers of mental health services should subject their policies and procedures to an age discrimination assessment.
8. **The Royal College of Psychiatrists and partner organisations should develop a toolkit that allows self-assessment of services based on need, not age.**

**About the Royal College of Psychiatrists**

The Royal College of Psychiatrists is the leading medical authority on mental health in the UK and is the professional and educational organisation for doctors specialising in psychiatry. This report was produced by the College’s Old Age Psychiatry Faculty and Policy Unit as part of the College’s Fair Deal for Mental Health campaign (www.fairdeal4mentalhealth.co.uk). For more information email publicaffairs@rcpsych.ac.uk

**Organisations endorsing the Royal College of Psychiatrists’ position statement PS2/2009**

- Royal College of General Practitioners
- Royal College of General Practitioners
- College of General Practitioners
- College of General Practitioners
- Royal College of General Practitioners
- Royal College of General Practitioners

**Discrimination against older people must stop: working locally we can do it.**

**Age discrimination in mental health services: making equality a reality**

**Royal College of Psychiatrists’ position statement PS2/2009**

**Sorry isn’t good enough.**

**Under 65? If you have a mental health crisis, you can have immediate assessment and treatment at home from a 24-hour specialist team.**

**Over 65? If you’ve been admitted to a general hospital, you’re probably going to receive a mental health assessment.**

**Over 65? Sorry, you can’t.**

**Under 65? If you’ve been admitted to a general hospital, you’re probably going to receive a mental health assessment.**

**Over 65? Sorry, you’re probably not going to receive one. However, if you do have a mental health problem, you are more likely to stay in hospital twice as long, or be discharged to a care home instead of your own home.**
We know that local change can make a difference.

Mrs A: Mrs A is 72 years old. Following her son’s death by suicide 12 months ago, she has become depressed. She spends her daysindoors, thinking about her son’s death, and washing and ironing his clothes as though he was still alive. She has severely neglected her own care and thinks about suicide. Despite her-traumaticreaction to bereavement, Mrs A is willing to have psychological treatment. However, the older people’s community team do not have the resources to deliver intensive psychological treatment, nor can they access specialist psychological input. Compounding this, her local psychological therapy service is limited to people aged under 65, despite government recognition that therapists working with older people require specialist expertise. Her condition remains chronically distressing and she remains at risk.

Mrs G: Mrs G is 89 years old, lives alone and has longstanding dementia. She lives on her own locally. When a neighbour finds Mrs G on the floor of her flat, she is in her second week of hospital-a bed for 2 weeks. Medical tests conclude that Mrs G has had a simple fall. However, she appears more confused after her time in hospital and needs assistance. There is no older people’s mental health liaison service and the hospital occupational therapist and social worker have no expertise in the risk assessment of dementia. Mrs G will need to go to long-term care despite the fact that before this admission she was managing well at home alone.

The next steps...

Government policy must communicate very clearly the importance of recognising the differences that occur with ageing, and must stress that commissioners have to address need for care in an age-appropriate way. Specialist mental health services for older people will be required to provide a comprehensive response to the needs of older people that are different from those of younger adults. If older people are offered inappropriate care, it is unacceptable to offer a single, age-inclusive mental health service that is not designed to meet the need of older people and to do so would be discrimination. Older people’s mental health services must develop more specialised functions to deliver care to older people in particular situations that create different needs.

A number of actions are required at local and national level that will contribute to ending discrimination against older people in mental health services.

We should:

1. The Equality Bill should be enacted but should recognise that age-appropriate mental health services are an appropriate means of achieving this equality by-passing the objective justification test.
2. New Horizons will need to be unambiguous, with a clear message to commissioners that age-appropriate mental health services are required for the needs of older people.
3. There must be full implementation of the National Dementia Strategy. England (Department of Health, 2009).
5. Comprehensive specialist mental health services for older people must be reconfigured and developed, with an urgent need to provide:
   - access to crisis home treatment
   - early diagnosis and intervention
   - case management
   - general hospital liaison
   - access to psychological therapies
6. There will have to be equitable distribution of resources within mental health services that takes account of an ageing population
7. All commissioners and providers of mental health services should subject their policies and procedures to an age discrimination assessment.
8. The Royal College of Psychiatrists and partner organisations should develop a toolkit that allows self-assessment of services based on need, not age.

About the Royal College of Psychiatrists

The Royal College of Psychiatrists is the leading medical authority on mental health in the UK and is the professional and educational organisation for doctors specialising in psychiatry. This report was produced by the College’s Old Age Psychiatry Faculty and Policy Unit as part of the College’s Fair Deal for Mental Health campaign (www.fairdeal4mentalhealth.co.uk). For more information email publicaffairs@rcpsych.ac.uk.

Organisations endorsing the Royal College of Psychiatrists’ position statement PS2/2009

Royal College of Psychiatrists

Sorry sorry... not good enough.

Under 65?
If you have a mental health crisis, you can have immediate assessment and treatment at home from a 24-hour specialist team.

Under 65? If you’ve been admitted to a general hospital, you’re probably going to receive a mental health assessment.

Over 65? Sorry, you can’t.

Over 65? If you’ve been admitted to a general hospital, you’re probably going to receive a mental health assessment.

Discrimination against older people must stop: working locally we can do it.