

Age discrimination in mental health services: making equality a reality

Royal College of Psychiatrists' position statement
PS2/2009

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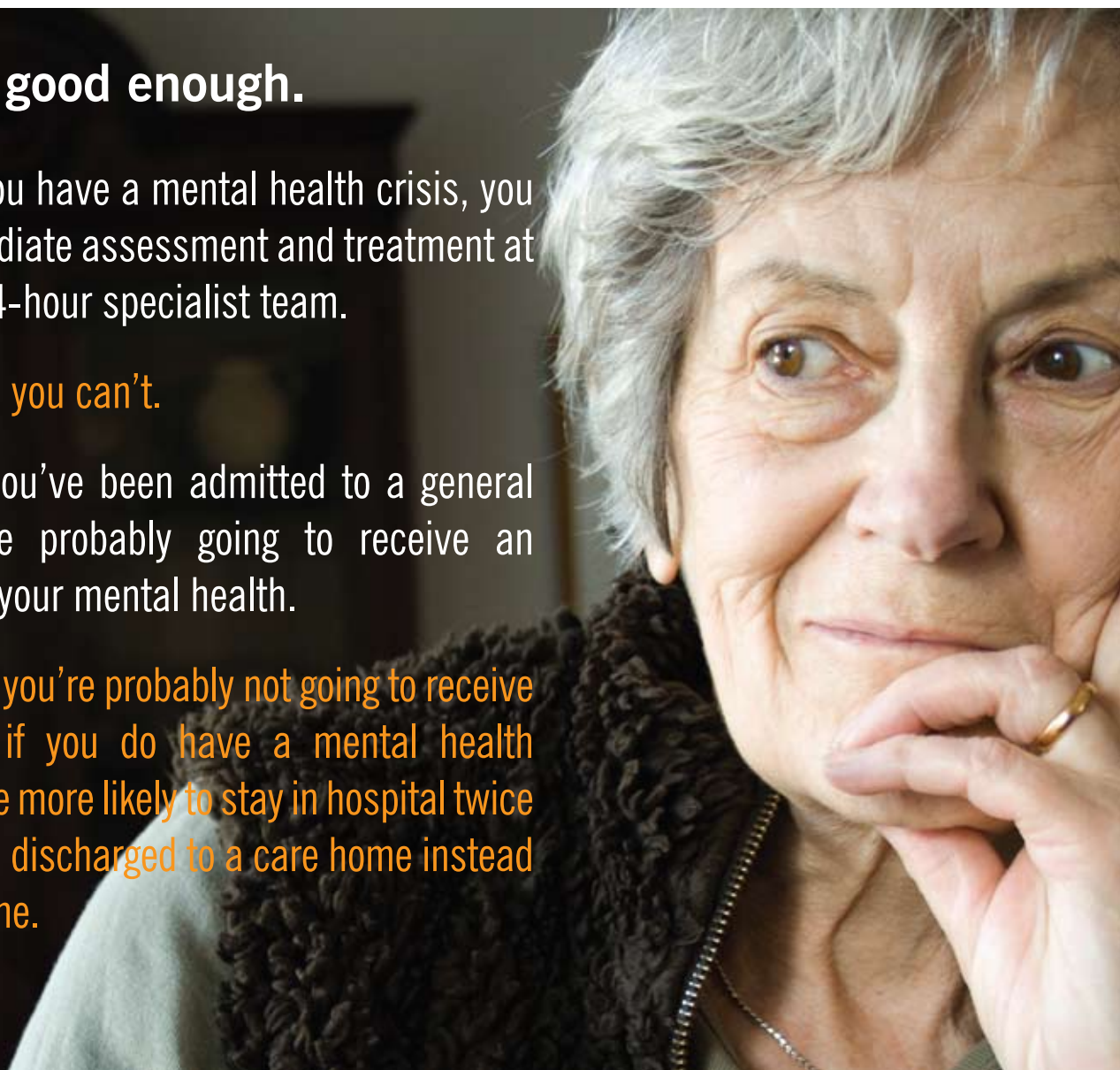
Under 65? If you have a mental health crisis, you can have immediate assessment and treatment at home from a 24-hour specialist team.

Over 65? Sorry, you can't.

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

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 to be discharged to a care home instead of your own home.

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



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 reports have confirmed various aspects of discrimination, infringement of human rights, unmet need or neglect 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. Adults over 65 do not have 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 local changes will fully address the problem.

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.

- ❑ 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 recognise the equal value of all people and be based on need not on 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-based 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.

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.

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 consistent with the principle of recognising people's different 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 need and 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 approach may also be considered discriminatory, for example, when a 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 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 and home treatment services.
- 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 a different service. Failure to recognise that changing need, so that all people attend exactly the same service regardless of need, will serve people badly and amounts to indirect discrimination.
- 5 The Royal College of Psychiatrists believes 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.

For 10000 people aged 65 or over there are:

- 2500 people with a diagnosable mental illness
- 1350 people with depression (1135 receiving no treatment)
- 500 people with dementia (333 not diagnosed)
- 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 to provide assessment and treatment for the full range of disorders that can affect older people. This recognises both the differences that exist in mental health problems arising in later life and the psychosocial context in which they develop. Services need to be age-appropriate.

- 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 should be required to attend older people's mental health services by virtue of their age alone, nor, for that reason, should they be prevented from attending alternative services that better meet their need.

- ii 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
 - cognitive disorder or dementia
 - problems related to being at a later point in the life cycle that includes psychological and social difficulties and lifestyle
 - frailty
 - where other services required are more directed to the needs of older people, for example, particular types of social care needs or care homes.
 - iii This set of needs will become more common as people pass 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 lifecycle, 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.
 - iv 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* (CR135, 2006).
 - v 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 those services. This principle is already set out in the Royal College of Psychiatrists report *Links not Boundaries: Service Transitions for People Growing Older with Enduring or Relapsing Mental Illness* (CR153, 2009).
- 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 close collaboration between services and a clear agreement that one service will take the lead role supplemented by other services to ensure clear clinical and managerial accountability and properly coordinated care.
 - 10 If older people are 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 resource, then discrimination will exist. Addressing age discrimination will require both investment in 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 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.
 - 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 disorder
- 102 older people will have dementia
- 96 older people will have depression
- 66 older people will have delirium
- 23 older people will have other diagnosable disorders



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 traumatic 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 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 undiagnosed dementia. She has no family locally. When a neighbour finds Mrs G on the floor of her flat, she calls emergency services. The out-of-hours emergency response general nursing team are involved, but with no knowledge of dementia and in the absence of a crisis service for older people's mental health take Mrs G to the accident and emergency department. Mrs G is admitted to an acute 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.

We know that local change can make a difference

In 2006, following reconfiguration of services in Doncaster, a specialist older people's mental healthcare home liaison team was established to deliver person-centred care and training to local registered care homes. The primary outcome was to reduce admission to hospital, improve quality of care and provide training to care home staff.

In the first year this award-winning team received 460 referrals, admissions to hospital reduced by 75% and 28 training sessions were delivered. Over 2 years nearly 600 care home staff attended person-centred training. The team has fostered a care home managers' network and local awards and effective partnership between social services, older people's mental health services and the independent sector.

In 2006, the crisis resolution home treatment team for working-age adults in West Suffolk was extended to include people aged over 65. Before this there had been an 18% reduction of psychiatric admissions for younger adults. Crisis was defined as any situation where admission to hospital was considered. Previously, for older people, there was no alternative and all people in crisis were admitted.

Most referrals of older people occurred during working hours and the average time of team involvement was 10.5 days. Most people had depression. The number of older people admitted fell by 31% without any loss of patient or carer satisfaction measured by a standardised instrument.

These examples of local change adapting to meet the needs of older people have to occur nationally. Turn over for the next steps in how we can achieve this.



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 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).
- 4 Implementation of the *Improved Access to Psychological Therapies* programme (NHS Institute for Innovation and Improvement, <http://www.institute.nhs.uk>) must demonstrate equitable investment in age-appropriate services for older people.
- 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 Nursing



Royal College of
General Practitioners



AGE
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