

Submission to the APPG for Mental Health by the Faculty of Old Age Psychiatry of the RC Psych

This submission

This submission was prepared by members of the Faculty of Old Age Psychiatry: Dr Alex Bailey, Dr Erum Nomani, Dr Krish Vedavanam and Dr Amanda Thompsell.

The Faculty represents psychiatrists working with older people, their families and carers. Old age psychiatrists are experts and leaders in the care and treatment of older people with complex co-morbid conditions which may include psychological, cognitive, behavioural, physical and psychiatric conditions and social problems relating to ageing.

Response

Question 1. Where has the Five Year Forward View for Mental Health (FYFV) made the biggest impact and where could it go further?

The FYFV has had success in raising the profile of mental health generally and, in particular, focussing on the mental health needs of children; liaison in acute hospitals; early intervention psychosis; psychological services; perinatal care and crisis support.

However, the Faculty considers that the FYFV's failure to focus similarly on the specific and distinct needs of older people sent a message that this was not an area which required resources or reform. Sadly, this is not the case.

Older people already account disproportionately in the demand for mental health services. 18% of the UK population is aged 65 and over with 2.4% now aged 85 and over. The

prevalence of mental disorder in older people over 64 in the UK is around about 20-25% and dementia accounts for 20-25% of that morbidity. Mental health problems are present in 40% of older people attending their GPs, 50% in general hospitals and at least 60% in care homes.

Demographic forecasting predicts that the older population will continue to be the fastest growing section of the population. A King's Fund report¹ suggested that by 2026 ageing will be the sole driver increasing the numbers of people with mental disorder. It is estimated that up to 85% of older people with depression receive no help at all from the NHS despite there being a huge body of research indicating how successful treatment can be.

To keep up with these trends an estimated 45% increase in consultant old age psychiatrist numbers is required by 2033. However consultant numbers have in fact declined by 7% in the last 10 years.

The societal effect of providing inadequate services to this population are significant; older carers save the economy £15 billion each year. As carers age, their caring role increases the risk of developing their own mental health issues.

The FYFV paid little attention to mental health care in the community, which is where most secondary mental health care is provided, including for older adults. Moreover, the services advocated were not distinguished between those for working age and those for older adults. This had the (unintended) consequence that where resources are being funnelled into services (such as crisis resolution teams), with a few exceptions these work only with the working age population. The consequences of this has been recognised but now requires urgent redressing. The strategy adopted by some commissioners and providers of offering 'ageless' services, where teams are expected to manage all adult mental health problems fails to recognise the complexity and specialist needs of older adults, leading to

¹ Dhanasiri S, Patel A, Knapp M, Lawton-Smith S (2008) Paying the Price: the cost of mental health care in England to 2026. The Kings Fund

unsuitable and inadequate care provision. The Faculty has been working to address this discredited approach.

This lack of specific focus on older people within the FYFV has, in the view of the Faculty, contributed to a continuing lack of necessary development in services aimed at older people. The prevalence of this attitude is endemic and demonstrable. The Mental Health Workforce for England made no specific provisions for older people and an Age UK report² found that out of 51 mental health trusts in England, only 3 had policies specifically for older people

It has however been encouraging to see that NHS England now have a (small) separate workstream looking at older adults' mental health in relation to the FYFV; however little of this appears to have filtered down to local level: proposals for service reconfiguration are still failing to address explicitly the needs of older adults. IAPT services are still not adequately addressing the lack of uptake of older adults into psychological therapies, despite the clear evidence of treatment success when they do.

Two specific areas where the current FYFV could go further are as follows.

The first is that there should be an explicit requirement for commissioners of services to consider the particular needs of older people and the services that they rely on.

The second is to rectify an inequality by ensuring that older people within mental health wards obtain equivalent access to medical services as medically ill people in acute hospitals. The liaison model promoted in FYFV ensures access for medically ill people in acute hospitals to mental health services but the reverse provision of medical services into older people's mental health wards is often poor .

² Hidden in Plain Sight. 2016

Question 2. What should any mental health strategy post 2021 focus on?

There should be an explicit focus on older people's mental health (OPMH). Part of the answer will be to dedicate resource to meet these needs but it is equally important that resources are mobilised in the best possible way. Older age is characterised by health conditions that are multiple, overlapping and interacting and best managed by specialist services.

Specifically, we suggest a three-fold focus as follows:

(a) Rebalancing Resource

Redistribution of resources is needed to address the increasing demands of an ageing population. The needs of older people need to move to the centre when planning spending on mental health issues. The current proposals for integrated systems provide a promising vehicle for addressing the complex nature of mental and physical health problems, polypharmacy and social needs in older adults.

We welcome NHSE announcement that every clinical commissioning group must meet the Mental Health Investment standard in 2018/19 but moving forward **we believe that NHSE should commit to a mandatory mental health standard for older people in all settings based on the local demographics.**

To do this efficiently we need a proper understanding of the needs of this cohort within each area. This should be based on solid data as to the make-up of the population and its needs, having regard to ethnicity and cultural issues as well as to the age of the population and the prevalence of different mental health disorders, particularly depression. **NHSE should regularly collect this information on the older population as it applies locally.** This is crucial to the delivery of effective policies and efficient services.

Any new plan should also consider specifically the mental health needs of older people in the care home sector and prisons. There are over 400,000 older people in care homes and there has been an 150% increase in the 20 years from since 2002 in the number of older (50 or over) people in the prison population.

(b) Focus on prevention.-depression and dementia

A greater emphasis should be placed on preventative strategies for depression and dementia that cross all settings and ethnicities. This should be developed in conjunction with the local old age psychiatrist. Detecting cognitive difficulties and depression early in someone with a long term physical health conditions will have a beneficial impact on both their mental and physical health.

Services for older people need to be different. The solution is not to replicate all younger adult services for older people but rather in creating better and more innovative services that meet the local needs of older people. It must also be recognised and addressed that crisis support is at best patchy and in most areas unavailable to older adults with mental health needs. **We propose that any transformation plans in a subsequent FYFV should have explicit recommendations and metrics relating to services for older people.**

(c) Improving and expanding the workforce

Health Education England should develop a workforce strategy to meet the needs of older people, with particular focus on training and promoting older people's mental health as a valuable and rewarding career choice.

Just as we have made progress in increasing awareness of dementia, we now need to promote societal recognition of the importance and impact of wider mental health issues for older people and their treatability. E.g. understanding that a person can have both a mental illness such as depression or psychotic illness along with dementia and may have many other co-morbidities.

Within the general population we need campaigns to deal with both stigma associated with mental health issues and with old age. This begins by the new FVFV taking these issues seriously.

Recognising that we do not have enough specialists in the short term to meet all the demand, we need to train and support the wider health and social care workforce to pick up mental health issues in older people at early stage. Within services there will need to be a more informed workforce that better recognises and understands the different way mental health problems present in older people, in particular, those in primary care, general hospitals, care homes and social care. Recruitment rates for specialist old age mental health doctors and nurses need to improve. **The message needs to be clearly and consistently delivered that old age psychiatry is an important and rewarding discipline offering a secure future.** This starts with the undergraduate curriculum for both doctors and nurses which needs to find more room to address older people's mental health issues.

Retention of skilled staff should be addressed. Too many specialist doctors and nurses are retiring early, resulting in tremendous waste of experience and training. The reasons for this should be understood and rectified.

Question 3. How can we better scrutinise the implementation of the FYFV and what role can the public, government, policy makers, arms-length bodies and parliamentarians play?

There needs to be transparency with data looking at the local populations, their ageing and services provided.

Accurate reporting of spend on older adults' mental health needs to be introduced and analysed, as there is evidence that older adult services receive a disproportionately low spend compared with general adult services. We suggest a study into the value-for-money and outcomes for older people with different models of mental health services: the Carter

Report³ notes that half of lifetime expenditure on health occurs after the age of 65; investment in mental health services for older people will reap disproportionate rewards, not just for older people, but throughout society – we all have a vested interest in high quality mental health care as we age.

³ The Final Report of the Carter Review for the Department of Health, 2018