

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House,
79 Whitehall,
London
SW1A 2NS

1 August 2014

Dear Secretary of State,

The Royal College of Psychiatrists has been concerned for some time that specialist old age mental health services are being eroded and merged into "ageless" services.

This development is undermining the principle that older people with mental disorders, like any other group in the population, should have their care and treatment managed by professionals who have specific expertise and are able to provide them with optimal care.

You will have seen the letter sent to you by the Presidents of the national psychiatric organisations in Europe, and the letter in The Times (January 24th) co-signed by 39 key leaders in mental health care around the world calling for the UK to preserve specialist Old Age mental health services.

In Autumn 2012, our national survey of old age psychiatry, which included responses from 95 per cent of Mental Health Trusts, showed that 17 per cent had either introduced ageless services or were considering doing so. In January 2013 we wrote to all Trust Chief Executives and Medical Directors requesting a pause in the development of further ageless services, pending evidence of their impact. This letter was co-signed by several national organisations, and I attach a copy for your reference.

I am writing to you to advise you that we now have this evidence. It shows that safety, care and services are invariably worse when an old age psychiatry service becomes ageless (Warner J, International Psychogeriatrics 26:7 1055-1058 (July 2014)). For example, when services became ageless

- 30% of respondents reported an increase in serious incidents
- 50% reported an increase in admissions
- 60% reported an increase in missed diagnosis
- 70% reported deterioration in access to services.

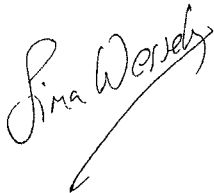
The College is aware that this development is in part a result of a misunderstanding of the Equality Duty introduced by the Equality Act 2010, combined with a rationalising of care. For this reason it has recently developed needs-led criteria for older people's services which do not focus on age, but centre instead on the key

needs of this patient group, namely: dementia, frailty and the psychological consequences of ageing. These are outlined in the Joint Commissioning Panel Guide for Commissioners of Older People's Mental Health Services (<http://www.jcpmh.info/wp-content/uploads/jcpmh-olderpeople-guide.pdf>). Finalised criteria, approved by the faculty and College council, are attached.

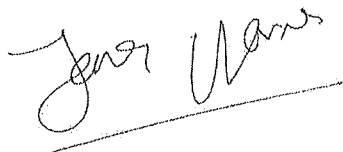
It is a matter of real concern to us to learn that more mental health trusts are considering moving to ageless services. This is ill-advised in the light of the evidence of the harm this can cause. We would therefore welcome your assurance that you will support the need to maintain specialist old age psychiatry services, and send a strong signal to the system that this approach is in the best interests of patients.

We would be very happy to provide you with further information about this issue, and also to organise a visit to a service which has adopted the needs-led criteria we have developed, should this be of interest. Please do get in touch with our Public Affairs Manager, Megan Cleaver (mcleaver@rcpsych.ac.uk) if you would like to set this up. This is also an issue we would like to discuss in our forthcoming meeting with you.

Yours sincerely



Professor Sir Simon Wessely
President



Dr James Warner
Chair, Faculty of Old Age Psychiatry