

Redefining old age psychiatry—a pragmatic approach

Dear Editor,

The age cut-off of 65 years has long been an arbitrary and illogical criterion for accessing older adult mental health services, and the introduction of the Equality Act (2010) in England and Wales (<http://www.homeoffice.gov.uk/equalities/equality-act>) has probably made it unlawful. However, the ongoing absence of a robust definition of 'Old Age Psychiatry' is leading to a fragmentation of services with health providers creating generic all-age services, which we feel is unconscionable. Such 'ageless' services will be ill-equipped to meet the complex physical, social and psychological needs of older patients, who often require home-based support. The Age Equality Act does not prohibit age appropriate services, but unless those services are defined, ideally using nationally accepted criteria, the discipline will wither (Anderson, 2011). A broad consultation of stakeholders and service users in Central North West London NHS Foundation Trust on redefining criteria for access to Old Age Psychiatry services focused on the specific skills of clinicians in these services. The resulting criteria were

- (1) People of any age with a *primary* dementia.
- (2) People with mental disorder and *significant* physical illness or frailty that contributes to, or complicates the management of, their mental disorder. Exceptionally this may include people under 60 years old.
- (3) People with psychological or social difficulties related to the ageing process, or end of life issues, or who feel their needs may be best met by an older adults service. This would normally include people over the age of 70 years.

These criteria are subject to clinical judgement and potentially could result in 'turf wars' between clinical services and impact on patient flow between generic adult services and old age services. To assess the utility and impact of the criteria, we surveyed 30 inpatients and 40 outpatients aged over 40 years across general adult and older adult services to determine the most appropriate service for their care. Clinical opinion of the team caring for the patients was compared against a reference standard of two members of our project team who were blind to the other ratings. Kappa coefficients were calculated to measure agreement between the teams' clinical opinions and reference standard. For the inpatient sample, kappa was 0.7 and for the

outpatient sample, kappa was 0.5. If these criteria were applied uniformly in this sample, 4/38 (11%) patients in the adult services would move to old age and 5/31 (16%) patients in the old age services would move to adult services. Despite the drawbacks of a small sample size, the results suggest that clinical judgement is a good arbiter when applying the old age service criteria. More importantly, perhaps, the service criteria demonstrate good face validity in terms of providing an inclusive service matched to clinical skills within an older adults service. Although the flux in this sample suggests more patients moving out of old age services; as general adult services are significantly larger (accounting for 76% of patients in this Trust), our experience has been that there has been more inward movement. Since the criteria were established in April 2011, the 'Old Age' service in this Trust now includes over 160 patients under 65 years old (approximately 5% of the Old Age caseload). We believe the criteria mentioned earlier provide lawful, logical and valid alternative criteria for old age services.

Conflict of interest

We declare we have no conflict of interests.

Key points

- Defined criteria for services within Old Age Psychiatry are essential to prevent erosion of existing services and improved patient care.
- Service criteria should reflect clinical skills within older adults services and reflect service user needs in an ageing population.

Reference

Anderson D 2011. Age discrimination in mental health services needs to be understood. *The Psychiatrist* 35: 1–4. DOI: 10.1192/pb.bp.110.032094

SHARMINI RAJENTHRAN, STEFAN HOLZER AND JAMES WARNER*
Central North West London NHS Foundation Trust, London, UK
*E-mail: j.warner@imperial.ac.uk

Published online in Wiley Online Library
(wileyonlinelibrary.com)

DOI: 10.1002/gps.3937