

# What is the best service model for the specialist community based mental health support for frail and/or older people

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# Executive Summary - Guidance from the Royal College of Psychiatrists 2011

- From April 2012, unjustifiable age discrimination will be banned in the UK and health and social care services will be legally required to promote age equality in their adult mental health services.
- Of all health and social care services, older people's mental healthcare has been highlighted as one of the worst examples of discrimination. This has been described in a number of high-level national reports.
- There is a danger that commissioners and providers of mental health services, in an attempt to meet the need for equality and to save money, might attempt to merge adult and older people's services into 'age-blind' services.
- This does not recognise age-appropriateness, is against the policies of the government and the Royal College of Psychiatrists, and will result in indirect age discrimination.
- 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.

# Advantages of ageless services

- Equality of access to acute mental health services
- No discrimination on the basis of age
- Wider range of staff to work with older people
- Utilise resources efficiently

# Disadvantages of ageless services

- Knowledge of impact of physical health and medication on mental health
- Different/subtle presentations of mental illness in older people
- Expert knowledge on ageing
- Co-operative links with older people's medicine and community services
- Competition with aggressive / violent younger adults
- Vulnerability of older people on acute in-patient wards
- Capacity of staff to meet the needs of older people when occupied by managing dangerous patients in the community
- Potential for over-use of medication because of little capacity to manage difficulties of ageing

# Mental health risks for **older** people

- Falls
- Suicide
- Multiple medications
- Co-morbid physical health problems
- Self-neglect and weight loss
- Abuse
- Safety in the house, outside and driving
- Hidden substance abuse
- Social isolation
- Having their voice heard

# Current Haringey position:

- Most new patients 65+ are referred to MHSOP
- The majority of functional and complex organic patients are initially seen at home
- Recent review of 87 consecutive referrals to the CMHT showed 12 were under 70 - 14%. (NB some of these patients would be complex dementia).
- Average age 77 and 4 month. This compared to 77 and 6 months in the memory clinic. Age range 61 – 92
- The CMHT is comprised of psychologists, psychiatrists, social workers, nurses and OTs who have specific older adult training and also work with carers.
- The team members have made a choice to work with older adults
- Work with the integrated teleconference project with strong links to LBH, acute hospitals, voluntary sector and community services.
- The CMHT is highly regarded by patients, carers and GPs
- MHSOP does not accept transfer of patients from CMHTs on the basis of age.
- All age groups have access to IAPT, HAGA, DASH, CRHT and RAID

# Conclusion

- Haringey MHSOP currently offer a comprehensive, community-based mental health service to older people in conjunction with other Trust teams
- This is replicated across Barnet and Enfield
- It is vital that specialist older peoples mental health services are maintained for a vulnerable patient group but there could be useful discussion about how this should be done

## Thank you