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The Mental Health of Older People

Fact and Fiction

Why is the mental health of older people important?

- For older people, carers and families
- For our communities
- For our health and social care economy

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Older peoples' mental health is NOT just dementia.

It is vital that all services are responsive to the needs of older people with mental health needs.

This includes

- public health and prevention
- recognition of mental health needs in general health services
- low-level needs
- intensive support for high-level and complex

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Commissioners and providers must ensure that people over 65 have equitable access to the full range of age-appropriate and non-discriminatory mental health services required to meet their needs.

(Equality Act 2010,
Joint Commissioning Panel for Mental Health 2013)

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Older people suffer serious discrimination in mental health services. 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.

(***Royal College of Psychiatrists, Faculty of Old Age Psychiatry)***

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Older People living in the UK

- The population in the UK is getting older with 18% aged 65 and over and 2.4% aged 85 and over.
- There are now 11.8 million people aged 65 or over in the UK.
- 1.6 million people are aged 85 or over.
- There are over half a million people aged 90 and over in the UK. 70% of these are women.
- There are 14,570 centenarians in the UK, a 65% increase over the last decade. Of these, an estimated 800 are aged 105 and over, double that of 2005. (ONS 2016)

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Fact or Fiction?

1. Depression is a natural part of getting older - “it’s just your age”
2. Older people do not have as many risks as younger people – they don’t harm themselves, do they?
3. Older people do not have personality disorder.
4. Older people don’t experience psychosis
5. Older people do not misuse substances
6. Older people can have the same service as younger people – then everyone gets the same
7. Therapies aren’t effective with older people – “You can’t teach an old dog new tricks”
8. Older people don’t contribute to the economy – it’s not like older people need to get back to work is it?
9. Older people are well off now – poverty is a thing of the past.
10. All older people are lonely aren’t they?
11. Older people are frail so can’t exercise or do much

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Depression is a natural part of getting older - “it’s just your age”

Mental health problems are as common in older people as they are in younger adults and are associated with considerable individual suffering. ***Depression is both the most common and most treatable mental illness in old age,*** affecting 20% of older people in the community. This figure doubles in the presence of physical illness and trebles in hospitals and care homes

(Mueller et al., 2017).

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Older people are not as risky as younger people, they don't harm themselves – do they?

- Older people who self-harm are at **67 times greater risk of suicide** than the general older population and **three times greater than the relative risk of suicide among younger people who self-harm** (The University of Manchester, 2012)
- Sudden unexplained deaths on psychiatry in-patient wards are highest among people aged 65-74 (no data for greater ages) being 8 times higher than people under 45 years of age (*National Confidential Inquiry into Suicide and Homicide in People with Mental Illness (2009) Annual Report England and Wales. University of Manchester.)*
- There is an elevated risk of suicide in older people who self-harm yet older people do not get access to specialist care;
  - only 12% of over 65s who self-harm are referred to mental health services within 12 months of their initial self-harm episode.
  - Referrals are a third less likely for older people in the most deprived areas even though the incidence of self-harm is higher in these areas.
  - One in seven older people self-harmed again within a year of the initial episode (Morgan et al., 2018)

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Older people do not have “personality disorder”.

- The term “personality disorder” remains contentious.
- There is an incorrect belief that older people do not experience “personality disorder” leading to denial of support and services.
- The prevalence of “personality disorder” in the general older population is documented to be at around 10% (Beatson et al., 2016; Cruitt & Oltmanns, 2018; Zweig, 2008).
- For older people in outpatient mental health settings prevalence figures between 5 and 33% have been reported. (Van Alphen et al., 2012)
- Older people with a “personality disorder” make up 44% of completed suicides (Mattar and Khan, 2017)
- This group are more likely to have complex and chronic difficulties (van Alphen, 2012; Zweig, 2008). Increased somatization and seeking care from others can lead to difficulties in the provision of care and longer admissions (Beatson et al. 2016).

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Older people don't experience psychosis

- Psychosis is **much more common in older people** than younger adults with 20% of people over age 65 developing psychotic symptoms by age 85 and most are **not** a precursor to dementia (Ostling, Palsson, & Skoog, 2007).
- The prevalence of psychotic symptom among the elderly ranges between 2.6% and 10% (Ostling, Palsson, & Skog, 2007; Ostling et al., 2013)
- The healthcare costs of late-life schizophrenia are estimated to be as high as the amount spent on teenagers and young people with schizophrenia (Nebhinani, Pareek, Grover, 2014).

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Older people do not misuse substances

- The number of older drug users in Europe is predicted to double between 2001 and 2020. (European Monitoring Centre for Drugs and Drug Addiction, 2010)
- The “baby boomer” population born between 1946–1964 (now aged between 53 and 71 years old) is at the highest risk of substance misuse which is rising within the older population. (The Royal College of Psychiatrists, 2018).
- Older people with mental disorders such as depression, anxiety, and personality disorder have higher rates of substance misuse than those without mental disorders. Deaths related to poisoning from substances in older people have more than doubled over the past decade. (The Royal College of Psychiatrists, 2018).
- Older people who misuse substances may not present with the same symptoms as their younger counterparts and, therefore, may be more difficult to identify. (Kuerbis, Sacco, Blazer, & Moore, 2014).

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Older people can have the same service as everyone else – then everyone gets the same

- To avoid **direct** and **indirect** forms of discrimination via the 'one size fits all approach', care services must be age appropriate (Royal College of Psychiatrists, 2011).
- As people age they are increasingly likely to have multiple diagnoses **which require expertise** to manage them alongside the mental illness (Hilton, 2012).

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Therapies aren't effective – "You can't teach an old dog new tricks"

- Psychological treatment is as effective for older patients as for younger adults (Karlin et al. 2015; Rodda, Walker and Carter, 2011; Pinquart, Duberstein and Lyness, 2007).
- Evidence shows that a range of treatments, including but not limited to CBT, are effective treatments for older people with depression (Gould, Coulson and Howard, 2012; Laidlaw et al., 2008; Scogin et al.,2006).

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Older people don't contribute to the economy – it's not like older people need to get back to work is it?

- **£245 bn per year in lost consumers**
- **£230bn in lost workers**
- **£5bn from lost volunteers**
- **£4bn from lost grandparents**

- By 2021, NOT meeting the mental health needs of older people could be costing the UK economy (Lishman, 2007)
- The consequences of depression in older people are vast, including **reduced quality of life** and **increased medical morbidity** and **mortality** as well as an increased **caregiver burden.** There is also an increased expenditure of resources to compensate for the individual's functional decline and consequential needs (Goncalves et al., 2009).

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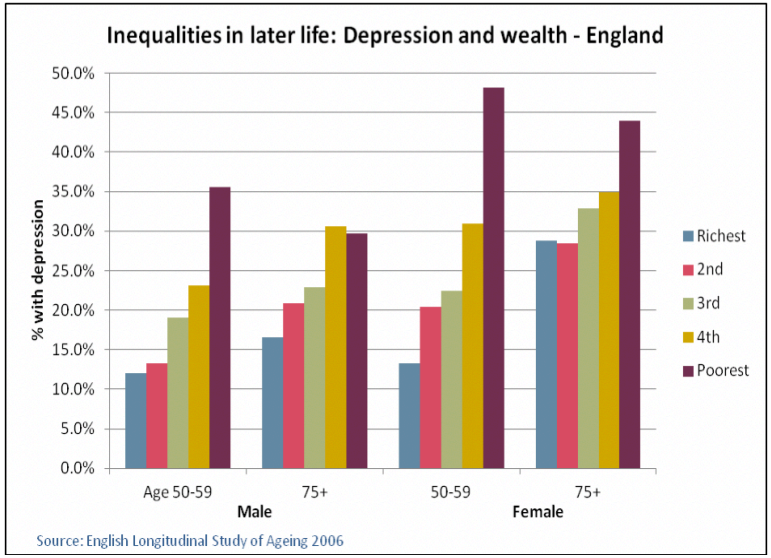
Older people are well off now- poverty is a thing of the past

- Using the most commonly used definition **1.9 million pensioners** (16%) are living in relative poverty. (Age UK, 2018a)

Percentage living in Poverty (Age UK 2018)

- 65-69 = 13%
- 80-84 = 19%
- White pensioners = 14%
- Asian or Asian British = 29%
- Black or Black British = 33%



Incomes for pensioner couples have continued to rise whilst incomes for single male and female pensioners have not risen in real terms, or have fallen slightly. *(Joseph Rowntree Foundation (2017).*

Pensioners who rent their homes are much more likely to be in poverty than owner occupiers.
(Joseph Rowntree Foundation (2017).

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All older people are lonely - aren't they?

- The proportion of older people who say they are often lonely has remained relatively constant since at least 2006/07. But the size of the older population is growing.
- The chances of being often lonely do not differ because of age – loneliness is similarly common at all ages, the risk of loneliness is driven by people's circumstances, which can differ by age (Age UK, 2018b).
- Loneliness increases the likelihood of mortality by 26% and is as bad for you as smoking 15 cigarettes a day. (Holt-Lunstad, 2015; 2010)
- Research shows that people with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. (Buffel et al., 2015)

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Older people are frail so can't exercise or do much

There is strong evidence demonstrating older people who are physically active have :

- lower rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon cancer and breast cancer,
- a higher level of cardiorespiratory and muscular fitness,
- healthier body mass and composition;
- exhibit higher levels of functional health,
- a lower risk of falling,
- better cognitive function;
- reduced risk of moderate and severe functional limitations and role limitations. (WHO, 2011).

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Impact of Ageless Services for Older People - evidence

- Increase in serious incidents and relapse rates / decrease in patient safety
- Decrease in the number of referrals for mental health services and psychological therapies
- Decrease / lack of skill / competence to meet older people's needs e.g. physical co-morbidity, different presentation of risk and personality difficulties
- Decreased patient and carer satisfaction in quality of care
- Decrease in staff morale and satisfaction which is known to impact on quality of care

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Impact of Ageless Services for Older People - reports

- Suffering in Silence; age inequality in older people's mental health care (RCP, 2018)
- Shifting the Balance of Care; Great Expectations (Nuffield Trust, 2017)
- Hidden in Plain Sight; the unmet needs of older people (Age UK, 2016)
- Five Year Forward View for Mental Health (NHS England, 2016)
- Fit for Frailty (British Geriatrics Society, 2014)
- Guidance for commissioners of older people's mental health services (Joint Commissioning for Mental Health for Older People, 2014)
- Delivering the Equality Duty; Age Matters in Public Services (Age UK, 2011)
- All things being equal, Age Equality in mental health care for older people in England (Mental Health Foundation, 2009)

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Impact of Ageless Services for Older People - research

- Kilpatrick, A. (2010). All age mental health services, a re-definition of the older adult specialism, *PSIGE newsletter, 111*
- Bergin, L. (2014). To merge or not to merge? Is that still the question? *Faculty of Psychology of Older People, 126*

- Research studies from Royal College of Psychiatry (RCP)
  - Old Age Psychiatry; past, present and future (impact of ageless services) Warner, J., (2015)
  - Old Age Faculty part of the RCP: Result of 2018 Survey of Services based on Information from Faculty Members:

    https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/result-of-2018-survey-of-services-based-on-information-from-faculty-members.pdf?sfvrsn=418a7f1e_4

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Impact of Ageless Services for Older People - research

Trusts which have identified poorer outcomes for older people when services have merged:

Following merging, separated back into adult and older adult services

- Leeds and Yorkshire Partnership NHS Foundation Trust
- Greater Manchester West Mental Health NHS Foundation Trust
- Cornwall Partnership NHS Foundation Trust

Remain ageless

- South Staffordshire and Shropshire NHS Trust
- Birmingham and Solihull Mental Health Foundation Trust

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Priorities for Older People

1. Appropriate recognition and intervention for depression and anxiety.

2. Recognition and support for people with “personality disorder”, who have often experienced complex relationships and trauma.

3. Raising awareness and reducing risk of harm and suicide for older people.

4. Acknowledgement of the **different needs** of older people and so **different service** provision required.

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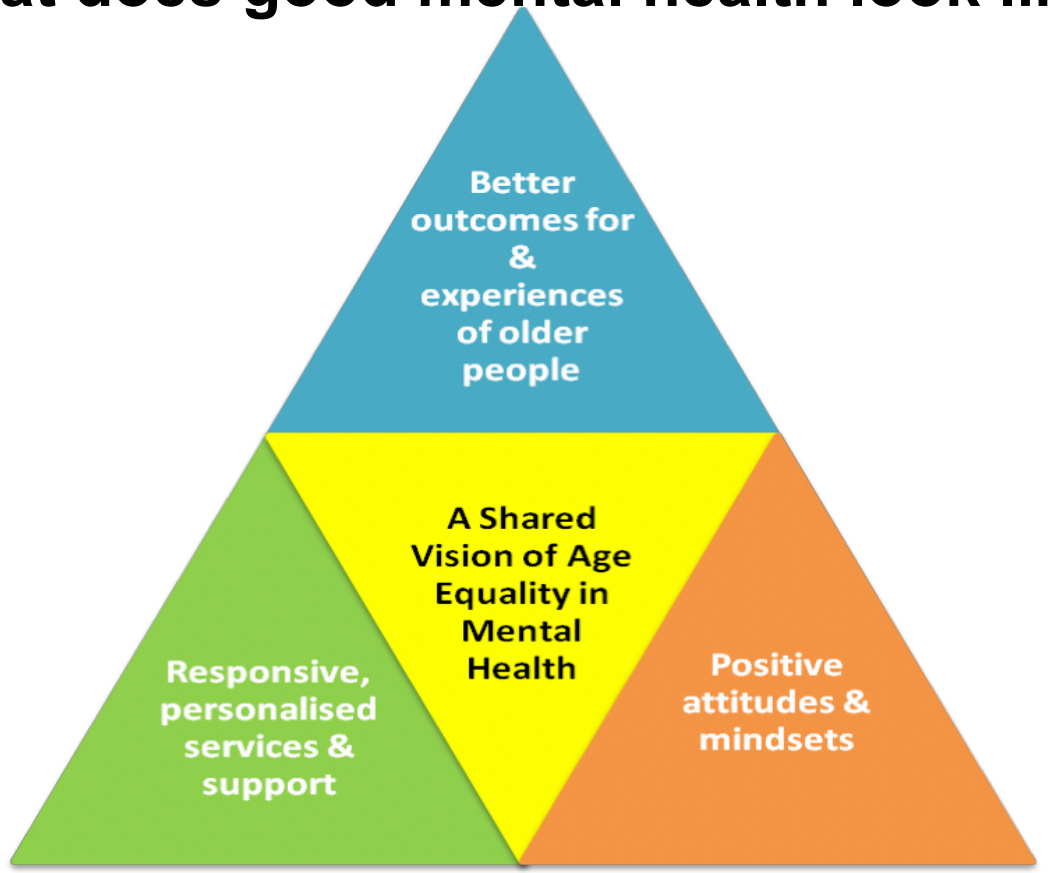
What does good mental health look like ?

Ref A Long Time Coming :
Part 1 - Strategies for achieving age equality in mental health services (2011) NDTi



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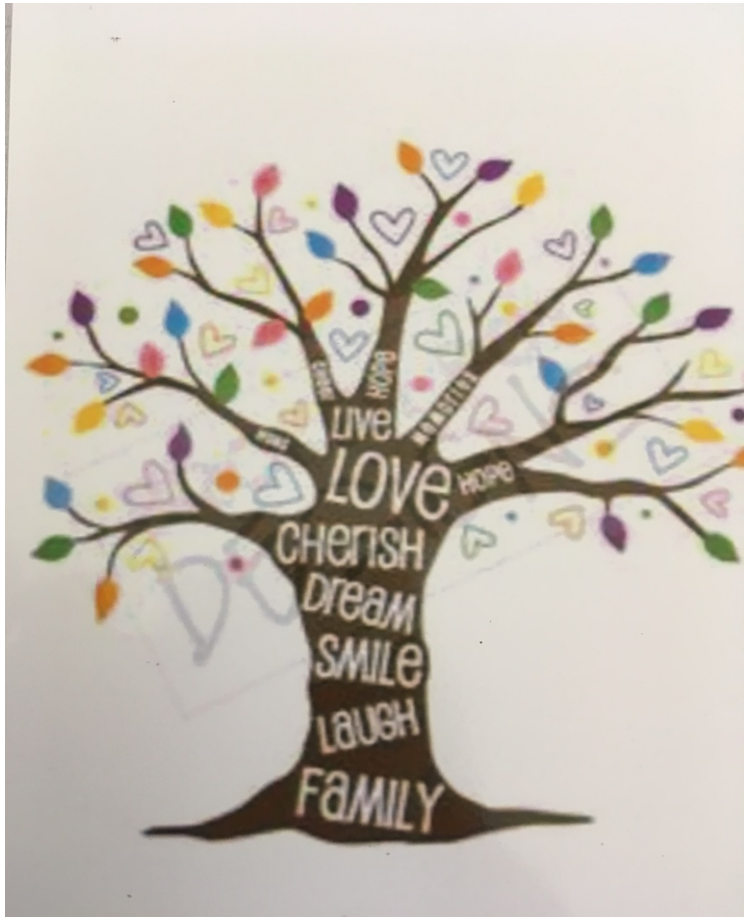

Priorities for Older People

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