

Care Services Improvement Partnership



National Older People's Mental Health Programme



AGE EQUALITY

**WHAT DOES IT MEAN FOR OLDER PEOPLE'S
MENTAL HEALTH SERVICES?**

Guidance Note

Everybody's Business

Integrated mental health services for older adults:
a service development guide

AGE EQUALITY – WHAT DOES IT MEAN FOR OLDER PEOPLE’S MENTAL HEALTH SERVICES?

An older people’s mental health service is open to everyone; it responds to people on the basis of need not age and ensures that wherever older people with mental health problems are in the system they are not discriminated against.

(*Everybody’s Business*: mental health services for older adults: a service development guide, 2005)



Providing age inclusive services is an issue currently hotly debated across the country. In some cases it is even slowing progress in the implementation of *Everybody’s Business*. This short paper attempts to clarify what is meant by service provision based on need not age.

In its attempt to ‘level the playing field’ with services for adults of working age, *Everybody’s Business* may have inadvertently raised a further question for some of ‘if we are to be age inclusive why bother with an older people’s mental health service at all?’ Should it not be included in general mainstream care or with mental health services for adults of working age?

To assist commissioners and those responsible for delivering services, the Department of Health and the CSIP offer the following clarification.

Firstly, the National Service Framework for Older People requires that by 2011 every health district should have a fully resourced specialist service for older age mental health. Additionally, *Everybody’s Business* recognises the specialist requirements of older people with mental illness. It states:

“An ageing population has particular needs and it is essential that care is aimed at those who most need it. As a population ages, so demand for service will increase, particularly as the prevalence of dementia rises with an ageing population.”

The mental health needs of older people are often multi-factorial and frequently complicated by failing physical health. This complexity requires the skills of specialised practitioners to be made available to ‘up skill’ those working in mainstream health and social care. Often it is a matter of confidence as well as competence that inhibits mainstream services from attempting to meet the

need of older people with mental health problems. With appropriate skill sharing and integration, the potential for creating a more capable workforce becomes significantly improved. Specialist mental health services for this group should be the bed rock on which other services can rely for clinical advice, support and practical help. *Everybody’s Business* is clear that services must meet the mental health needs of people, whatever age they are and wherever they are: in primary care, ambulance services, nursing and residential homes, specialist services or general hospital.

AGE DISCRIMINATION

Legislation covering age discrimination was introduced in October 2006. Although this did not include discrimination outside the workplace it is a clear indicator of the direction of travel regarding age inequality in this country.

Age Concern (2006) describes age discrimination as “explicit unequal treatment that cannot be justified”. They suggest that such discrimination has a negative impact on mental health in later life. The NSF for Older People (2001) states clearly that services should be provided on the basis of clinical need, not age. Professor Ian Philip (2004) states:

“Age discrimination in mental health services needs further attention, so that the services developed for working age adults are available to older adults on the basis of need not age, not vice versa”.

The Royal College of Psychiatrists Faculty of Old Age report (2006) calls for the “ageist neglect of older people to stop” and states that older people should have the same rights as all adults, particularly where, due to mental illness, their rights to dignity and respect are threatened.

Indirect age discrimination is described by Age Concern (2006) as “apparently neutral practice that disadvantages people of a certain age, for example, designing services around the needs of young adults without taking older people’s needs into account”. The needs of the two age groups may be significantly different and it may not be possible to meet them in the same place with the same staff group. For example, frail older people with severe depressions have very different needs from younger people exhibiting florid psychotic symptoms.

Despite this groundswell of expert opinion, age discrimination in certain elements of health services persists.

Typical examples include elements of the following:

- Mental health services which are structured separately for adults of working age (under 65) and older people (over 65), where people may be required to transfer from one service to another purely on the basis of age, leaving the security of a system they have been part of for many years and from which they have been receiving appropriate and reliable services, to an unfamiliar one. (Age Concern 2006)
- Psychological Services that do not offer treatments to people with functional mental health problems over the age of 65.
- Crisis Resolution and Home Treatment Services who only work with adults of working age or do not deal with people suffering from dementia
- Assertive Outreach Teams dealing with people under 65 only.
- Psychiatric Intensive Care Services excluding older people from their service.
- Exclusion of older people with mental illness from intermediate care services,

The above examples usually become apparent as operational policies that set boundaries for their services. This may be as a result of the Department of Health's emphasis on creating positive improvements for adults of working age, with accompanying resources. Whilst as a society we are now reaping the benefits of those much needed developments, it is time to ensure that older people have the same opportunities.

What does a service based on need rather than age mean in practical terms and what should be incorporated in strategic plans?

1. Services provided should be person centred. This includes:
 - ◆ Maintaining the person's sense of well-being and promoting their personhood.
 - ◆ Recognising the life experience and unique biographies of individuals
 - ◆ Maintaining social networks, family, previous interests and life histories.
 - ◆ Seeing the **person** – not the diagnosis
 - ◆ Respect, dignity and self-worth.
 - ◆ Focusing on remaining abilities, no-failure strategies.
 - ◆ Using affection, empathy and warmth in our work.
2. Clinical pathways should be designed to meet the needs of the people who use them, not the people who administer them.

3. Access to services should be determined on the basis of clinical need – can this service meet the needs of this individual? – Rather on age restrictive criteria.
4. Services should ensure the same standard of care as services for younger people, including speed of response and choice.
5. Access to specialist advice and support to enable older people with mental health needs to access and benefit from mainstream mental health or older people's services should be available.
6. Where the older person has specific needs, the service should be provided with the same priority.
7. Services for older people with mental health needs should expand on an equitable basis with specialist general and community psychiatry services.
8. Services and facilities should be shared with younger adults where this is deemed beneficial in terms of health promotion, social inclusion, social care and health treatment, enabling full participation in civic life.
9. Services should not exclude people on the basis of age, gender, race or sexual orientation.
10. Services should provide expertise or support to other services caring for younger people with dementia to ensure those people receive the equivalent care to older people with dementia.
11. Staff must have the right skills to care for people of different age ranges. In practical terms this might have implications for hospital wards or Community Mental Health Teams (CMHT's) that caters for people with functional mental health problems. The needs of the two age groups may be considerably different. For those over the age of 65, the skill set of staff may be significantly different from those working with adults of working age. This is likely to include skills around working with people exhibiting a mixed pathology of depression and dementia, physical illness and physical frailty. Careful and creative thinking about the best match of staff skills, service user compatibility and physical environment is of the utmost importance.

Phil Minshull. CSIP North West Programme Lead for Older People's Mental Health and Programme Lead for Adult of Working Age Acute Mental Health Care.

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Contacts

Nadine Schofield

National Lead for Older Peoples Mental Health Programme,

Care Services Improvement Partnership (CSIP)

Email: Nadine.schofield@csip.org.uk Regional Centre: 01527 587 626

Professor Jane Gilliard

Social Care Lead, OPMH Programme

Email: Jane.Gilliard@dh.gsi.gov.uk Department of Health: 0207 972 4606

Kate Hardy

National Project Manager, Older People & Disability Directorate of Care Services

Email: Kate.Hardy@dh.gsi.gov.uk Department of Health: 020 7972 4039

Eastern Yve White-Smith

Email: yve.white-smith@nemhpt.nhs.uk Regional Centre: 01206 287541

East Midlands Colin Warren (OPMH Lead)

Email: Colin.Warren@eastmidlands.csip.nhs.uk Regional Centre: 01623 812930

London Claire Goodchild.

Email: Claire.Goodchild@dh.gsi.gov.uk Regional Centre: 020 7307 243.

North Eastern Sally Rogers

Email: Sallyrogerscsip@aol.com Regional Centre: 01904 717260

North West Phil Minshull

Email: Phil.minshull@northwest.csip.org.uk Regional Centre: 0161 351 4920

South East Angela Richardson

Email: Angela.Richardson@csip.org.uk Regional Centre: 01256 376394

South West Helen Minton

Email: helen@nimhesw.nhs.uk Regional Centre: 01823 337 879

West Midlands Mike Rochfort

Email: mike.rochfort@csip.org.uk Regional Centre: 0121 678 4850

Older People with Learning Disabilities Rachel Heywood

Email: rachel.heywood@nimhe.wmids.nhs.uk Regional Centre: 01527 587 626

Veronica Brown, **National Networks Co-ordinator,**

Older Peoples Mental Health National Programme, CSIP.

Email: Veronicabrown.dsc@btinternet.com

Tony Jameson-Allen, **Knowledge Management Officer,**

Older Peoples Mental Health National Programme, CSIP

Email: Tony.jameson-allen@csip.org.uk