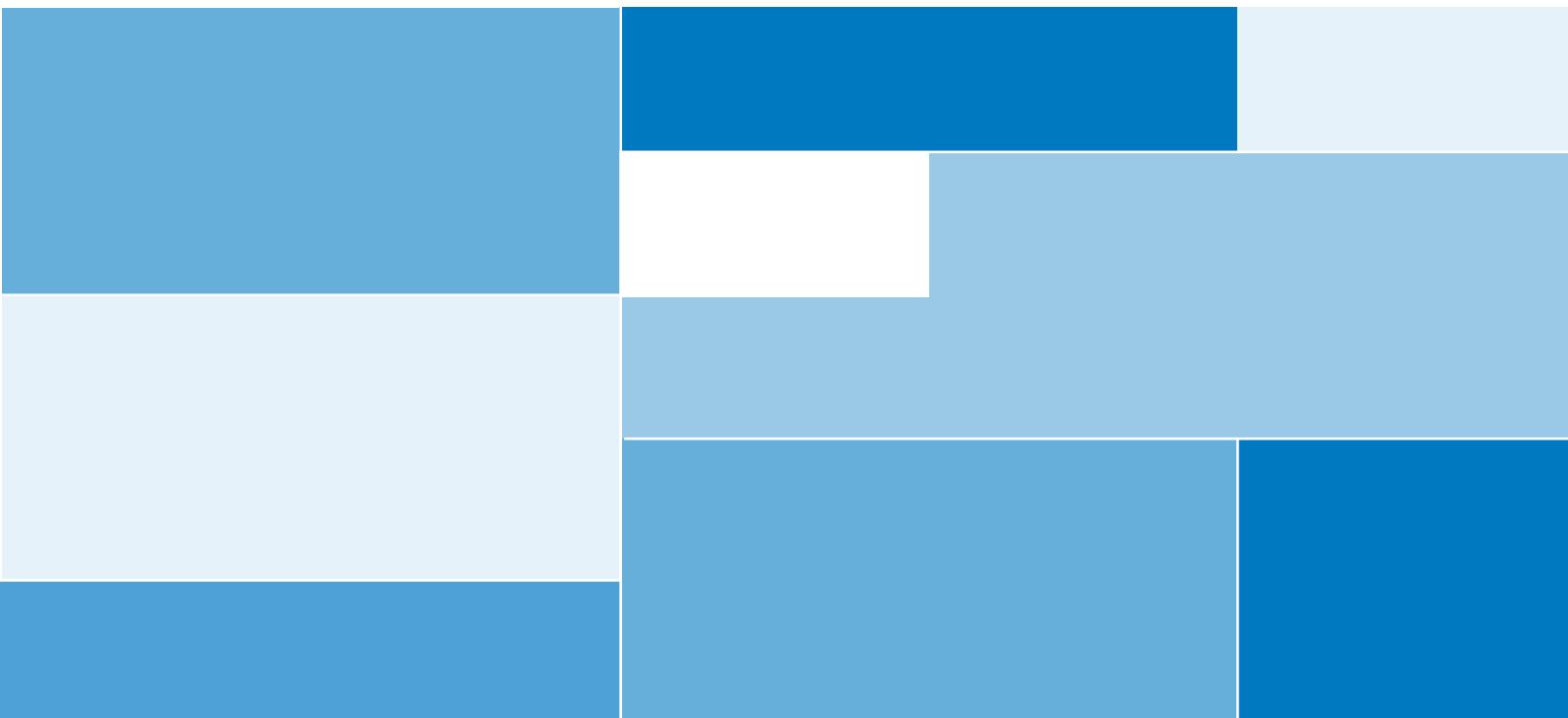


### Older People

#### Positive Practice Guide



January 2009

*“Relieving distress, transforming lives”*

# **Older People**

## **Positive Practice Guide**

January 2009

# **Contents**

<b>1.</b>	<b>Background and policy framework</b>	<b>1</b>
<b>2.</b>	<b>Understanding the needs of older people</b>	<b>3</b>
<b>3.</b>	<b>Removing barriers to access</b>	<b>6</b>
<b>4.</b>	<b>Engaging older people</b>	<b>10</b>
<b>5.</b>	<b>Training and developing the workforce</b>	<b>13</b>
	<b>Acknowledgements</b>	<b>15</b>

# 1. Background and policy framework

- 1.1 Most older people in the UK have good mental health and well-being, but a significant minority (an estimated 3 million) have mental health symptoms that affect the quality of their lives. Mental health problems in later life can have a massive social impact, resulting in poor quality of life, isolation and exclusion. However, evidence-based psychological therapies can be effective for older people.
- 1.2 It is believed that 25% of people over the age of 65 living in the community have symptoms of depression serious enough to warrant intervention, but only a third of them discuss it with their GPs, and only half of those get treatment, primarily medication.
- 1.3 Mental health problems that affect people in later life include depression, anxiety, delirium, dementia, schizophrenia, bipolar disorder and alcohol and drug misuse. Suicide,<sup>1</sup> self-harm and self-neglect are also common.
- 1.4 As the number of people over the age of 65 increases, Age Concern estimates that the number of them experiencing mental health problems will also rise by as much as a third over the next 15 years.
- 1.5 Despite the significant achievements of the Department of Health's *National Service Framework for Mental Health*<sup>2</sup> (NSFMH) and, subsequently, the *National Service Framework for Older People*<sup>3</sup> (NSFOP), there are still particular challenges and gaps that remain between mental health services for older people and for those under the age of 65. The potential for age discrimination in mental health services remains an issue despite the NSFOP setting a standard for NHS services to be provided on the basis of clinical need alone, regardless of age.

---

1 Depression is the leading cause of suicide in older people. Those with symptoms of depression are 23 times more likely to take their own lives than those without symptoms (Age Concern, 2007)

2 Department of Health (2000) *National Service Framework for Mental Health: Modern Standards and Service Models*, London, Department of Health

3 Department of Health (2001) *National Service Framework for Older People: Modern Standards and Service Models*, London, Department of Health

- 1.6 *Securing better mental health for older adults*<sup>4</sup> acknowledged that older people have not benefited in the same ways as younger adults from some of the developments in mental health services; it set out the principle of age equality for future service provision, supported by a service development guide (*Everybody's Business*<sup>5</sup>) intended to help commissioners and service providers to introduce comprehensive mental health services with equity of access for older people.
- 1.7 The National Institute for Health and Clinical Excellence (NICE) clinical guideline on the management of depression in primary and secondary care<sup>6</sup> is also clear that the full range of psychological interventions should be offered to older adults with depression.
- 1.8 The Government has recently announced details of an Equality Bill that will extend the duty on the public sector to have due regard to the need to promote equality, including with regard to age. The Equality Bill will also bring forward legislation prohibiting discrimination on the grounds of age in the provision of goods, facilities and services, and in the exercise of public functions, including health and social care. It will therefore have a significant impact on the way that services will be designed and commissioned.
- 1.9 A number of key organisations have come together to acknowledge the importance of older people's mental health, and have created a consensus statement<sup>7</sup> outlining a need to end age discrimination and to improve the quality of care for older people experiencing mental health problems.

---

4 Department of Health (2005) *Securing better mental health for older adults*, London, Department of Health

5 Department of Health and Care Services Improvement Partnership (2005) *Everybody's Business: Integrated mental health services for older adults: a service development guide*, London, Department of Health

6 National Clinical Practice Guideline Number 23, 2004

7 [www.olderpeoplesmentalhealth.csip.org.uk/if](http://www.olderpeoplesmentalhealth.csip.org.uk/if)

## 2. Understanding the needs of older people

- 2.1 Commissioners must understand local demographic profiles and the epidemiological data of the local community in order to secure Improving Access to Psychological Therapies (IAPT) appropriate for the whole population, including older people.
- 2.2 Mental health in older people has historically not been given the attention that it deserves; however, as the proportion of older people in the population is growing, mental health in older people is an increasingly important area for commissioners.
- 2.3 Older people visit their GPs more frequently than other age groups, and the health service is a place to which many of them turn for help and support. Therefore, health professionals play a crucial role in identifying mental health problems and the coordination of care.
- 2.4 However, it can be difficult to identify the prevalence of anxiety and depression among older people because of the close relationships between mental health problems, physical illness and dementia, which can mask the clinical presentation. Consequently, depression may increase the risk of physical health problems such as heart disease, diabetes or stroke, as well as slowing recovery from physical illness.
- 2.5 It is important that IAPT services meet the varying needs of the different age ranges that fall into the 'older people' category. The needs of a 65-year-old may differ significantly from those of a 95-year-old. For example, symptoms of depression increase with age, affecting 40% of people aged 85 and over.
- 2.6 Despite existing knowledge around mental health problems in older people, one of the main obstacles continues to be the lack of appropriate assessment, diagnosis and management. Discrimination based on age also remains a problem, with younger adults prioritised above older adults in mental health services.

- 2.7 A wide range of research has shown that psychological therapies are effective in treating older people's mental health problems, particularly depression and anxiety. Most large-scale research has focused mainly on younger adults; however, where older people have been included in clinical trials, no evidence has emerged to suggest that advancing age leads to poorer therapy outcomes. Rather, a growing evidence base demonstrates that older people benefit from a wide range of psychological therapies.
- 2.8 Ensuring that IAPT services meet the needs of older people may bring a number of benefits, including:
- reducing mental health symptoms and rates of depression among older people;
  - improving quality of life for older people;
  - improving the effective management of physical conditions such as diabetes and chronic heart disease;
  - reducing rates of attempted and completed suicide;
  - enabling older people to continue in meaningful and productive roles, in their families and in the wider community, particularly through part-time employment or volunteering work; and
  - potentially reducing the wider economic costs to health and social care by reducing older people's use of other services such as:
    - GP appointments;
    - prescriptions for anti-depressants;
    - contact with A&E, and other emergency services;
    - in-patient services for psychiatric episodes; and
    - other community treatment and domiciliary care services.
- 2.9 Service providers must be aware that older people's needs are complex and will often need both physical and mental health care. It is estimated that 60% of people over the age of 65 suffer from long-standing physical illnesses and, for them, mental health problems, particularly depression, are more common and have a worse outcome.<sup>8</sup> IAPT services must be flexible in recognising and responding appropriately to these needs.

---

<sup>8</sup> General Household Survey (2001) in Department of Health and Care Services Improvement Partnership (2005) *Everybody's Business: Integrated mental health services for older adults: a service development guide*, London, Department of Health

- 2.10 IAPT services may have to take a flexible approach to providing psychological therapies that are effective with older people, including offering:
- appointments at specific times or dates, perhaps coinciding with transport times or carer availability;
  - longer sessions than are usually provided, to take account of physical disability; and
  - additional support from therapists or the possibility for a carer to be present at appointments.
- 2.11 Older people may face social isolation. Some feel that they have little or no social support, or have no contact with their family, while others may be physically unable to interact socially. It is vital that IAPT services make every effort to be accessible, as isolation is a key component of depression.
- 2.12 Many older people may be going through a period of bereavement or be suffering from feelings of loss, which may be significant in an older person's mental health problem and may add to feelings of social isolation.
- 2.13 Older people should be given the same choice of psychological therapies available to younger adults and should be able to express a preference for the therapy of their choice.<sup>9</sup> Older people should also be given information about the available therapies; if their first choice is not available then this should be clearly explained and an alternative offered.

---

<sup>9</sup> NICE (2007) *Depression: Management of depression in primary and secondary care* (amended), London, NICE

### 3. Removing barriers to access

- 3.1 Common mental health problems, such as depression and anxiety, are frequently perceived as an inevitable part of growing old. This is simply not true.
- 3.2 **Social isolation** can prevent older people from accessing psychological therapy services. The Health Survey for England (2005)<sup>10</sup> showed evidence of considerable social isolation among older people in England, with 18% of older men and 11% of older women reporting a severe lack of social support from family or friends. Additionally, people over the age of 80 were more likely to:
  - have low incomes;
  - live in poor-quality housing;
  - have little contact with friends;
  - experience fear of crime;
  - have difficulty accessing important services; and/or
  - have unmet transport needs preventing them from participating in physical and leisure activities.
- 3.3 Other potentially important factors in affecting access to psychological therapy services are described below. These are the views, attitudes and behaviours of:
  - the older person experiencing the common mental health problems, who would benefit from psychological intervention;
  - primary care professionals; and
  - people working in specialist mental health services.
- 3.4 **Older people's views, behaviours and attitudes** may prevent them from receiving psychological therapies if they:
  - believe that mental health problems are shameful and should be hidden from everyone, including GPs, health professionals or people in positions to help or provide information;

---

<sup>10</sup> Eds Craig, R. and Mindell, J. (2005) *Health Survey for England 2005, Volume 4, Mental health and wellbeing: The health of older people*, Leeds, NHS Information Centre

- have physical health problems or chronic pain that distract them (and their GP) from recognising the co-morbid mental health problem;
- use language to express their problems that fails to communicate the seriousness of those problems (such as "I'm feeling low" or "I'm just in need of a tonic");
- believe that feeling low is "just part of ageing" and fail to realise that further investigation is needed;
- have a fatalistic attitude (that mental health problems are the result of previous wrongdoings or are preordained), and they conclude that they have to deal with the consequences alone;
- wish not to "cause a fuss", bother a busy GP or burden other people with their problems;
- self-medicate with alcohol (particularly men), masking their moods or problems and stopping them being detected; and/or
- feel too hopeless to ask for help because they are depressed or anxious.

3.5 **GPs and other primary care professionals** may also inadvertently prevent older people from accessing psychological therapies services because they may;

- have time constraints in their surgeries that prevent them from diagnosing mental health problems effectively;
- consider that depression is an inevitable consequence of ageing and fail to see the value of treating it;
- recognise symptoms of depression or anxiety but fail to recognise that they can be treated with psychological therapies;
- attribute mental health problems to someone's reactions to physical health problems, such as diabetes, Parkinson's disease, arthritic pain, stroke, cardiac or thyroid disorders etc., and so do not consider them suitable for treatment;
- believe that treating physical health problems is a higher priority than treating mental health problems, and consequently do not refer patients to psychological therapy services;
- mistakenly believe that psychological therapies do not work for older people;

- prioritise referring younger people with depression and anxiety to services providing psychological therapies; and/or
- not have the skills to identify and manage mental health problems in older people.

### **Stoke-on-Trent IAPT Pathfinder site**

#### **Healthy Minds Network**

During the course of the Pathfinder period, referrals for older people were significantly below the numbers expected. Access to the service was through GP referral, and this was recognised as a contributing factor to this under-representation.

A number of actions are being taken to remedy this, and these are in the process of being implemented as part of the IAPT roll-out. This development is based on the principle that IAPT services are part of a wider spectrum of support for mental wellbeing and not a standalone service.

Stoke-on-Trent IAPT services are currently:

- working with GPs to improve their understanding of the benefits of IAPT for older people;
- training staff who work with older people in awareness of mental health issues in older age and in initial assessment, to support wider access and referral;
- using dedicated staff to raise awareness and enhance access, for example through outreach work with older people's groups and inreach work into care homes;
- developing social marketing of the concept of mental wellbeing, developing mental wellbeing services and adapting self-help and other materials specifically for older people; and
- setting clear targets for numbers of older people using the service.

The success of these methods will be assessed by monitoring the uptake of the IAPT service by older people.

3.6 **Specialist mental health services** may inadvertently prevent older people from accessing services that provide psychological therapies because they:

- lack confidence in working with older people, especially if they have physical health problems or social, economic or communication difficulties;
- have concerns about their ability or skills to build therapeutic relationships with older people; and/or
- consider that psychological therapies would be better used on younger people.

## 4. Engaging older people

- 4.1 Proper and effective engagement with older people is essential if IAPT services are to meet the needs of the whole community.
- 4.2 Commissioners of IAPT services have a duty, set out in the NSFOP and supported by *Everybody's Business*, to commission services based on need, rather than age. However, simply opening up services designed for 'working age' adults to older people is not sufficient.

### **South London and Maudsley NHS Trust (SLAM)**

SLAM is raising awareness of psychological therapy services in local GP surgeries to encourage the referral of older people to psychological services in a primary care setting.

The upper age limit on psychological services in primary care was removed, but an anticipated increase in referral rates of older people was not forthcoming. In response, a dedicated primary care psychology service, tailored to the needs of older people and funded by Guy's and St Thomas' Charity for three years, started in Southwark in November 2004. A stepped model of care was adopted, in line with NICE recommendations.

The service was advertised through:

- direct mail shots;
- GP newsletters;
- primary care trust (PCT) events; and
- visiting the GPs.

A steady increase in referral rates was noted and the ethnic mix of referrals reflected the local population well.

There was a good uptake of the service, with most people being treated in six sessions and showing good clinical outcomes.

The project concluded that:

- it takes time, persistence and flexibility to get GPs to refer – but they will do;
- alternative referral routes, and such as from social workers, need to be considered; and
- it is important to offer a choice of venue to older people.

4.3 Ensuring that IAPT services are effective and appropriate for older people can be achieved by:

- monitoring the uptake of IAPT services by older people;
- identifying the successful and unsuccessful referral pathways;
- working with older service users, specialist older people's organisations in the community and local authorities already in contact with older people (e.g. in care homes) in designing IAPT services, in order to identify what older people like/do not like about them;
- advertising psychological therapies and IAPT services in ways that are acceptable and meaningful to older people, such as leaflets in faith centres, community groups, care homes etc.;
- recognising that social workers, home care or care home staff can play an important role in identifying older people with mental health problems and could be a key part of the referral pathway into the IAPT service; and
- recognising that older people themselves may be a potential resource to the IAPT service (e.g. as volunteers or as paid, low-intensity workers).

### North Yorkshire and York PCT

North Yorkshire and York PCT is reducing depression in older people in residential care. In an eight-week programme, care home staff received four training sessions on depression and older people, and weekly one-to-one mentoring sessions with a community psychiatric nurse or an occupational therapist.

Care staff then worked individually with depressed residents, starting with interviews to find out what mattered most to them. Staff worked with each resident to identify three specific life improvements and a plan for achieving them. Goals included re-establishing contact with friends or relatives and resuming a hobby or religious activities.

Residents who received the intervention showed significant improvements compared with a control group.

- 4.4 Commissioners will want to ensure that the locations of IAPT services encourage engagement. A location that offers some form of anonymity may help to engage people who fear the stigma of having mental health problems.
- 4.5 IAPT services that succeed in engaging older people are likely to provide extremely useful evidence about how their mental health needs can be met more generally – essential information for the future development and commissioning of other services.

## 5. Training and developing the workforce

- 5.1 It is an important principle that the IAPT workforce should reflect and be representative of the local community. The capacity and capability of therapists must be appropriate for the people that they will be seeing. IAPT services need to recruit, develop and retain a workforce that is able to deliver high-quality services that are fair, accessible, appropriate and responsive to the needs of individuals from the older age groups.
- 5.2 The training of staff is an important aspect of addressing inequalities within an IAPT service. Commissioners should ensure that the workforce understands the lifespan development, and the differing needs, of people from various age groups. The skills and competencies needed by a therapist working with a 25-year-old will be significantly different from those of someone working with an 85-year-old.
- 5.3 Commissioners should require the therapists to understand the diversity of older people (e.g. in terms of race) and ageism in society – with its potential impact on accessibility to psychological therapies. Therapists should:
  - be familiar with policy frameworks and good practice guides to older people's services and care pathways;
  - have knowledge of normal and abnormal ageing, age-specific assessments and outcome measures, adjusting therapy to cognitive and physical impairments; and
  - have an awareness of elder abuse, the needs of carers, neglect, self-harm and the risk of suicide in later life.

### **East Riding of Yorkshire IAPT Pathfinder site**

It was acknowledged at the beginning of the project that nationally recognised barriers for older people accessing primary care services might affect the uptake of the IAPT programme for older people.

The East Riding of Yorkshire IAPT Pathfinder site developed a training programme targeted at primary care services and potential referral sources, to try to tackle some of the issues of disparity between need and uptake that have been highlighted nationally.

The initial aim was to provide workshops within localities, to account for the rural spread, which incorporated:

- understanding mental health issues and older people – to try to address the barriers that mental health issues are something other than ‘normal ageing’; and
- recognition – to improve identification of mental health problems when seen within a context of other difficulties.

Following local workshops, the programme included a free full day of training aimed at exploring the interventions available in the IAPT service, their applicability, and the adaptation that may be needed for people suffering with co-morbid difficulties.

Both the local workshops and the training day were very well attended and the feedback that was collected requested further training. There did seem to be some impact on referrals for older people following the workshops, and the conclusion was that the training programme had made a positive impression. However, it was acknowledged that this may simply be because we have continually broadcast the message that IAPT services are suitable for older people, and hence got more referrals. The training will need to be repeated annually so that older people continue to be considered.

#### **Future plan:**

An Older People Special Interest Group has now been developed, and the main objectives are:

- to continue to provide and develop the local workshops; and
- to enhance the training of IAPT workers to develop the highlighted skill sets needed to work with older people with specialist needs.

# Acknowledgements

## Older People Special Interest Group

Matt Fossey (Chair)	DH/CSIP
Stephanie Gray	DH/CSIP
Ann-Marie Nielsen	Bucks Pathfinder
Jeff Love	Stoke Pathfinder
Sharon Taafe	Stoke Pathfinder
Jane Garner	RCPsych
Sandra Evans	RCPsych
Caroline Williams	Sussex Partnership NHS Foundation Trust and South Thames PSIGE/DCP
Steve Boddington	South London and Maudsley (SLAM) Foundation Trust
Sean Haldane	BPS
Kate Mahony	BPS
Clare Crellin	Sussex NHS Partnership Trust
Elspeth Stirling	PSIGE, DCP
Nadine Schofield	CSIP
Carolyn Chew-Graham	GP and Senior Lecturer, University of Manchester
Robert Baldwin	Manchester University
K.C.M. Wilson	Liverpool University
A. Hill	Salford University
Lesley Carter	CSIP
Adrienne Little	SLAM/BPS
Philip Hurst	Age Concern England
Sube Banerjee	Institute of Psychiatry, King's College London
Tom Howell	CSIP
Toby Williamson	Mental Health Foundation

Debbie Clarke	Consultant Clinical Psychology and lead for Hertfordshire Older Adults SIG
Rachel Glynn-Williams	Chartered Psychologist
Amanda Gatherer	Clinical Psychologist, Coventry and Warwickshire Partnership Trust
Gillian Russell	DH
Jason Hepple	UKCP
Gwyn Higginson	Cognitive behavioural psychotherapist and co-facilitator – BABCP



© Crown copyright 2009  
291784b 1p 0k Jan 09 Gateway No. 10547  
Produced by COI for the Department of Health

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)



When you have finished  
with this please recycle it

**50% recycled**

This is printed on  
50% recycled paper