5. Older adults: Common and severe mental illness

5.1. Conditions

As well as having an increased risk of dementia, older adults (aged 65+) can also experience the same mental health conditions seen in working age adults. This includes common mental health disorders such as depression and anxiety, and severe and enduring conditions such as bipolar disorder and schizophrenia (Box 14).

Box 14: Mental health conditions seen in older adults other than dementia[i,ii,iii,iv,v]

Common mental health disorders

Common mental health disorders include:

- depression;
- anxiety disorders such as generalised anxiety disorder and post-traumatic stress disorder;
- panic disorders;
- obsessive-compulsive disorder.

For more on these disorders, see Section 2 of this chapter.

GPs systematically record data about who has been diagnosed with depression. This means we have much more local data about people with depression than we do about people with other common mental health disorders.

Depression is the most commonly experienced mental health condition in older adults; current estimates put its prevalence in Hackney and the City at over twice that for dementia in those age 65+. However, older adults are less likely to recognise or seek treatment for depression; instead, both they and their caregivers may dismiss symptoms as a normal part of the aging process.

Severe and enduring mental health disorders

Any mental health disorder can be of a severe and enduring nature, including common mental health disorders such as depression and anxiety. Disorders that tend to be classified in this way include:

- bipolar disorder;
- schizophrenia;
- psychosis;
- personality disorders.

For more on these disorders, see Section 3 of this chapter.

GPs systematically record data about who has been diagnosed with bipolar disorder, schizophrenia or other psychosis (collectively referred to as ‘SMI’ or ‘Severe/Serious Mental Illness’). This means we have much more local data about people with SMI than we do about people with other severe and enduring mental health disorders.

The majority of cases of bipolar disorder and schizophrenia in older adults begin before the age of 65. However, both disorders can begin later in life, with an estimated 5% of cases of bipolar disorder having onset after age 60 and an estimated 15% of cases of schizophrenia having onset after age 40 (no estimate could be found for onset of schizophrenia after age 60, which is also known as ‘very late onset schizophrenia-like psychosis’). When these conditions occur for the first time in older adults, symptoms may differ from those observed in people with earlier onset, and may be mistaken for dementia.

5.2. Causes and risk factors

In addition to the causes and risk factors for common and severe mental illness described in Section 2 and Section 3 of this chapter, which remain relevant for older adults, some factors are particularly significant for older adults.

Social isolation and loneliness

Social isolation and loneliness are particular issues for older adults, as they can be caused by the death of a partner, other family or friends, reduced mobility or reduction in income, all of which are more common in later life.[vi]

Social isolation is a measure of the actual amount of social contact and the size of someone's social networks (friends, family, neighbours), while loneliness is related to feelings and perceptions. These concepts are linked – loneliness is often a response to increased social isolation – but are not the same thing, and have been shown to have independent effects on health and mortality.[vii] Where possible, it is important to address both risk factors to reduce the risk of mental ill health.

Change in circumstances

Older adults experience a number of changes in circumstances that can contribute to mental ill health.

The illness of a partner may result in an older adult becoming a carer; carers are twice as likely to experience mental ill health as non-carers.[viii] The death of a partner can be particularly damaging to mental health.[ix]

Older adults may also find themselves becoming unable to do the things they used to be able to do; this may be due to planned external circumstances such as retirement, or may be a function of reduced mobility, increased frailty, poor memory, or other physical and mental limitations. This can lead to feelings of loss of social status or role in the community, and may also be linked to financial difficulties or other stressors that can trigger depression and anxiety. [x]

Physical ill health

There are strong links in both directions between physical and mental ill health; in particular, long-term conditions are a risk factor for depression and anxiety (see Section 6 of this chapter). This is especially relevant to older adults, who are more likely to have physical health issues than their younger counterparts. In a study of nearly two million patients in Scotland, 18% of adults aged 65-84 were found to have both physical and mental health problems recorded on their GP records; in the 85+ age group, this rose to 31%. This compares to 6% in the 25-44 age group.[xi]

Dementia

Depression can be an early symptom of dementia[xii] and developing dementia can itself trigger depression. It is important to note that depression in dementia can in some cases be treatable, and treatment can improve quality of life.[xiii]

5.3. Local data and unmet need

Mental health services for older adults in Hackney and the City are described in Section 5.7.

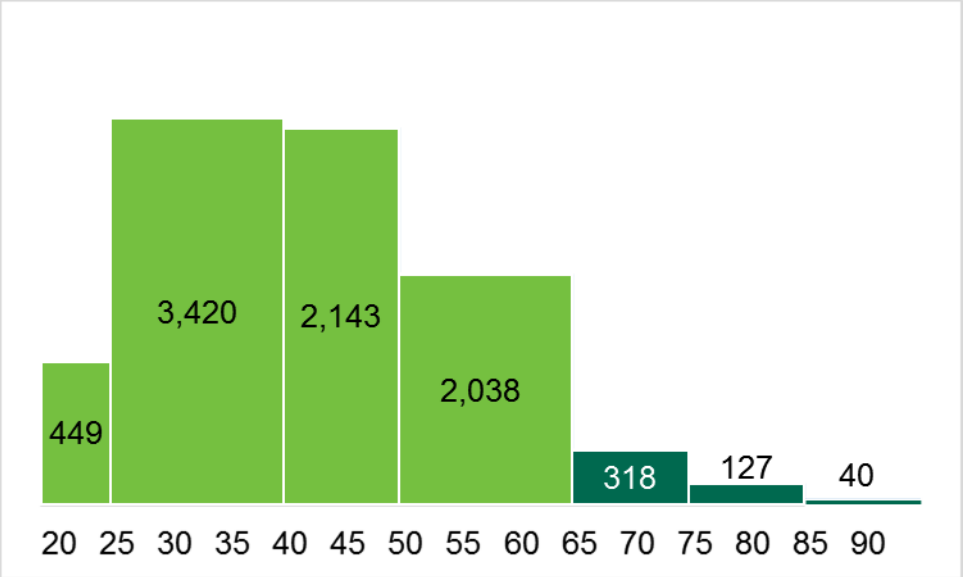
5.3.1. Numbers affected – known to services

Depression

There are 485 older adults (age 65+) with depression recorded by their GP, of whom two-thirds (318) are aged 65-74, a quarter (127) are age 75-84 and just under one in ten (40) are age 85+. Data are not available separately for Hackney and the City of London.

Figure 1 illustrates that older adults comprise only a small proportion (5.7%) of all those with depression recorded by their GP.

Figure 1: Histogram[1] showing number of Hackney and the City residents with GP recorded depression, by age



Local service data extracted from the GP register by Clinical Effectiveness Group (CEG), Blizard Institute, April 2014
Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham

For more information on recorded depression by age, see Section 5.4.1.

[1] Data from the GP register have only been made available by age groups of different sizes. In order to compare different age groups, we present these figures as a histogram: the area of each rectangle corresponds to the number of people within that age band; the width corresponds to the size of the age band. This means that the height represents how many people *per single year of age* you might expect to see, so if one rectangle is taller than another, it means there are more people *for each year of age*, even if the overall number in the rectangle is smaller.

In 2014/15, 7,355 adult residents of Hackney and the City were referred to Improving Access to Psychological Therapies (IAPT) services. Of these, 175 (2.4%) were aged 65-74, 115 (1.6%) were aged 75-89 and fewer than five were aged 90+.[xiv]

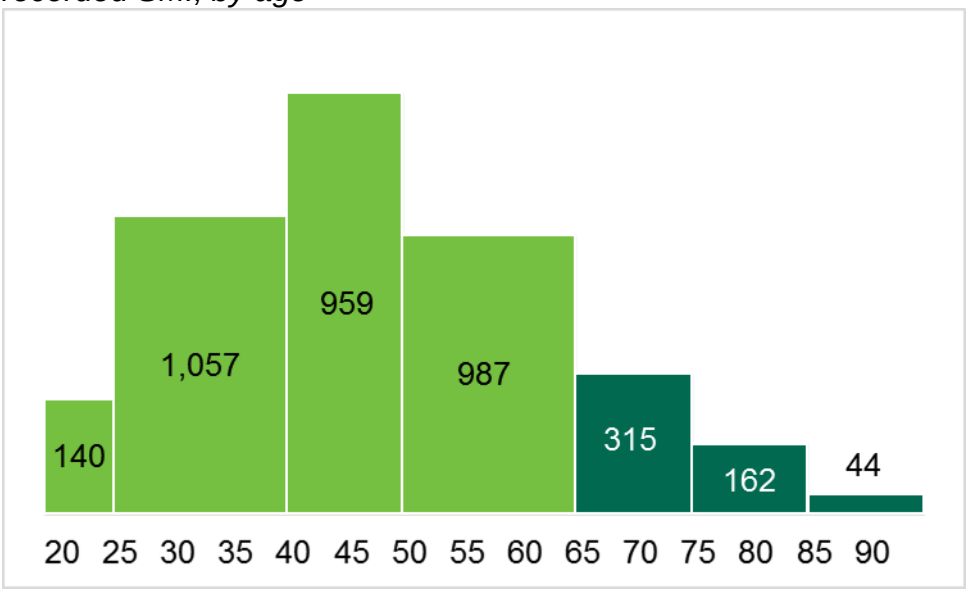
Older adults receiving care and treatment from general hospitals for physical ill health may also receive treatment for depression.[xv] Local data is not available.

Severe and enduring mental ill health

There are 521 older (age 65+) Hackney and the City residents with bipolar disorder, schizophrenia or other psychosis (known as 'Serious Mental Illness' or SMI) recorded by their GP.

Figure 2 shows the number of adults and older adults with GP recorded SMI; older adults make up 14% of all those with GP recorded SMI. We do not have data for any other severe and enduring mental health conditions.

Figure 2: Histogram showing number of Hackney and the City residents with GP recorded SMI, by age

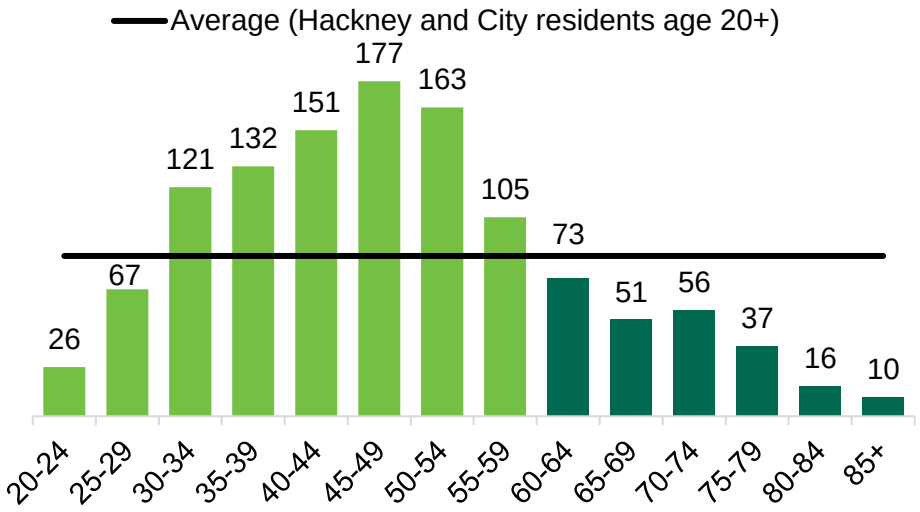


Local service data extracted from the GP register by CEG, Blizard Institute, April 2014
Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham

For more information on GP recorded SMI by age, see Section 5.4.1.

A similar pattern can be seen in those receiving services from the East London NHS Foundation Trust (ELFT) with a diagnosis of SMI (Figure 3). In total, there are 170 older adult residents in this patient group, making up 14% of all such service users.

Figure 3: Number of Hackney and the City residents receiving services from ELFT with a diagnosis of SMI



Local data: Unique clients seen by ELFT 2013/14. Provided by ELFT.

For more information on ELFT services for SMI by age, see Section 5.4.1.

5.3.2. Numbers affected – estimated

Common mental health disorders

Table 1 and Table 2 show prevalence estimates for common mental health disorders in older adults as applied to Hackney and the City's populations.

In Hackney, there are just under 2,900 older adults predicted to have depression and almost 3,400 with *any* common mental health disorder (including depression). An estimated 160 older adults in the City have one or more common mental health disorder and around 140 are predicted to be living with depression.

Estimated prevalence *rates* (%) are generally higher in women than men, but fluctuation is observed by age (Table 1) which may be due to small sample sizes. Estimated *numbers* of people with common mental health disorders can be seen to fall with age due to the fact that there are fewer people in the oldest age groups locally.

For more estimates of specific common mental health disorders by age, see the results of the 2007 Adult Psychiatric Morbidity Survey.[xvi]

Table 1: Estimated number of Hackney and the City residents (age 65+) with depression

Age range	National prevalence[xvii]		Hackney			City			Total
	Men	Women	Men	Women	All	Men	Women	All	
65-69	5.8%	10.9%	290	616	907	17	29	46	952
70-74	6.9%	9.5%	262	393	656	13	17	31	686
75-79	5.9%	10.7%	184	356	540	10	15	25	565
80-84	9.7%	9.2%	188	221	409	8	10	18	427
85+	5.1%	11.1%	77	274	351	5	14	19	370
Total			1,002	1,860	2,862	53	86	139	3,001

Estimates: National prevalence estimates adjusted by local index of need (MINI2K)[xviii] applied to population figures[xix]
Please note that MINI2K is based on demand for working age adult mental health services. The adjustments are likely to reflect the demographic and wider determinants of health influencing levels of demand for older adult services, but as they are not designed for this purpose the resulting figures are indicative only.

Table 2: Estimated number of Hackney and the City residents (age 65+) with any common mental health disorder

Age range	National prevalence[xx]		Hackney			City			Total
	Men	Women	Men	Women	All	Men	Women	All	
65-74	7.5%	13.4%	660	1,312	1.972	36	60	96	2,068
75+	6.3%	12.2%	414	1,000	1.414	21	47	68	1,482
Total			1,074	2,312	3,386	57	107	164	3,550

Estimates: National prevalence estimates adjusted by local index of need (MINI2K) applied to population figures[xxi]
Please note that MINI2K is based on demand for working age adult mental health services. The adjustments are likely to reflect the demographic and wider determinants of health influencing levels of demand for older adult services, but as they are not designed for this purpose the resulting figures are indicative only.

Severe and enduring mental ill health

Table 3 shows prevalence estimates for schizophrenia and bipolar disorder in older adults, applied to the local population aged 65+. There are around 500 older adults in Hackney and 25 in the City estimated to be living with schizophrenia or bipolar disorder.

Evidence for prevalence of personality disorders in older adults is sparse.[xxii] It is suggested that there is a decline in prevalence of antisocial personality disorder and borderline personality disorder with age.

Table 3: Estimated number of Hackney and the City residents (age 65+) with SMI

	National prevalence [xxiii]	Hackney	City	Total
Schizophrenia	1.0%	334	17	350
Bipolar disorder	0.5%	167	8	175
Total		501	25	526

Estimates: National prevalence estimates adjusted by local index of need (MINI2K) applied to population figures. [xxiv]
Please note that MINI2K is based on demand for working age adult mental health services. The adjustments are likely to reflect the demographic and wider determinants of health influencing levels of demand for older adult services, but as they are not designed for this purpose the resulting figures are indicative only.

Social isolation and loneliness

National estimates of loneliness vary, but are roughly consistent with a recent Age Concern and Help the Aged survey that found 7% of those aged 65+ always or often felt lonely.[xxv] Applied to the 65+ populations of Hackney and the City, this would mean that approximately 1,300 Hackney residents and 80 City residents feel lonely always or often. [xxvi]

The City of London Corporation has undertaken a piece of qualitative research on social isolation in partnership with Goldsmiths, University of London, as part of the Knowledge Transfer Programme. Whilst the actual prevalence of social isolation and loneliness across the City of London is still unknown, the findings indicate it is a significant experience for many City residents.

5.3.3. Unmet need

Box 15: Local research: Hoarding in older adults

Mobile Repair Service Independent Living has conducted local insight work into the needs of adults age 55+ living in Hackney with a hoarding condition.

Recommendations included:

- clear pathways to support;
- information and ease of access to financial advice for services to manage the consequences of hoarding;
- increased awareness of the condition within both health and social care services and the wider community.

Source: Fund for Health 2014/15, Healthwatch Hackney and City and Hackney CCG.

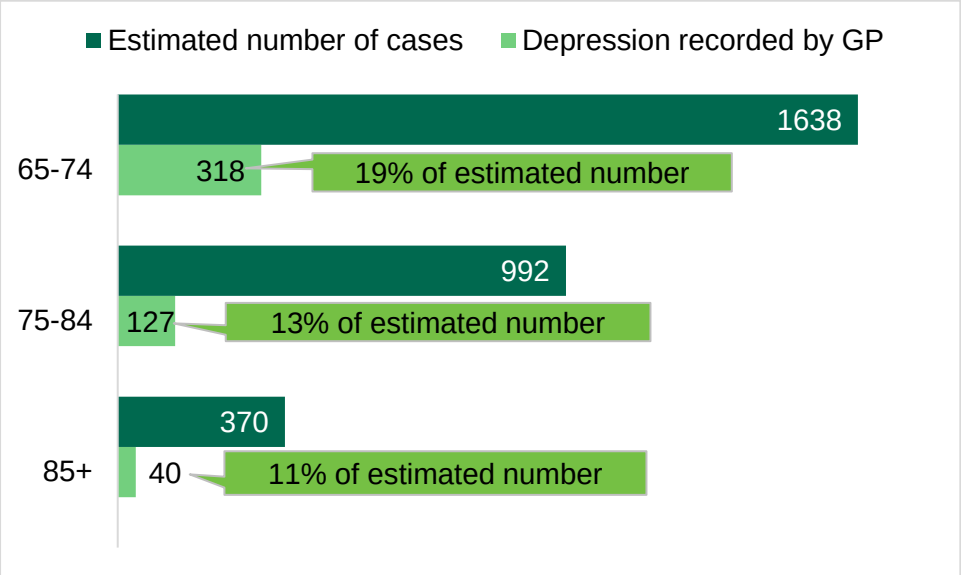
This section pulls together the data from Section 5.3.1 and Section 5.3.2 to highlight potential unmet need from the data available.

Depression

Figure 4 suggests that roughly one in six older adult residents of Hackney and the City (16%) estimated to have depression of any severity have this recorded by their GP. *Proportional* coverage decreases with age, with only 11% of the number of people aged 85+ predicted to have depression having this recorded, compared with 19% of those aged 65-74. In absolute terms, the *number* likely to have depression but not have it recorded by their GP decreases with age, reflecting Hackney and the City's relatively young age distribution.

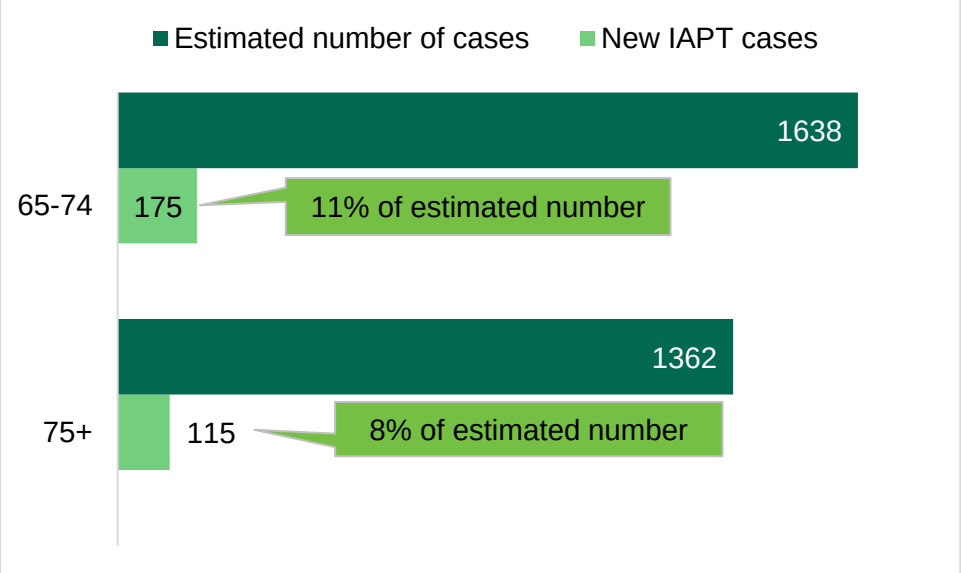
Similar patterns are found when comparing estimated prevalence to new IAPT cases (Figure 5), but the percentage coverage is lower, reflecting the fact that not all those with depression will be referred for this type of support. For working age adults (Section 2) just over a quarter of the number estimated to have anxiety and/or depression were new IAPT referrals in 2014.

Figure 4: Estimated number of Hackney and the City residents (age 65+) with depression compared to the number with depression recorded by their GP



Estimates: See Table 1
Service use: See Figure 1

Figure 5: Estimated number of Hackney and the City residents (age 65+) with depression compared to new IAPT cases



Estimates: See Table 2
Service use: See Section 5.3.1

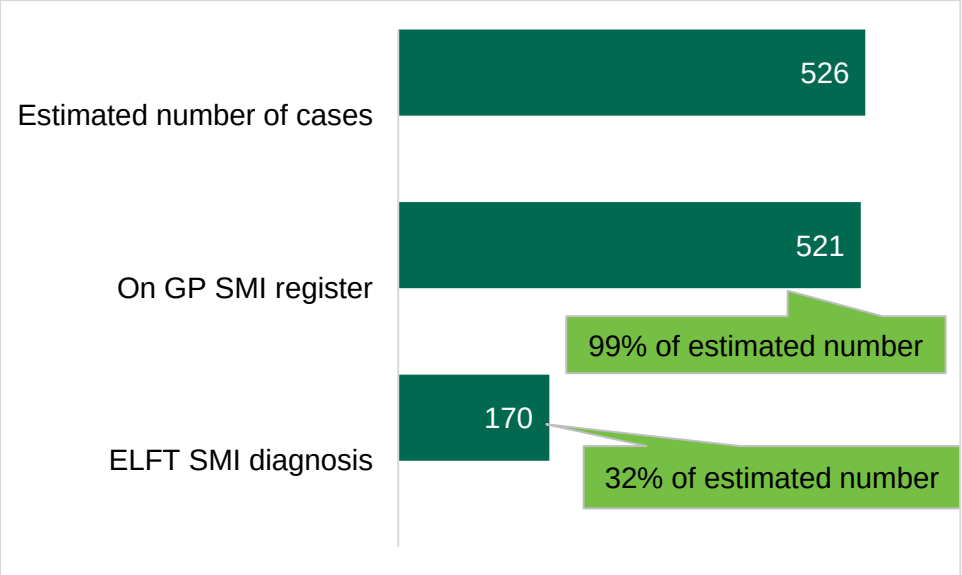
It should be noted that work done by the Clinical Commissioning Group (CCG) suggests this gap between estimated prevalence and numbers on the GP register is partly due to coding errors; in 2013, 5,233 patients (of all ages) were found to be on current depression or anxiety medications but not covered under Quality and Outcomes Framework (QOF) codes for depression, anxiety or serious mental illness.[xxvii]

SMI

The GP SMI register appears to have excellent coverage of older adults with SMI, with almost exactly the estimated number also recorded by their GP as having SMI (Figure 6).

Only a third of the number of older adults estimated to have SMI appear on ELFT records with a primary diagnosis of psychosis or bipolar disorder. However, this may indicate that they have a different primary diagnosis or simply that primary diagnosis is not recorded. Moreover, not all older adults with SMI necessarily require secondary care.

Figure 6: Estimated number of Hackney and the City residents (age 65+) with SMI compared to the number with SMI recorded by their GP and the number with an SMI diagnosis recorded by ELFT



Estimates: See Table 3
Service use: See Figure 2 and Figure 3

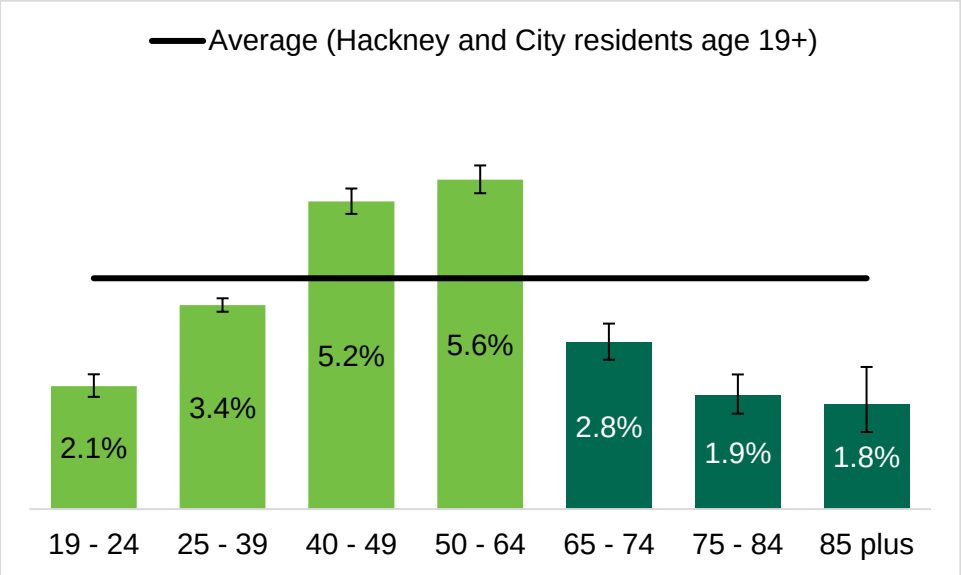
5.4. Health inequalities

5.4.1. Age

Common mental health disorders

Figure 7 shows that the chance of being on the GP depression register drops sharply around age 65, from 6% in the 50-64 population to only 3% in the 65-74 age group. This sharp decline is in contrast to the slow increase across the age distribution up to age 64; national estimates of depression prevalence (Table 10 and Table 17) do not decline in this manner, which may suggest that depression in older adults may be significantly under-diagnosed (or recorded) by GPs, supporting the results in Section 5.3.3.

Figure 7: Proportion of City and Hackney residents with depression recorded by GP, by age

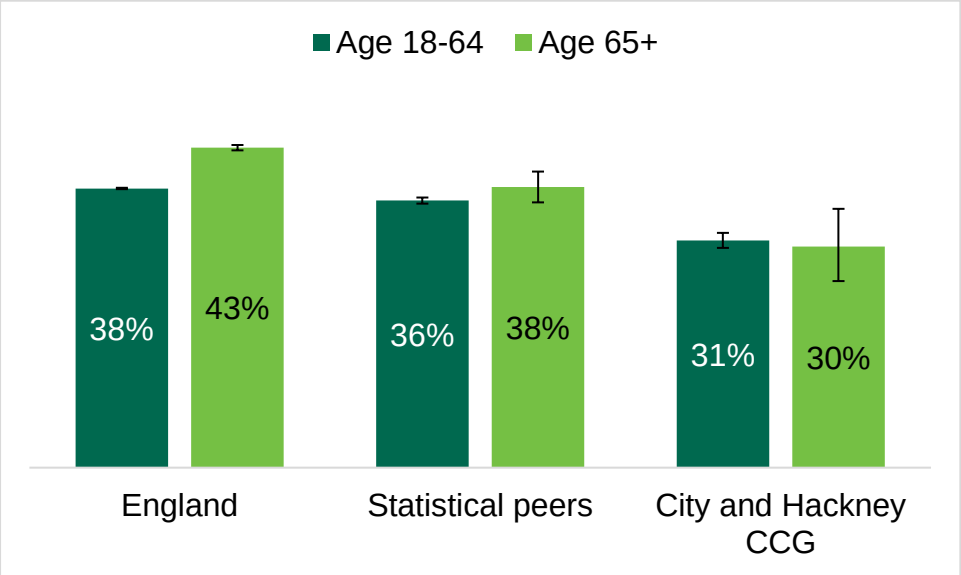


Local service data extracted from the GP register by CEG, Blizard Institute, April 2014
Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham
Black bars are 95% confidence intervals. This are a statistical indicator of how closely the reported figures are likely to reflect the 'true' or underlying pattern.

Older adults make up 6% of City and Hackney residents with GP recorded depression and 4% of those referred to IAPT in 2014 (see Section 5.3.1). However, the difference between these two figures is not statistically significant, so does not suggest a lower proportion of older adults are receiving IAPT referrals.

Figure 8 shows that the IAPT completion rate for older (age 65+) City and Hackney patients is similar to that for those aged 18-64 (see Section 2 of this chapter for more details on IAPT in the working age population). Nationally, the completion rate is higher in older adults than those aged 18-64; suggesting completion rates for older adults are particularly low locally.

Figure 8: City and Hackney patients completing IAPT as a proportion of patients referred to IAPT in 2014 compared to England and statistical peers[2]

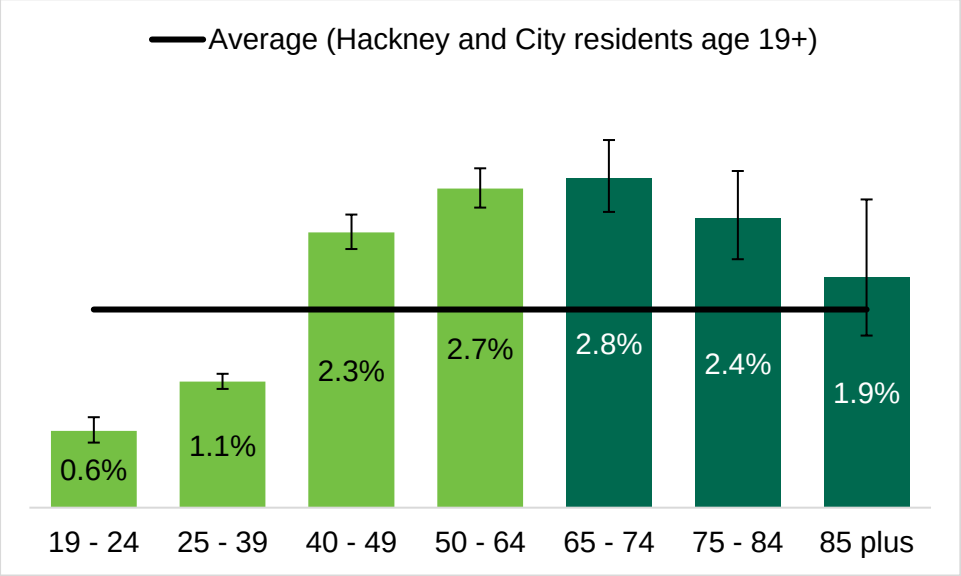


IAPT returns[xxviii]

Severe and enduring mental illness (SMI)

While older adults make up less than 15% of the GP SMI register, those in the 65-74 age group have the highest chance of being on the register, at 2.8% (Figure 9).

Figure 9: Proportion of City and Hackney residents on GP SMI register, by age



Local service data extracted from the GP register by CEG, Blizard Institute, April 2014
Data cover Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

[2] Local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. This chapter of the JSNA follows the 2014 *Mental Health Needs Assessment*, which used a previous version of Hackney's statistical peers ('London Cosmopolitan'): Brent, Haringey, Lambeth, Lewisham, Newham and Southwark.

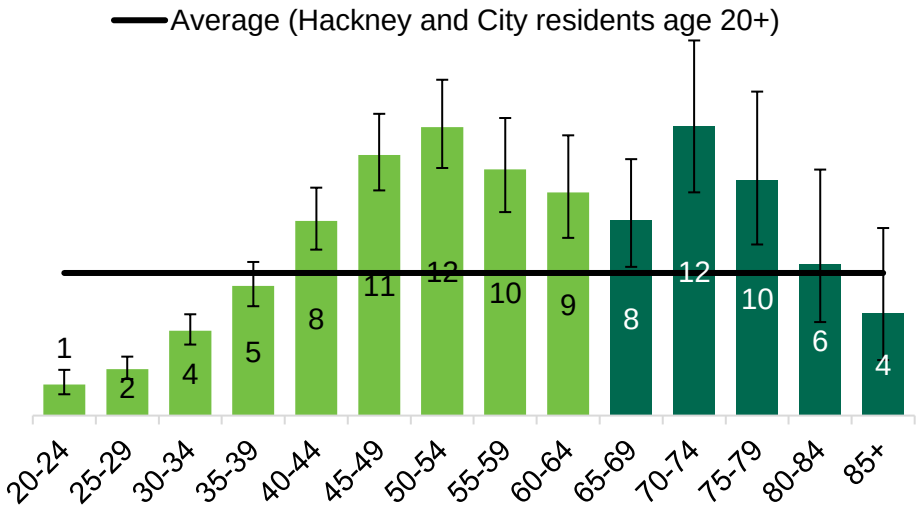
Data from ELFT give us the opportunity to explore these trends further in those patients known to secondary care. Figure 10 shows that the number of people with an SMI diagnosis receiving services from ELFT is higher in the 70-74 and 75-79 age groups than amongst 65-69 year-olds, relative to the size of the respective populations.

Figure 11 shows that this increase can be entirely attributed to a larger proportion of service users with a diagnosis of schizophrenia in these older age groups.

This could be due to an increase in diagnosis rates as older adults come into contact with health and social care services for other reasons or it could be due to an increased need for mental health care and support in those adults with schizophrenia who had previously not required secondary mental health services.

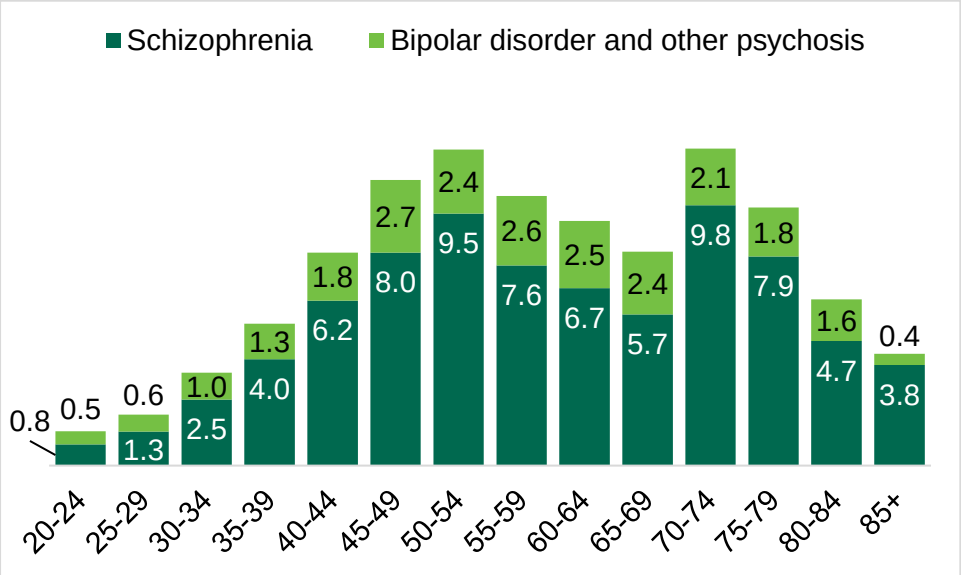
Whatever the reason, it suggests that service planning for the mental health needs of older adults should take into account the potential for schizophrenia service need to increase after the age of 65.

Figure 10: Number of ELFT service users with a recorded diagnosis of SMI per 1,000 population (2013/14)



Local service data provided by ELFT

Figure 11: Number of ELFT service users with named diagnosis per 1,000 population (2013/14)



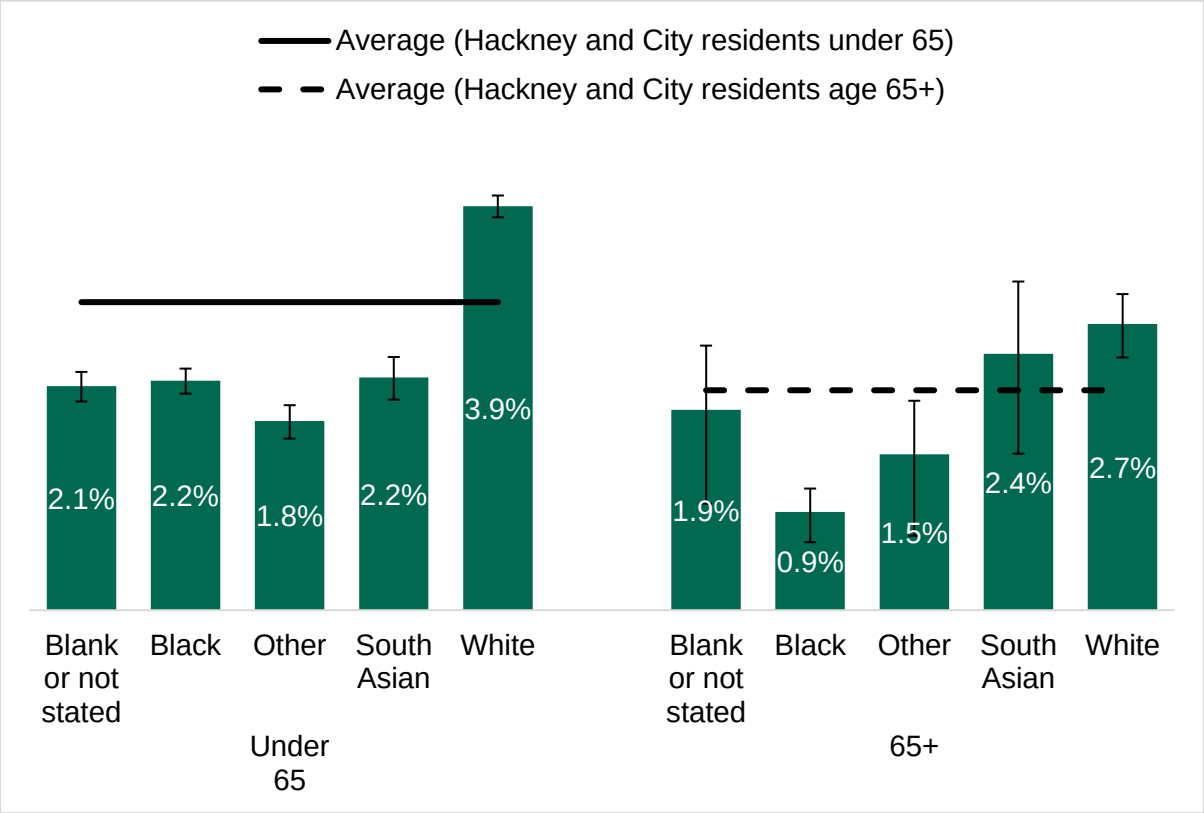
Local service data provided by ELFT

5.4.2. Ethnicity

Common mental health disorders

Figure 12 shows that the pattern of GP recorded depression by ethnicity is less clear cut in older adults than in those under 65; this is due in part to the smaller number of residents in each group. However, it is still clear that Black patients age 65+ are less likely than White patients age 65+ to have depression recorded by their GP.

Figure 12: Proportion of City and Hackney residents registered with a GP with GP recorded depression, by ethnicity and age

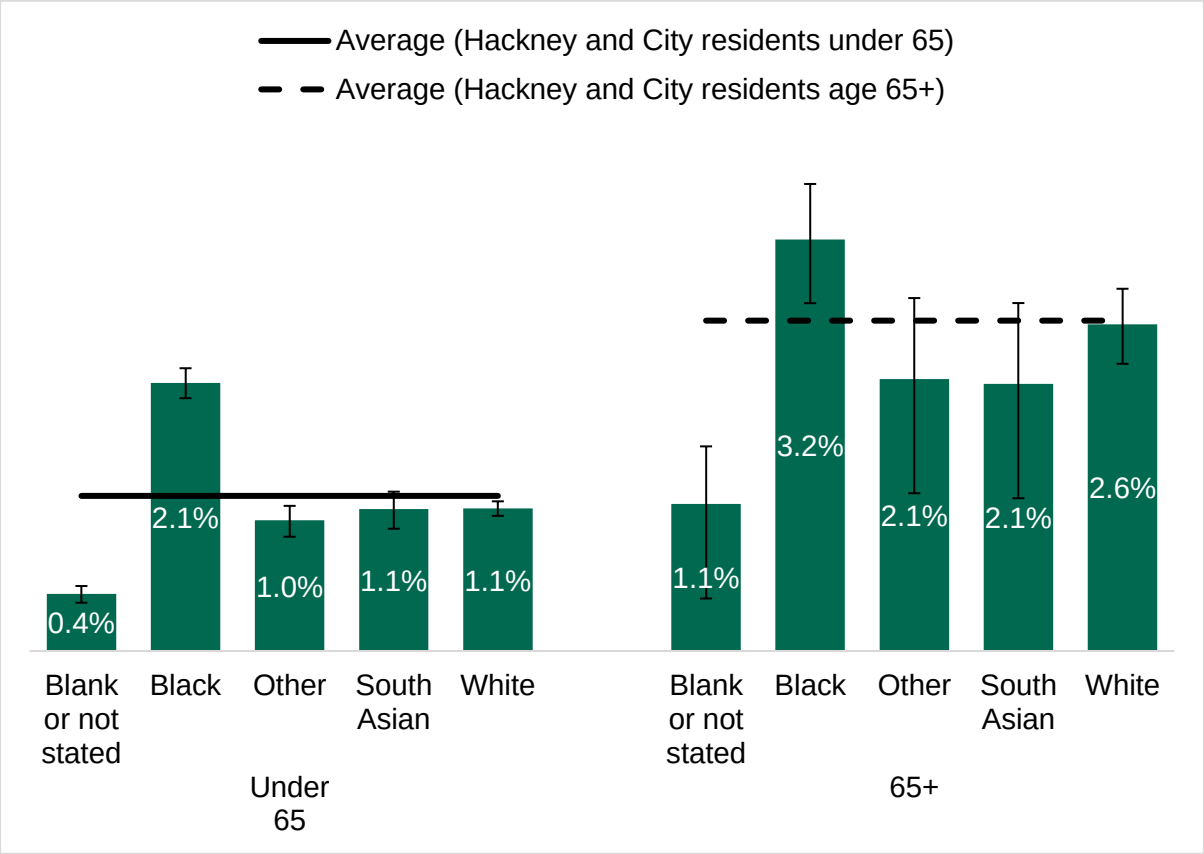


Local service data extracted from the GP register by CEG, Blizard Institute, September 2015
Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham

Severe and enduring mental illness (SMI)

Figure 13 shows that Black residents age 65+ are more likely to have SMI recorded by their GP than White residents age 65+, reflecting a similar but larger difference in younger adults.

Figure 13: Proportion of City and Hackney residents registered with a GP with GP recorded SMI, by ethnicity and age

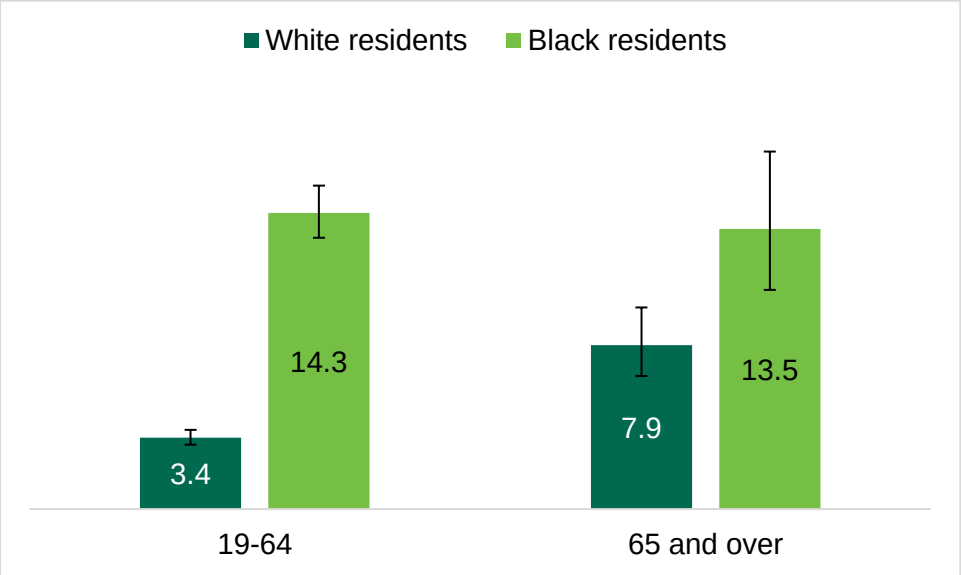


Local service data extracted from the GP register by CEG, Blizard Institute, September 2015
Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham

There are fewer than ten older adults using services from ELFT with a recorded diagnosis of SMI in each of the broad ethnic categories of Asian, Mixed and Other ethnic group. It is important that any distinct cultural needs of these service users are not neglected due to small numbers.

Black adults of all ages are more likely than White adults to be receiving services from ELFT (with a recorded diagnosis of SMI) but, as with SMI recorded by GP, this difference is greater in working age adults than in older adults (Figure 14).

Figure 14: Number of City and Hackney ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age and ethnicity

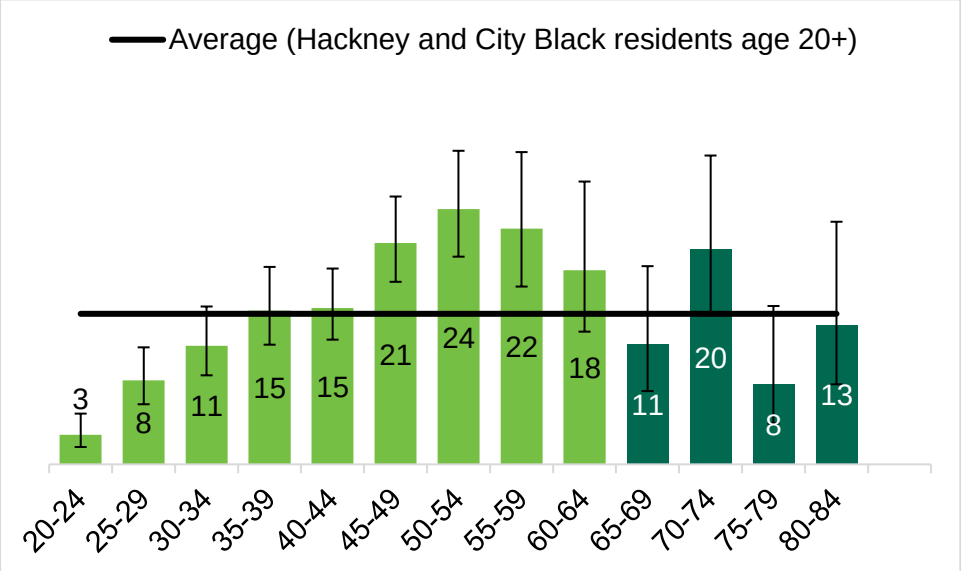


Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to Census data.[xxix]

Both Black and White adults have a peak in rates of ELFT service use around age 50-54. However, for Black residents this first peak is highest, followed by fluctuation after the age of 70, while for White residents there is another, higher peak at age 70-74 (Black residents: Figure 15; White residents: Figure 16).

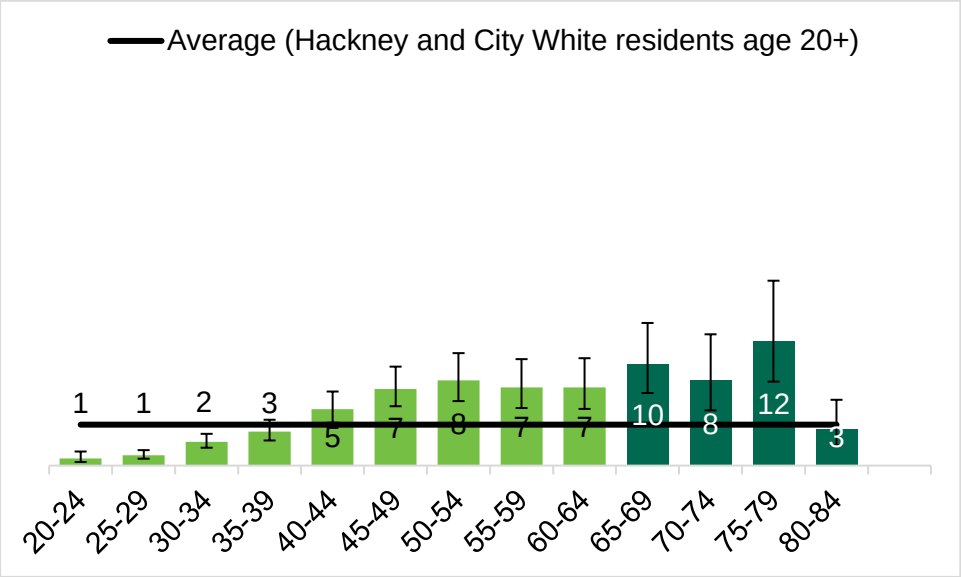
Both nationally and locally, people of Black ethnicity, especially Black men, are under-represented in early interventions for psychosis (see Section 3).

Figure 15: Number of City and Hackney ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age: Black ethnic group



Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to Census 2011.[xxx]

Figure 16: Number of City and Hackney ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age: White ethnic group



Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to Census 2011.[xxxi]

5.4.3. Gender

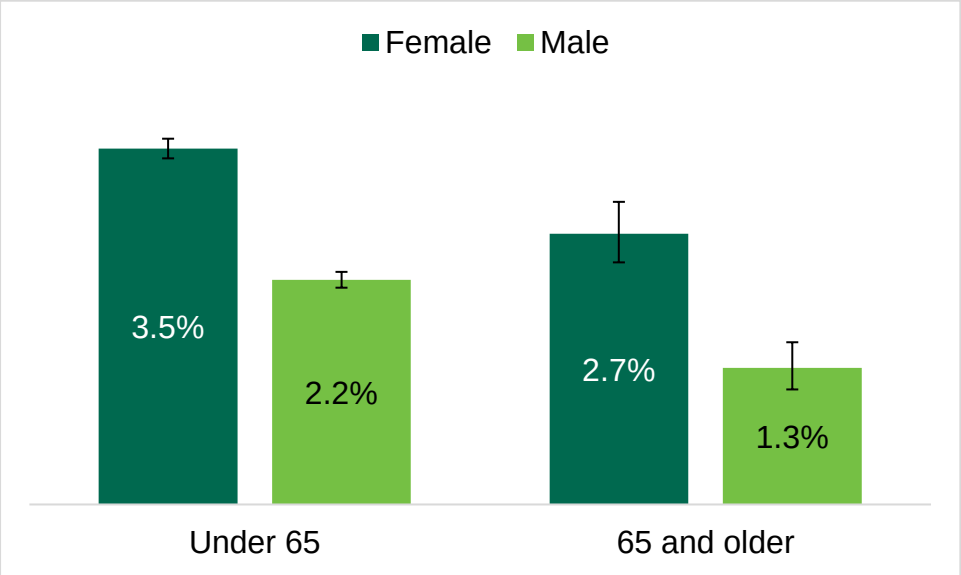
Common mental health disorders

Women typically live longer than men (see Chapter 1 of the JSNA, *The People of Hackney and the City*) and are more likely to experience common mental health disorders at all ages (Table 2). This may imply that as well as greater longevity, some causes and risk factors for these disorders, such as social isolation and caring responsibilities, may affect older men and women differently. Women are also more likely to seek medical help at all ages.[xxxii]

Two-thirds of residents age 65+ with common mental health disorders are women (68% in Hackney, 65% in the City - Table 2). This is reflected in the number of Hackney and the City residents age 65+ with GP recorded depression: 300 (70%) are women and 128 (30%) are men.

Figure 17 shows that the proportion of residents with GP recorded depression declines by a similar amount for older men and older women, as compared to under 65s.

Figure 17: Proportion of City and Hackney residents registered with a GP with GP recorded depression, by gender and age

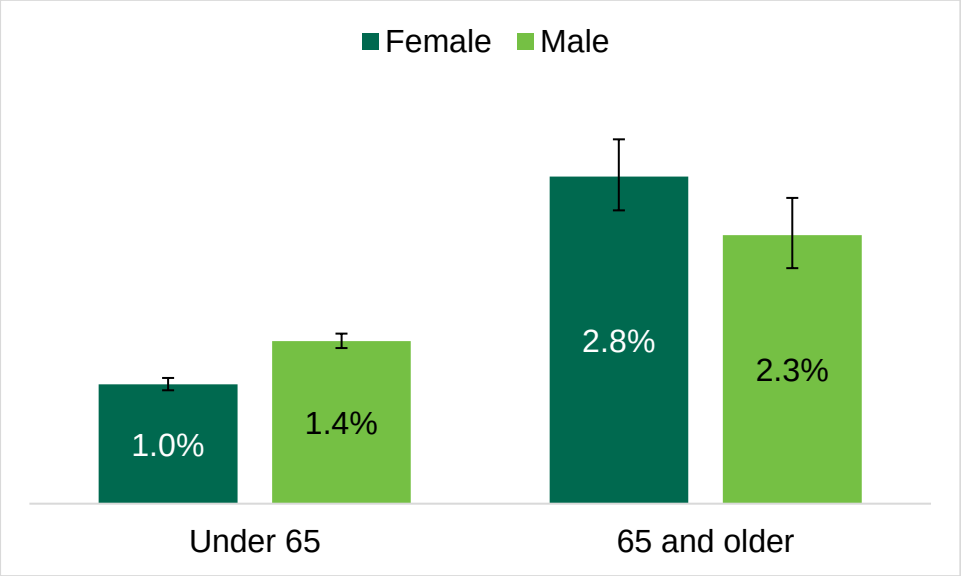


Local service data extracted from the GP register by CEG, Blizard Institute, April 2014
Data cover Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Serious mental illness

There are 317 women and 220 men age 65+ living in Hackney and the City with SMI recorded by their GP. Figure 18 reflects the data from Section 5.4.1 that a higher proportion of older adults are in this group than working age adults, but shows that the difference is seen largely amongst women; women aged 65+ are nearly three times as likely to have SMI recorded by their GP than women under 65, while men aged 65+ are only about one and a half times as likely.

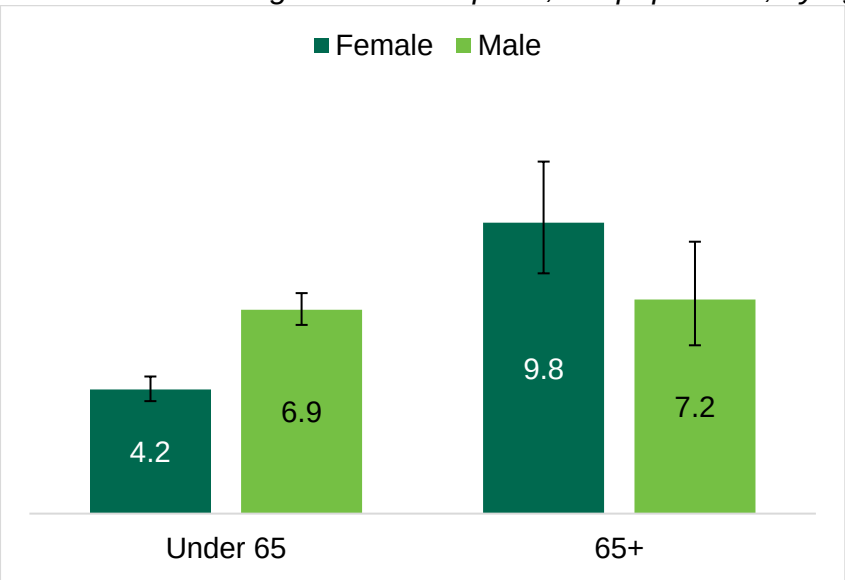
Figure 18: Proportion of City and Hackney residents registered with a GP with GP recorded SMI, by gender and age



Data extracted from the GP register by CEG, Blizard Institute, April 2014
Data cover Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

There are 104 women and 66 men aged 65+ receiving services from ELFT with a diagnosis of SMI recorded. Figure 19 reflects the same patterns as Figure 18, showing that relatively more older adults are in this group than working age adults, but again the difference is seen almost entirely amongst women, increasing from 4.2 per 1,000 population aged 19-64 to 9.8 per 1,000 population aged 65 and older.

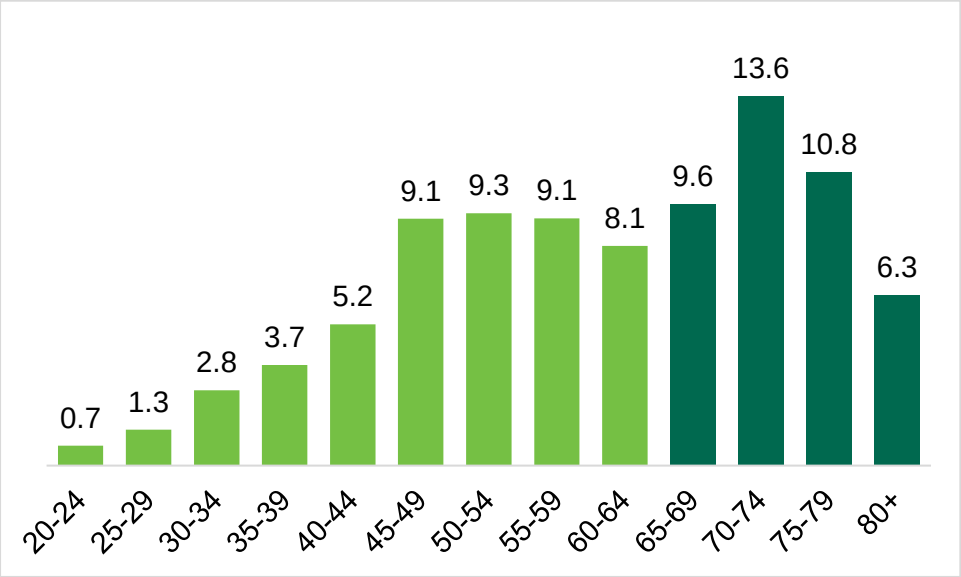
Figure 19: Number of Hackney and the City residents who are ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age and gender



Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to GLA population estimates.[xxxiii]

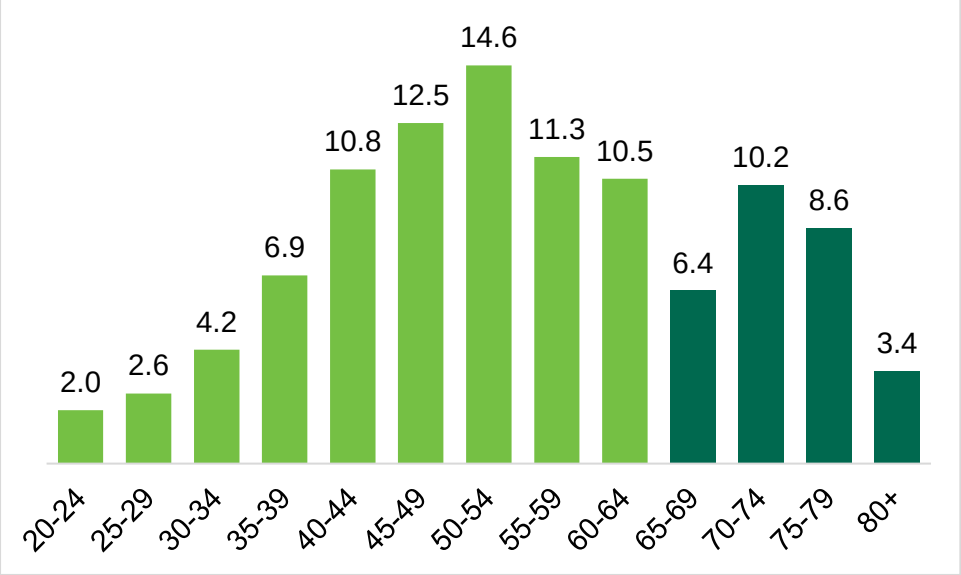
Both men and women have a first peak in rates of ELFT service use around age 50-54, followed by a second around age 70-74. However, for women the later peak (age 70-74) is the greater of the two, while in men the earlier peak (age 50-54) is the greater (Women: Figure 20; Men: Figure 21).

Figure 20: Number of City and Hackney ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age: women



Local data: Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to GLA population estimates.[xxxiv]

Figure 21: Number of City and Hackney ELFT service users with a recorded diagnosis of SMI per 1,000 population, by age: men



Local data: Unique clients seen by ELFT 2013/14. Provided by ELFT. Applied to GLA population estimates.[xxxv]

5.4.4. Other equalities areas

We have no local data on inequalities by deprivation or other equality groups.

5.5. Comparisons with other areas and over time

The national Public Health Outcomes Framework indicator 1.18i covers social isolation (a risk factor for mental ill health; see Section 5.2) in adult social care users, about three-quarters[xxxvi] of whom are older adults.

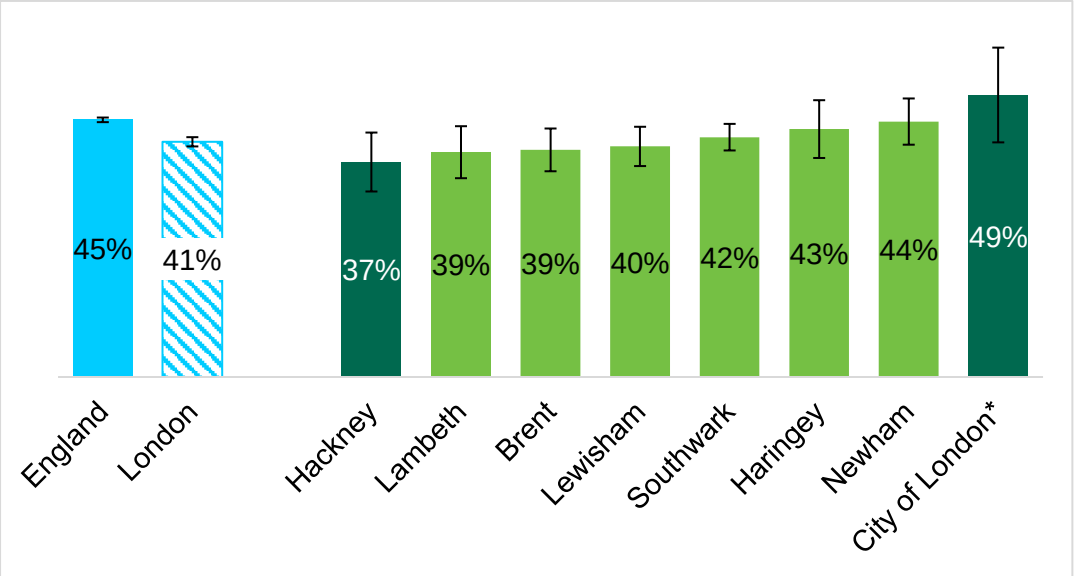
Stakeholders working with older adults in Hackney and the City of London have found that residential care is increasingly offered out of area, making it harder for family and friends to visit. This increases the potential for losing social networks in both those receiving residential care and their older friends and family.

Figure 22 shows that Hackney performs worse than England on this indicator, with fewer adult social care users having as much social contact as they would want. This could increase the risk of depression, anxiety and other mental health conditions where social isolation is a risk factor. However, Hackney performs similarly to London and most of its statistical peers.

The value for the City of London in Figure 22 is for 2011/12, the only year for which comparable data is available. This value is not statistically significantly different from London or England over the 2011/12-2013/14 period.

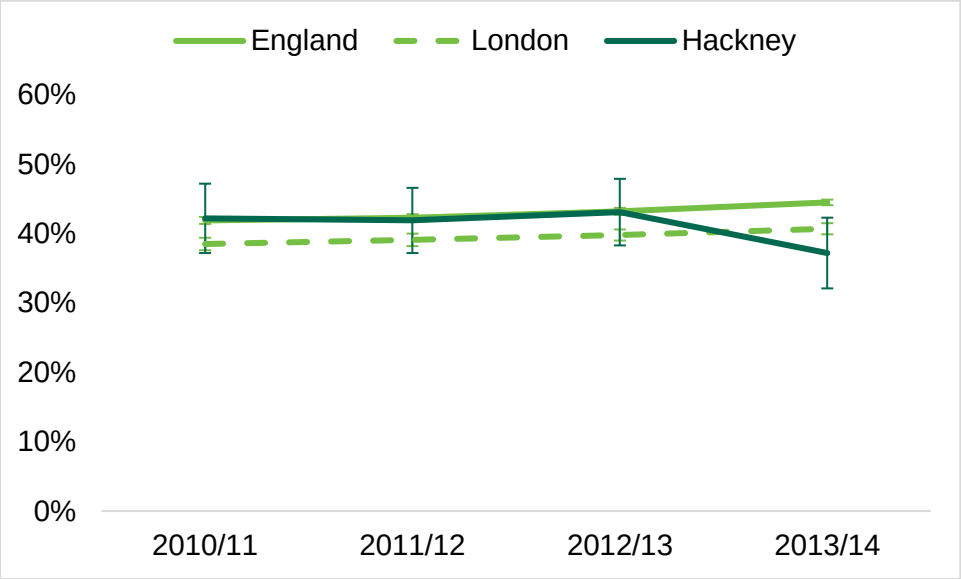
Figure 23 shows that Hackney has had a fairly consistent score over 2010/11-2013/14, as have London and England. A slight dip in 2013/14 took it from statistically similar to England to statistically lower.

Figure 22: Proportion of adult social care users who have as much social contact as they would like (age 18+, 2013/14)



Hackney value statistically significantly lower than England, not statistically significantly different from London.
*City of London value only available for 2011/12. Value not statistically significantly different from England or London in 2011/12 or 2013/14.
Data from Adult Social Care Survey, analysis by Public Health England.[xxxvii]

Figure 23: Proportion of adult social care users who have as much social contact as they would like (age 18+, 2010/12-2013/14)



City of London value not available for most years
Data from Adult Social Care Survey, analysis by Public Health England

5.6. Evidence for what works

Unless otherwise indicated, all information in this section is based on the recommendations of the Joint Commissioning Panel for Mental Health (JCPMH).[xxxviii]

Box 16: Overarching principles

Accessible, joined-up services

Particular care should be taken throughout the mental health care pathway that services for older adults recognise their increased likelihood of frailty and physical disabilities.

Services should be multi-disciplinary and person-centred in order to ensure that physical and mental health needs are served together. This could include: medical concerns such as potential interactions of prescribed medicines; practical concerns such as understanding how increased needs in one area may impact others; and more holistic concerns such as ensuring that the service user's own priorities are recognised and understood in context.

Services should be available where older adults can use them. This may involve home treatment services for those too frail to travel, or hospital liaison for those whose physical health has brought them into an acute setting. In particular, the JCPMH notes, 'home treatment workers help to reduce the need for admission, facilitate early discharge and reduce transfer to residential care.'

5.6.1. Prevention

In Section 5.2, risk factors such as social isolation, change in circumstances, and physical illness/frailty were discussed. Programmes should be in place to prevent and reduce these where possible and/or to recognise risk factors early and mitigate their impact when they occur.

Stakeholders working with older adults in Hackney and the City of London recommend that information provided for older adults on services and support should not be available only online, as older adults are less likely to have access to - and be comfortable using - the internet.

Occupational therapy and physical activity interventions are also recommended by the National Institute for Health and Care Excellence (NICE) to promote the mental wellbeing of older people.[xxxix]

5.6.2. Identification

Opportunities for identification of mental illness present themselves in all services that interact with older people. These include primary care services such as GP services and pharmacies, social care services, voluntary sector services used by older people, and other healthcare services. In particular, when older people present as inpatients for physical ill health, this provides an opportunity for assessment and referral through a liaison psychiatry service; it is estimated that over 60% of older inpatients have mental health disorders.[xl]

5.6.3. Treatment, care and support

As discussed in Box 16, services should be integrated and patient-centred. Services must not be ‘ageless’ but instead take account of the distinct needs and priorities of older adults.

Older adults can benefit from the same psychological and pharmaceutical interventions as working age adults (see Section 2 and Section 3), although these may need to be delivered in different settings or with particular care given to medication side effects.

5.7. Services and support available locally

5.7.1. Prevention

A large range of services to reduce social isolation and loneliness in older adults are available in Hackney and the City of London.

In Hackney, the Connect Hackney project works to reduce and prevent the social isolation of residents aged 50+.

Voluntary sector organisations such as Age Concern have local branches in Hackney and the City which cater to the specific needs of older residents in relation to social isolation. For a more complete list of relevant support available locally,

please see Section 5 of the 2014 Hackney and the City *Mental Health Needs Assessment*.

See also Section 2.7.1 and Section 3.7.1 for more information on general preventative mental health care for adults.

5.7.2. Identification

There is a specialist Hospital Liaison Service at the Homerton University Hospital NHS Foundation Trust (HUHFT) which assesses older adult inpatients and provides advice on treatment and management of physical health conditions for older adults with mental health problems.

5.7.3. Treatment, care and support

HUHFT provides IAPT services to all adult residents of Hackney and the City. These consist of short courses of evidence-based psychological therapy for people with mild to moderate/severe depressive and anxiety-based emotional disorders.

ELFT provides secondary mental health services to residents of Hackney and the City. These include Community Mental Health Teams that specialise in older adults care, providing integrated psychiatric and social care support that engage service users and their families and carers. Services also include Psychological Therapies, Crisis Support and Inpatient Services.

5.8. Gaps in current services

A full review and detailed mapping of current service gaps will be undertaken in 2016. A summary gap analysis will be added to this chapter once the review and mapping is complete.

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