Older People’s Mental Health

Alistair Burns
Dementia Programme

Preventing well
Diagnosing well
Supporting well
Living well
Dying well
Dementia Diagnosis rates

2005-2015
Prescription of antipsychotics

![Graph showing the prescription of antipsychotics from 2005 to 2015.](image)
Prescription of anti-dementia drugs

2005  2015
Evidence and trends: the good news
We are living longer, are happier and there’s lots of advice around

Half of babies born in the UK in 2007 will reach 103
From “The 100 year life”: Gratton and Scott; www.mortality.org

5 things to prevent depression
1. Smile
2. Keep busy
3. Talk to someone
4. Help others
5. Live in the moment

Ten ways for healthy living
Eat and drink well
Attend to your teeth
Stay active
Consult your GP
Vitamin boost
Look after your feet
Sleep well
Take the check ups
Stay in touch with people
Give up smoking

Older people are generally:
• more satisfied
• feel more worthwhile
• happier and
• less anxious

than younger people. But, this drops off after age 80.
<table>
<thead>
<tr>
<th><strong>70,000 more children will access evidence based mental health care interventions</strong></th>
<th><strong>Intensive home treatment will be available in every part of England as an alternative to hospital. Older People</strong></th>
<th><strong>No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the ‘core 24’ service standard Older People</strong></th>
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<tbody>
<tr>
<td><strong>At least 30,000 more women each year can access evidence-based specialist perinatal mental health care</strong></td>
<td><strong>10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017 Older People</strong></td>
<td><strong>Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year Older People</strong></td>
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<tr>
<td><strong>The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled</strong></td>
<td><strong>280,000 people with SMI will have access to evidence based physical health checks and interventions Older People</strong></td>
<td><strong>60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children</strong></td>
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<td><strong>Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care</strong></td>
<td><strong>New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people</strong></td>
<td><strong>There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people</strong></td>
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Mental health in older people

18% of the population are over 65 – **10 million people** in England.

For every 1000 people over the age of 65, **250** will have a mental illness, **135** will have depression, of whom **115** will receive no treatment\(^1\).

In a **500** bed general hospital, **330** beds will be occupied by older people of whom **220** will have a mental disorder, 100 each will have dementia and depression and **66** will have delirium\(^1\).

**6%** of people aged 65 and over live in care homes where the majority of residents have a mental disorder\(^2\).

Mental disorders in older people **reduce quality of life, increase use of health and social care facilities** and are associated with a range of adverse outcomes when co-occurring with physical disorders.

\(^1\): Royal college of Psychiatrists report 2009.

\(^2\): SCIE report 2006

www.england.nhs.uk
Depression and loneliness in older people

### Loneliness

- **8.5% (975,000)** of older people often or always feel lonely
- **1.7% (200,000)** of older people have not had a conversation with friends or family for a month
- **31.4% (3.6 million)** of older people say television is their main form of company

Loneliness can increase risk of premature death by a quarter.

Loneliness can be as harmful as smoking 15 cigarettes a day.

People with a high degree of loneliness are twice as likely to develop Alzheimer’s disease.

(Age UK, June 2016)

### Depression

- Between 10 and 20% of older people have significant depressive symptoms, a figure which doubles in care homes and hospitals and trebles in the presence of physical illness.
- In addition to this, the same numbers have depressive symptoms which are less severe and time limited.

50% of younger people with depression are referred to mental health services, only 6% of older people are.

85% of older people with depression receive no help from the NHS.

Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication.

Prevention of depression is feasible.
Questions to ask

Focus on depression: (PHIT)
  Prevention and Healthy Ageing
  Identification
  Treatment

Getting information – Atlas of variation

Role of NHS England/NHS Improvement/CQC/HEE
NHS Benchmarking Network
Findings on older people’s mental health care – 2016 cycle

NHS Benchmarking Network
Mental Health in Older People
A Practice Primer

Christoph Mueller, Clinical Lecturer
Amanda Thornton, Consultant Old Age Psychiatrist
Daniel Harwood, Consultant Old Age Psychiatrist
Peter Bagshaw, General Practitioner
Alistair Burns, Professor of Old Age Psychiatry
Current commitments for IAPT

- **Access**: IAPT services should be providing access to treatment for at least 15% of those who could benefit (people with anxiety disorders and depression) in 2016/17, rising to 16.8% in 2017/18,

- **Recovery**: At least 50% of people who complete treatment should recover.

- **Waiting times**: 75% of people referred to the IAPT programme should begin treatment within 6 weeks of referral, and 95% begin treatment within 18 weeks of referral.
130,073 people were referred to treatment in March 2017

This represents an annualised referral rate of 25.54% based on a denominator of 6.1m people estimated as having depression and/or anxiety.

78,965 people entered treatment in March 2017, indicating an annualised access rate of 17.27%.

The number of people moving to recovery in March 2017 was 24.907 meaning the recovery rate for people finishing a course of treatment was 51.7%.

Reliable improvement - which measures whether there has been a reliable reduction in symptoms – was 66.3%.

Waiting times surpassed the standard with 89.4% of people who completed a course of treatment within 6 weeks, and 98.9% within 18 weeks.
Improving Access to Psychological Therapies (IAPT)

Accessing treatment

- Despite IAPT services being open to all adults, older people are underrepresented among the population accessing IAPT.
- The proportion of people over 65 years old referred to IAPT (8.2%) is improving, but lower than their share of the general population (approx. 12%).
- 2017/18 and 18/19 Quality Premium includes an incentive for CCGs to improve access for older people.

IAPT Recovery

- Once referred, a similar proportion of older adults complete treatment compared to their working age counterparts.
- Recovery rates for older people consistently outperform working age people: 62.2% in Q2 2016/17 compared to 47.6% for working age adults.
More questions to ask

What should the proportion be?
Why is the recovery rate higher?
  (not so in the USA)
What are the barriers?
What incentives and levers do we have?
New priorities for IAPT
Perceptions

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