



Falling Off a Cliff at 65: Mental Health in Later Life

Note of the round table discussion held on 29TH April 2019

VHS and Support in Mind Scotland held this round table on 28th April at the Royal College of Physicians Edinburgh. The round table was predicated on the recognition that people over the age of 65 with poor mental health face a wide range of barriers, particularly in accessing appropriate care and other services. The focus was on older people with mental health conditions other than (or in addition to) dementia.

Participants

Fiona Benton, Scottish Association for Mental Health
Lauren Blair, Voluntary Health Scotland
Julie Breslin, Addaction (Drink Wise Age Well)
Katherine Byrne, Chest Heart and Stroke Scotland
Julie Cameron, Mental Health Foundation
Dr Adam Daly, Royal College of Psychiatrists and NHS Lanarkshire
Dr David Hall, Mental Welfare Commission
Maureen O'Neill, Faith in Older People (and VHS Board member)
Lindsay Paterson, Royal College of Physicians Edinburgh
Simon Ritchie, Age Scotland
Frances Simpson, Support in Mind Scotland
Paul Southworth, NHS Health Scotland
Claire Stevens, Voluntary Health Scotland (chairing)
Kathleen Taylor, Mental Welfare Commission
Kiren Zubairi, Voluntary Health Scotland

Apologies

Alison Cairns Bipolar Scotland
Dr Donald Macaskill, Scottish Care
Dr Stuart Mercer, Edinburgh University

Introductions

Claire Stevens invited everyone to introduce themselves and share their interest in the topic.

Maureen O'Neill then set out her concerns as follows:

- Transition points from adult to older age services are weak.

- The attention paid to dementia is positive but it is pushing other mental issues that affect older people into the background
- The workforce in older people's care home staff is not trained or well-equipped to support older residents competently or safely if they have serious mental health problems such as schizophrenia
- Churches have a role to play as a community resource, but in practice often ignore mental health or lack confidence in how to support people
- How well-equipped are our prisons to support older prisoners' mental health?
- A 1999 literature review on older age and mental health (Edinburgh University) highlighted the issues under scrutiny today: nothing has really changed in the intervening period.
- We need to think about the reality of the life-course in policies and challenge assumptions being made about older people and mental health

Frances Simpson described Support in Mind Scotland's position on the topic, as a provider of services to people affected by serious mental health conditions:

- Support in Mind has no upper age limit and a growing number of their service users are aged 65+. The charity is increasingly concerned about such people's access to services and rights.
- Support in Mind had prepared a policy paper to discuss with the then Cabinet Secretary for Health Shona Robson, but the Cabinet reshuffle in 2018 meant the planned meeting never took place.
- The lack of data and evidence on older people with mental health issues has been a concern for some time, and several years ago Support in Mind had conducted a short piece of research with their own service users. The research established that a large cohort of people lost access to a range of services on reaching 65, including a 75% reduction in access to Community Psychiatric Nurse support. The research highlighted the lack of community mental health services and projects for people 65+ due to restrictions applied by funders. A lack of joined up care for those people also suffering from a range of multi-morbidities was identified.

Adam Daly highlighted:

- Changes in older adult psychiatry that have taken place in England in recent years. There, the Equalities Act has led to the disbandment of older people specific services, out of concern that age restrictions contravene the Act.
- The move towards 'equally good services' for all adults is designed to remove barriers (but are there unintended consequences...). People need tailored assessments regardless of an arbitrary age bracket: older people are individuals, not a homogenous group.
- The complex interplay between dementia and other mental health conditions. A prior mental health condition like schizophrenia can be a risk factor for dementia.
- There is admittedly greater recognition of dementia as a condition than previously, but services are still not great. There is a lack of joined up care for older people experiencing poor mental and physical health: psychological

health care is largely community based, whereas physical health care is still hospital dominated.

- There are useful lessons that could be adopted from the model used to transition young people from CAMHs to adult services.
- NHS Lanarkshire has five CPNs whose sole role to provide follow-through for people going into care homes.

David Hall said that ‘the aspirations are clear’, the question was ‘how to get there’: local NHS managers decide where to direct resources. Paul Southworth pointed out that mental health is one of the new National Public Health priorities that Public Health Scotland will coordinate effort around. The creation of the new agency through the merger of ISD, NHS Health Scotland and Health Protection Scotland should be an opportunity for data to become more robust and accessible. Lindsay Paterson said RCPE was aware of older people being admitted to hospital [for an unrelated condition] with a mental health diagnosis emerging only as a result of their hospital stay. Katherine Byrne said that GPs can lack the confidence to raise mental health with their patients.

Kathleen Taylor said that as a Mental Welfare Commission visitor she observes that patients with dementia and those with functional mental health illnesses (e.g. depression) are not well catered for in mixed units. [Note: in October 2015 the Mental Welfare Commission published a visit and monitoring report called [Making progress: older adult functional assessment wards](#) which looked at wards providing acute assessment for older people with functional mental illness, as opposed to dementia]

Julie Breslin drew on the experience of Drink Wise Age Well:

- Highlighting parallels between the issues being discussed today and those facing older people with alcohol problems, also an under-recognised, under-diagnosed issue that is ignored by policy makers, data gatherers (including ISD) and leaves older people facing discrimination and with poor access to appropriate services..
- [Drink Wise Age Well](#) is a UK wide, Big Lottery funded, seven year programme developing evidence around alcohol use in later life, in order to support better policy making.
- The report [Calling Time, Addressing Ageism and Age Discrimination in alcohol policy, practice and research](#) examines issues faced by older people, including arbitrary age limits for alcohol rehabilitation services and the prioritisation of younger people for treatment programmes.
- Evidence clearly shows that older people’s consumption of alcohol is rising in the UK whilst younger people’s is reducing, yet policy continues to focus on young people.
- The programme’s UK wide advocacy group developed an [Alcohol Charter](#) as a means of trying to influence policy in a constructive and pragmatic way.

- Longer term outcomes that Drink Wise Age Well want to see are service redesign, older people's alcohol services embedded in commissioning, and new practice/NICE guidelines.

Summary of key issues explored

- Age discrimination: too many older people with serious mental health conditions are denied their rights and access to appropriate services
- Transition points between adult services and older people's services are a pinch-point – this is where people can 'fall off the cliff'. Do we need a Task Force? (there was a Task Force on CAMHs to adult services transitions)
- The general older people's workforce (e.g. care homes) has not been trained to support people with serious mental health issues
- What specialist services are needed?

But above all, the lack of hard data and evidence is impeding efforts to influence policy, practice and commissioning. This is the priority to address first.

Where are the levers for change?

Participants asked:

- Where does the policy agenda sit for older people and mental health?
- Who within Scottish Government is leading on A Fairer Scotland for Older People: A Framework for Action (published April 2019)?
- Who is the key Minister with responsibility?
- How can we persuade the Scottish Government to take ownership of this issue and commit to change?
- Where does this fit with the CMO's Realistic Medicine agenda?

Intelligence was pooled about who we need to influence:

- Minister for Older People and Equalities is Christina McKelvie
- Cabinet Secretary for Social Security and Older People is Shirley-Anne Somerville
- Cabinet Secretary for Communities and Local Government is Aileen Campbell
- The Framework sits within the Local Government and Communities Directorate
- Lead Scottish Government official for the Framework is Karen Mechan: karen.mechan@gov.scot
- Mental Health Division in Scottish Government is headed by Donna Bell

Other groups that we may wish to engage and influence:

- Cross Party Group on Older People
- Cross Party Group on Mental Health
- Equalities Committee (NB there is no Committee on older people)

- Royal College of Physicians Edinburgh's older people's faculty

Opportunities identified for gathering data:

- Take up Adam Daly's offer to help gather intelligence, ie pose key questions to Royal College of Psychiatrists – get the questions to him, especially regarding transition points and service gaps.
- Mental Welfare Commission can flag the issues in its visits, to help gather data
- Julie Breslin will talk to the International Centre for Longevity [academic partner with Drink Wise Age Well] about what data they may have
- Fiona Benton will talk to MIND [cross-border partner to SAMH], as they may have research/evidence that is relevant
- UK Research Institute: supports research with eight UK wide Networks, collaborates with third sector and provide resources for research. Two Networks are particularly relevant:
 - [Closing the Gap Network](#) – looks at closing the mortality gap; led by Professor Simon Gilbody
 - MARCH Network (Assets for Resilient Communities lie at the centre of Mental Health (M-ARC-H)); led by Dr Daisy Fancourt

Programmes and groups that participants are actively involved in and that may be useful:

- Scottish Patient Safety Programme – Frances Simpson
- Distress Brief Interventions evaluation group – Julie Cameron
- Screening Network– Julie Cameron
- See Me – SAMH
- Scottish Mental Health Arts Festival – Mental Health Foundation
- New Scots strategy: health and wellbeing sub group – Mental Health Foundation and Scottish Recover Consortium co-chair
- CPG on Health Inequalities – VHS

Other people/groups/organisations that may be useful for the round table to engage with in future:

- Equalities and Human Rights Commission
- Scottish Recovery Consortium
- Dr John Mitchell, Principal Medical Officer and Psychiatric Adviser to the Mental Health and Protection of Rights Division of Scottish Government

Other points raised and explored

The focus of the round table was firmly on serious mental health issues in later life, and in particular pre-existing mental health issues. However, the question of prevention and community based approaches was raised at one point and participants made a range of contributions. Participants also shared useful

intelligence about their own organisations' areas of work in relation to keeping older people well.

Simon Ritchie talked about Age Scotland's work to influence policy around transport and older people, because of the impact transport has on mental health and wellbeing. They are helping the Scottish Government to develop the National Transport Strategy to reflect the needs of older adults and the importance of mobility. Age Scotland also provides a Community Connecting service that supports older adults to access services and support within their local communities, to improve their mental health and wellbeing.

Kathleen Byrne explained how Chest Heart and Stroke Scotland was very aware of how stroke, respiratory and heart conditions affect people's mental health and wellbeing. These are often devastating and life changing events and community support is a vital part of rehabilitation. It is estimated that up to 60% of older adults who have had a stroke may subsequently experience depression.

SAMH provides over sixty services in communities across Scotland, including social care, support for homelessness, addictions and employability to people with poor mental health and wellbeing. Around 6% of their service users are over the age of 65. SAMH has increasing numbers of community link workers, including 20 generic link workers in Aberdeen City, a service designed in part with geriatric services.

Conclusions and next steps

Maureen O'Neill offered the following conclusions:

- We need better data- 'we don't know what we don't know'. Can we work with ISD to get better and appropriate data?
- Can we map and understand the different approaches happening in different localities in Scotland? Who can help with this? Is it a research project? Survey?
- Can we map transitions and how this happens across age ranges and across Scotland?
- Can we better understand role of GP- what services are signposted and what GPs currently do for older people?

The questions we want to send to Adam Daly to share with his RCP colleagues:

- What currently happens to someone who has a previous mental health diagnosis when they turn 65?
- What currently happens to someone who is diagnosed with a mental health illness after 65?
- What are your local health and social care partnership transition arrangements for people aged 65+ with mental health issues?

It was agreed that there is merit in this group meeting again, to ensure momentum is maintained. Everyone gave permission for VHS to share their contact details.

Actions:

- VHS to share everyone's contact details
- VHS to do a Doodle Poll for next meeting
- Claire Stevens to liaise with Frances Simpson to get the questions to Adam Daly finalised and sent to him.
- Claire and Frances to review these notes and consider other practical next steps.