The Royal Australian and New Zealand College of Psychiatrists (RANZCP) recognises that, in the context of the increasing proportion of Australia and New Zealand's population who are over 65 years of age, it is essential that the appropriate mental health responses are in place. Good mental health is essential to successful ageing, and older people require the same full spectrum of mental health interventions as other people, from prevention to early intervention and clinical care. The RANZCP advocates for a holistic, age- and culturally-appropriate approach to addressing mental illness in older people, informed by the principles of recovery, independence, dignity and quality of life.

Background
The phenomenon of population ageing in Australia and New Zealand is well-established and has profound implications for health care provision. Over the next 30 years the proportion of people aged 65 years and over is projected to increase from 14% to 20% in Australia, and from 13% to 24% in New Zealand. Over the same time period the number of people aged 85 years and over is expected to approximately triple, to 1.2 million in Australia and 230,000 in New Zealand [1, 2].

It is important to recognise that the majority of older people do not have mental illness or dementia. However, even mild mental illness can have a significant impact on an older person’s health, function, quality of life, use of health services and outcomes of health interventions [3-5]. Furthermore, older people who have a mental illness are also more likely to have significant social and physical health problems [6]. The importance of treating mental illness in older people is demonstrated in the very high rates of suicide in older men both Australia and New Zealand, with suicide rates for men over 85 years old in Australia considerably higher than any other age group [1, 2, 7].

Serious concerns have been raised locally and internationally regarding the preparation of mental health services to meet the needs of older people [8, 9].

Definition
Mental health is much more than the absence of mental illness. Good mental health maximises each older person’s quality of life, the quality of life of those around them, and their contribution to society.

Psychiatric services for older people, previously termed psychogeriatric services, have been subsumed by service terms which include old age psychiatry services, older persons’ mental health and mental health services for older adults.

The underlying philosophy of all these services is the promotion of successful ageing and improvement of the mental health of older people. With current health resource limitations, the priority is to improve the mental health of older people with distress or impairment related to functional and/or organic mental disorders. For organisational purposes ‘older’ is often accepted as being 65 years and over, although local, individual or cultural circumstances may require a flexible approach [6].

The generally accepted core entry criteria for mental health service for older people may be one of the following:
• People with serious mental disorder, aged 65 or over, newly presenting to local mental health services or who have not been under the care of other local mental health services for a regionally-specified amount of years.

• People with serious mental disorder and significant aged-related physical illness or frailty which compounds or complicates the management of the mental disorder.

• People with serious mental disorder and significant psychological or social difficulties related to the ageing process where their needs may best be met by a service for older people.

• People of any age with a primary dementia and serious behavioural and/or psychological symptoms.

Evidence

Successful ageing is intrinsically linked with maintaining good mental health. It is therefore essential that older people are valued, and their potential to be happy and productive is maximised. Older people should have the opportunity to make important contributions to their own welfare as well as that of younger generations.

Mental illness is common in elderly people, but often unrecognised by individuals, family and health care professionals, who may wrongly attribute symptoms of treatable mental illness to the irreversible effects of ageing or to physical or environmental changes. As such, relatively few older people with mental illness are referred for specialised psychiatric treatment [9].

The ageing population in Australia and New Zealand will mean that there will be increasing demand for mental health services for older people, including:

• Older people with long standing mental illness are being joined by those with mental illness that develops for the first time in later life. Such illnesses include depression, anxiety and bipolar disorders, schizophrenia and other psychotic illnesses, alcohol and substance misuse disorders and dementia [6, 11].

• The prevalence of cognitive impairment or dementia, which may also be associated with early-onset mental illness, increases exponentially in older age [12].

• Increasing numbers of men over 85, a group at considerably heightened risk of suicide [2, 7].

• More people living in residential aged care facilities, where there are unacceptably high rates of depression and other mental illness; and often inadequate access to treatment [12, 13].

• Increasing numbers of older people who may be exposed to polypharmacy and excessive prescribing of psychotropic medications [14].

• The average age of carers will also be older, and themselves are at significantly increased risk of depression and excess mortality [15, 16].

• Older people presenting with physical health issues and comorbid mental illness in settings such as emergency departments, general hospitals, outpatients and general practice [17-20].

Most older people wish to live in their own homes and do so. Home-based mental health treatment for older people can reduce entry to hospital and residential care, improve quality of life, and reduce healthcare costs [21]. However, the lack of access to appropriate mental health services and options for community-based accommodation and care increase the risk of inappropriate entry to residential aged care exposure to poor standards of care provision [1, 22, 23]. Effective treatment improves function and quality of life, and can result in transfer to less costly, more appropriate community-based care [1].

Most interventions that are effective in younger people remain effective in later age, including when cognitive impairment is present. This includes treatment with pharmacotherapy, electroconvulsive therapy and psychotherapy [23-27]. Advanced knowledge or skills may be required to adapt treatments and enhance suitability for older people, and there will be increasing demand for specialist old age
mental health services [4]. Further information regarding the evidence base of interventions and systems for their delivery may be found in the occasional report developed to inform this position paper [28].

Recommendations

1. Older people require the same spectrum of mental health care as the whole population, from mental health promotion and early intervention, through to community mental health care (including crisis services, continuing care, home care and residential care), acute inpatient care, liaison services in non-mental health hospital settings, and subacute and/or extended care.

2. Mental healthcare for older people should be evidence based and provided in settings most appropriate to the person’s needs [29].

3. National benchmarks should be established, setting standards for the availability and quality of mental health services for older people across the spectrum of care.

4. All mental health care for older people should incorporate the following principles:
   a. Promotion of independence, dignity and quality of life for people with mental health problems, their families and carers [30].
   b. Care informed by and aligned with current best practice in mental health aged care and disability services including recovery, person centred care and enablement [31-35].
   c. General practitioners should be supported as the primary providers of health services for older people, with access to specialist clinicians and education, including on the interaction between the biological, psychological and social effects of ageing.
   d. Liaison between mental health, social services and community providers should be facilitated to enable close coordination and continuity of care [4].
   e. There needs to be recognition and respect for the roles and needs of older Aboriginal and Torres Strait Islander peoples, Māori, with awareness that concepts of mental health are integrated into broader concepts of wellbeing within these cultures [8, 36, 37].

5. Mental health services for older people should not be subsumed into a broader ‘adult mental health’ or ‘ageless service’. The needs of many older people are distinct from young people [6].

6. Specialised psychiatry services for older people are:
   a. Multi-disciplinary, coordinated and complementary to other providers across the spectrum of care.
   b. Responsible for defined catchment areas allowing detailed knowledge of all services for older people in the area, ideally aligned to that of the geriatric medical service and to other public mental health and older persons’ social services [38].
   c. Adaptive and responsive with ongoing evaluation of different models of care to guide future service delivery for the changing cohorts of older people.
   d. In close functional relationships with both adult mental health and geriatric medical services, underpinned by agreed policies or shared management systems which facilitate seamless, patient-centred care with optimal clinical outcomes.
   e. Enhanced with ongoing investment in academic fellows, teaching and research.
   f. Committed to creating valuable experiences and/or preferred training posts both at the Proficient and Advanced stages of RANZCP registrar training.
   g. Key contributors to innovations to improve the mental health knowledge and skills of all health care and social service staff working with older people [39].
Disclaimer: This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The College endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

References


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