



The Royal
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Psychiatry services for older people

A report on current issues and evidence to inform the development of services and the revision of
RANZCP Position Statement 22

Psychiatry services for older people

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Mental health in an ageing population

There is increasing evidence that 'successful' ageing is intrinsically linked with maintaining good mental health. This emphasises the importance of striving for a society that values older people, including those with mental and physical illness, and maximises their potential to "be happy and productive, and make important contributions to their own welfare as well as that of younger generations" ¹

There is an ongoing marked increase in the number of persons surviving to a late age. In Australia, the proportion of people aged 65 years and over will increase from 14 % in 2012 to 20 percent by 2040². The number of people aged 85 years and over is projected to almost triple from 430,000 to 1.2 million by 2040. In New Zealand, the proportion of people aged 65 years and over will increase from 13% in 2011 to 24% by 2041, while those aged 85 years will increase from 73,000 in 2011 to 230,000 in 2041.³

Recognition that older people are disproportionately high users of health and social services,^{4 5} increases the importance of promoting successful ageing and good mental health throughout later life to improve quality of life⁶; and reduce both disability⁷ and health care expenditure.⁸

Actions that can contribute to achieving this potential include

- Supporting Objective 1 of the Madrid International Plan of Action on Ageing, 2002:⁹ "older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution"
- Incorporating aged friendly principles in urban and other civic planning¹⁰
- Awareness of the manner in which the expression of mental wellbeing changes with age^{4 11}
- Action to reduce the self stigma regarding mental illness, which increases with age^{12 13}



Mental illness in an ageing population

It is first important to recognise that the majority of older people have neither a mental illness nor dementia. However if they have a mental illness, they are likely to also have significant social and physical health problems⁴. Even mild mental illness can have a significant impact on an older person's health, function¹⁴, quality of life,^{15, 16} use of health services¹⁷, and outcomes of health interventions.¹⁸

Mental illness remains common among elderly people, but is 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. There is a tendency to refer relatively few older people with mental illness for specialised psychiatric treatment¹⁹. Whilst early old age is associated with lower mental health related costs; treatment costs for mental illness increase substantially with age in the population over 75 years old²⁰.

However it is also important to consider that an ageing population will mean there are increasing numbers of older people with mental illness. Of particular note:

- People with long standing mental illness will be joined by those with mental illness that develops in later life.^{4,21} Such illnesses include depression, anxiety disorders, schizophrenia and other psychotic illnesses, bipolar disorder, alcohol and substance misuse disorders and dementia.
- The presentation of depression alters with age, but the incidence²¹ and prevalence remains significant and similar to early life when all depressive conditions are included.²²
- A disproportionate number will also have cognitive impairment or dementia, which may present in earlier life; but the prevalence of which increases exponentially with age.²³
- There will be increasing numbers of people for whom mental health services provided for younger people may not be appropriate.⁴
- Increasing numbers of very old men, who have amongst the highest risk for suicide, will complete suicide.^{24, 25}
- Increasing numbers of people will live in residential aged care facilities, where there are unacceptably high rates of depression²⁶ and other mental illness²⁷; with often inadequate treatment.²⁸
- There will be, without action, increasing numbers of older people exposed to excessive prescription of psychotropic medications.²⁹
- There will be increasing numbers of older carers, who themselves are at significantly increased risk of depression³⁰ and excess mortality.³¹
- Older people presenting for physical care will have high rates of mental illness in settings such as Emergency Departments³², outpatients³³ and general practice.³⁴

Most older people wish to live in their own homes: and do so. Entry to residential aged care is a significant transition when required, with significant economic and personal cost. Home based mental health treatment for older people can reduce entry to hospital and residential care, improve quality of life for older people, and reduce healthcare costs³⁵. Both reduction in access to appropriate mental health care³⁶, and absence of appropriate community alternatives to residential care³⁷, increase the risk of inappropriate entry to residential aged care. Furthermore, people with mental illness appear to then have an increased risk of entry to residential care facilities that have poorer standards of care provision³⁸. Effective treatment improves the quality of life of significant numbers of people and a number, if treated, could be discharged to less costly and more appropriate community facilities or services.³⁷

Access for Maori, Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people of Australia suffer levels of mortality, morbidity and compromised wellbeing far in excess of non-Indigenous Australians. This reflects issues of social injustice, particularly persistent social, economic disadvantage and the historical legacy of colonisation with its destruction of Indigenous culture.³⁹

Maori aged over 80 years old continue to report colonisation affecting their life; with discrimination continuing to impact on their mental health-related quality of life.⁴⁰

It is essential that clinicians providing mental health care for older people recognise and respect the roles of older indigenous people and are aware that concepts of mental health are integrated into broader concepts of wellbeing within indigenous cultures.^{44, 41} They should be aware of principles for working with indigenous people developed in partnership with them^{41, 42}, and respond flexibly in access and service delivery to meet their needs.⁴³



The role of the Psychiatrist for Older People

All psychiatrists are trained to work with people of all age. Some psychiatrists choose to undertake additional specialised training in providing care for older people with mental health problems.⁴⁴

A psychiatrist⁴⁵ is a specialist medical doctor who assesses and treats patients with mental health problems. He or she is skilled in undertaking a comprehensive psychiatric assessment to arrive at an accurate diagnosis and formulation that considers the interaction between physical and mental illness and the unique needs and attributes of the individual patient. At its core, psychiatry involves listening carefully and sensitively to people's most personal thoughts and feelings, understanding their mental state, and working with them to identify and implement appropriate treatments including psychotherapy, psychotropic medication, social strategies and other interventions.

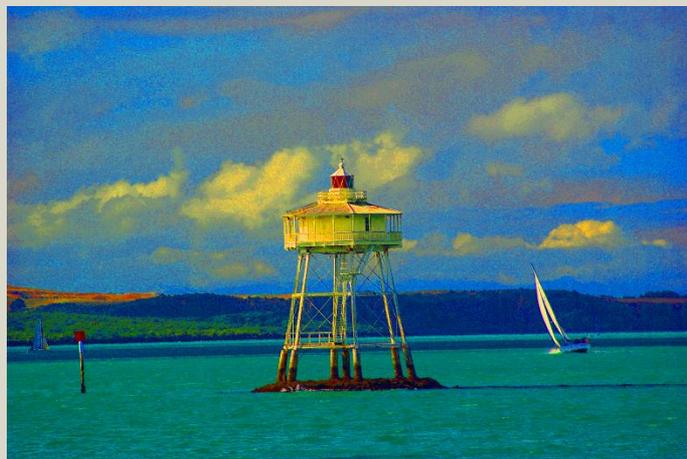
The role of the psychiatrist includes caring for patient; managing complex and severe psychiatric conditions; providing clinical leadership; teaching and training; researching mental illness; and advocating for health by challenging stigma and discrimination. Psychiatrists are expected to work constructively within teams and to respect the skills and contributions of colleagues.⁴⁶

A psychiatrist's expertise in the complex interaction between physical and mental illness is crucial to the successful treatment of older patients whose illnesses have both physical and psychological symptoms. Psychiatrists have a detailed understanding of the potential physical side effects of psychotropic medications and the potential psychological side effects of treatments for physical illness⁴⁹. These attributes may be used within mental health or geriatric services, specialist rooms, non-government organisations or health management, policy or other settings.

Principles of mental health care for older people

All mental health care for older people should ensure

- Promotion of the independence, dignity and quality of life for older people with mental health problems, their families and carers⁴⁷.
- The interests and views of the person with mental illness must remain the primary focus of those providing mental health care.
- The focus on the person with mental illness must be informed by an awareness of potential changes with age in the relationship between people with mental illness and their carers; including evolving roles in support, managing illness and maintaining the personal identity of the person with mental illness.⁴⁸
- Care is informed by, and consistent with, key current concepts in mental health, aged care and disability services relating to maintaining the autonomy of people with mental illness, and how this is played out in their interactions with carers and services. Currently key concepts include recovery⁴⁹, person centred care⁵⁰ and enablement⁵¹; how these are relevant to the older person^{68,52}; and how they interface with traditional concepts of mental health care for older people.⁵³
- People with mental illness are consulted about their preferred site of treatment, and such is delivered as close to home as possible.
- Respect for the rights of individual older people, their families and carers, and their goals in accessing care.
- Support for continuity of care for older people with mental health problems over time and between providers.
- Diversity in older people and special needs of different population groups are responded to positively.
- General practitioners are supported as the primary providers of health services for older people.
- General practitioners have access when required to clinicians with special expertise in assessing mental disorders in older people and in understanding the interacting psychological, physiological and social effects of ageing.



Effective Mental Health Care for Older People

The avoidable disability of mental illness in older people can be reduced by recognising that everyone has a role in improving the mental health of older people. Mental health care for older people is effective when provided in a manner that is both evidence based and tailored to the older person's needs.^{54 55}

Appropriate systems of care

Older people require the same spectrum of mental health care forms of delivery as described for the whole population^{4,56}. That is, from mental health promotion and early intervention, through community mental health care (including both crisis services and within residential aged care); acute inpatient care; liaison services in non-mental health hospital settings; and subacute and/or extended care in settings most appropriate to the older person's needs.

In Australia and New Zealand, General Practitioners (GPs) have a central role in providing, or facilitating access to, such interventions. Across these countries such clinical services are provided by a broad range of professionals and services including

- GPs
- Geriatric services
- Aged Care clinical staff
- Neurologists
- Individual psychiatrists
- Other individual mental health professionals
- General adult mental health teams
- Specialist mental health teams for older people

All mental health care for older people should be implemented in close coordination as possible with social interventions.⁴ This does not mean that joint involvement is always required, but should be readily available when required. The ability to do this should be considered in considering the roles of providers, and complexity of problems that may be managed by different providers.

Individual treatment of established mental illness

Most interventions that are effective in younger people remain effective in later age. This includes medications^{57,58} electroconvulsive therapy⁵⁹ and the psychotherapies⁶⁰, including in the presence of cognitive impairment⁶¹. However specialised knowledge or skills may be required to adapt them appropriately.

Whilst psychotropic medications remain effective in older age, changes in sensitivity, benefits, and side effects may occur; and in some specific circumstances there is less evidence for their effectiveness⁶².

Adaptations of psychotherapies should be tailored to each individual, but may include⁶¹

- Increased number of sessions
- Slower presentation of material
- Increase use of behavioural activation and other similar techniques
- use of memory aids and environmental cues
- Including a role for the carer in therapy

Structured exercise based interventions have also been shown to be effective for some older people with depression.⁶³

Telepsychiatry may be helpful in advising health care staff in remote areas, with its role in direct service delivery expected to continue to evolve.

There is increasing evidence for the efficacy of 'stepped care' approaches⁶⁴ to the depression in primary care; which the intensity of interventions, and therefore need for specialist support, increases if there is lack of treatment response. Importantly, there is also evidence such treatment improves the outcomes of comorbid chronic illness, particularly diabetes⁶⁵. There is also an emerging field of research exploring the benefits of spiritual, social and other complimentary interventions; the implications of which are likely to evolve with time.

Specialised mental health services for older people

Mental health services specialised in providing care for older people have a variety of names across Australia and New Zealand. These include Old Age Psychiatry Services, Specialist Mental Health Services for Older People, and Mental Health Services for Older People. The term psychogeriatric services is also sometimes used, but this has also been used to refer to a broader range of dementia related services, and so caution should be used in using or interpreting this term.

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 with functional mental illness (for example depression) and/or organic disease such as dementia and their associated physical and social issues are often distinct from younger people.⁴

The presentation of mental illness in older age is often atypical, and frequently there are coexistent physical conditions that further complicate assessment and management. Clinicians need to be aware of the wide range of strategies available for treatment of mentally ill older persons; as well as appropriate precautions and differences in the way treatments should be administered compared to younger persons. They must also be aware of the many other services with which the psychiatrist providing care to an older person must interact, e.g. geriatric medicine, other hospital services, primary care, the residential sector, community supports, and voluntary organisations. These organisations are qualitatively distinct from those available to the younger patient.

Dementia represents a special case where a specialist psychiatric service for the elderly can fulfil many roles. General practitioners commonly have long-term contact with, and clinical responsibility for, people who have developed dementia. However, support and advice from mental health specialist services are usually required at some or several stages during assessment and management. Many patients with dementia suffer from co-morbid psychiatric syndromes during their illness, and these often improve with treatment.

Specific behavioural problems are common. Many health staff are involved in their care, and should have the relevant knowledge and skills to do this appropriately⁶⁶; including to conduct or facilitate specialist assessment and management⁶⁷, and palliative care⁶⁸. Old age psychiatrists have special expertise in the assessment of cognitive decline and the differentiation of mild dementia from other psychiatric conditions. This has become especially relevant with the introduction of acetylcholinesterase inhibitors, and with other anti-dementia drugs becoming available. Lastly the psychiatrist can play a special role in assisting carers of dementia sufferers as they often have high levels of psychological

distress. In areas where there are no old age psychiatrists, geriatricians may be requested to assess or take on care of people with dementia.

Whilst services specialising in the mental health care of older people should be concerned with improving the mental health of all older people; where prioritisation of resources is required, this should be upon improving the mental health of older people with functional and organic mental disorders. For organisational purposes this 'older' is often accepted as being 65 years and over, although such an arbitrary chronological age cut-off should not be rigidly enforced where local or individual circumstances require a different approach.^{36*}

A psychiatric service for older people should

- Coordinate a range of services across the spectrum of care required by older people with mental illness.
- be multi-disciplinary.
- Have adequate transport to allow staff to make home and residential visits when indicated, including prior to hospital admission.
- Take responsibility for a defined catchment area thus allowing detailed knowledge of, all services for elderly people in the area.⁶⁹ Ideally this area should be identical to that of the geriatric medical service, and preferably also other public mental health services.
- Develop complementary relationships with other providers of care for older people with mental illness including general practitioners, private psychiatrists, psychologists, non-government organisations, and aged care facilities.

Specific models and styles of service delivery have been developed that vary between catchments to meet population needs and complement other services. There is quite variable degrees of evaluation of models, including specific types of day hospital, memory services and behavioural services. It is vital that ongoing evaluations of different approaches and models guide future service delivery to changing, overlapping, cohorts of older people; so that services remain adaptive and responsive to their needs. Current evidence emphasises the importance of considering the following components:

Mental health promotion and early intervention

Programs that aim to prevent the development of mental illness and improve the detection and early intervention in mental illness should include older people. Similarly, planning of services used frequently by older people, or at key transition points such as loss of driving license, should include impact upon older people's mental health.

In particular

- Older people should be provided with access to effective psychosocial support and interventions organised at individual⁷⁰ and societal levels¹⁰
- Suicide prevention programs should include strategies likely to be effective for older people⁷¹, and should not be confused by societal debate about the appropriateness of euthanasia or assisted suicide.

Multidisciplinary community mental health care

For older people with mental illness, specialised multidisciplinary mental health care has the greatest evidence base.⁵⁶ Although the 'active elements' of such care warrant further clarification⁷², being based in the person's home appears an important factor.³⁵

Inpatient care

Inpatient care should be provided as part of a continuum of care, with the older person only moving from care in the community where there are clear indications for admission⁷³ where ever possible occur in environments adapted appropriately for the needs of older people; including providing opportunity of functional separation of patients with very different care needs, such as those who are frail and those with significant behavioural disturbance.⁷⁴ Staffing should be multidisciplinary, supported to develop specialised skills and provided with leadership who have specialised skills in providing mental health care to older people.⁷³

Inpatient consultation-liaison mental health services for older people with mental illness in general hospital wards can improve quality of life, reduce length of stay and improve overall healthcare costs.⁷⁵

Specialised residential aged care

Residential aged care facilities should be designed to maximise the quality of life support the specific needs of people with dementia and mental illness⁷⁶. People with very high care needs related to behavioural and psychological symptoms of dementia and mental illness can received improved care within specially designed programs within residential care. 'Success factors' in such programs have been identified⁷⁷ including,

- Committed service providers with effective and committed leadership
- Well designed facilities that provide a home-like environment,
- Passionate and skilled staff, with appropriate training, experience and expertise
- Use of psychosocial approaches and alternatives to medication;
- The ability to access on-call staff support when required, and
- Clear partnership with psychiatric services complemented by the services of an interested GP

Transition between different service providers

Making the transition between services can be a difficult and worrying time for people with mental illness and their families. Mental health services specialising in care of older people must maintain close functional relationships with both adult mental health and geriatric medical services.

The interface between general adult, and specialist older persons, mental health teams may be particularly difficult for the older person who has had mental illness for many years. Decisions about the most appropriate provider of care may be influenced by many factors, but must always be based upon the best interests of the person with mental illness, and consideration of their wishes. The Royal College of Psychiatrists College Report CR153 *Links not boundaries: service transitions for people growing older with enduring or relapsing mental illness* provides useful guidance for considering how this focus may be maintained in practice.

Old age psychiatry and geriatric medical services should be co-located where possible, or integrated functionally to ensure optimal clinical outcomes. This may be achieved through management structures or agreed working relationships.

Both direct referral to either service from others, and cross-referral between services, should be freely available to optimise care and prevent indiscriminate transfer of people from one service to another. The two services should establish area policies regarding responsibility for persons with dementia referred for specialist care in both inpatient and community settings⁷⁸.

Teaching and research

Mental health care for older people can only be improved with ongoing investment in appropriate teaching and research.

- It is desirable that within each established University Department of Psychiatry there should be at least one academic psychiatrist with a special interest in older people.
- Encouragement should be given to the development of research projects focusing on aspects of psychiatry of old age.
- Training of psychiatrists should, where possible, include a period of at least three months working in a specialist psychiatric service for older people.
 - Innovative workforce strategies should be developed to improve both the geriatric and mental health knowledge and skills of all health care staff working with older people⁷⁹

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