

Falling off a Cliff at 65: Mental Health in later life

30th October 2019

Attending

Alison Cairns, Bipolar Scotland
Grant Donaghy, Knowledge Services, NHS Health Scotland
Becca Gatherum, Scottish Care
Simon Ritchie, Age Scotland
Jillian Matthew, Audit Scotland
Maureen O'Neill, Faith in Older People
Frances Simpson, Support in Mind Scotland
Alison Thomson, Mental Welfare Commission
Chris White, Mental Welfare Commission
Lindsay Paterson, Royal College of Physicians of Edinburgh
Claire Stevens, Voluntary Health Scotland
Lauren Blair, Voluntary Health Scotland
Kiren Zubairi, Voluntary Health Scotland

Apologies

Dr Adam Daly, Royal College of Psychiatrists
Kathleen Taylor, Mental Welfare Commission

Introduction

Claire Stevens welcomed everyone to this second round table, the first having been held on 29th April. As some participants today were new, she invited everyone to share their interest in the topic.

Frances Simpson set the scene and noted that the first round table started from a narrow perspective focusing on what the issues are; for example, losing access to a CPN after 65. However, discussion uncovered wider issues such as loneliness and isolation, recovery and prevention. It was agreed at the last meeting that more evidence needed to be gathered and that there was a need for policy makers to reflect on the issues.

Comments from people new to the round table included:

Alison Cairns corroborated the issues older people face in relation to access to mental health services and how she heard these from their members anecdotally on many occasions. She highlighted the importance of work to tackle these issues.

Becca Gatherum highlighted a Scottish Care study conducted in 2017, [Fragile Foundations](#) which explores older people's mental health needs.

Jillian Matthews commented on the Audit of Mental Health services conducted 10 years ago which showed similar issues around transition points (i.e. transitioning from child to adult services or from adult to older adult services) and observed that nothing much has changed in the last 10 years. She highlighted work Audit Scotland is undertaking with Healthcare Improvement Scotland on older people and said that the work of the round table could feed into that.

Chris White raised the point that middle-aged men between 45 and 54 are at the highest risk of suicide – what happens when they approach 65 and still have poor mental health? How can older men be supported in residential care?

Evidence Summary: Mental health diagnosis of people aged 65 and over

Claire Stevens explained that, after the first round table, VHS had commissioned Grant Dongahy, of NHS Health Scotland's Knowledge Services, to investigate and report on the evidence and data concerning older people's mental health. VHS had provided a number of key questions for Grant to address, all arising from the first round table, and was grateful to him for the resulting Evidence Summary report.

Grant Donaghy then presented the findings set out in the Evidence Summary.

One of the main findings of the research was that while depression is more common in old age than dementia, it remains under-diagnosed and under-treated. Patients aged 60 and over were identified as less likely to seek medical help for their mental health as well as being less likely to receive adequate treatment if they do, compared to younger adults.

Statistics from the Information and Statistics Division (ISD) show that there has only been a slight increase in the prescribing of anti-psychotic medication to those over 65 across Scottish health boards since 2010. However, the prescribing of dementia related medicines over the same period has more than doubled. There has been a slight decrease in discharges from psychiatric hospitals for those aged 65 and over since 2015 and those discharged with a diagnosis of psychosis have also slightly decreased, across all Scottish health boards.

The Evidence Summary also speculated that mental health services providing hospital and community care to older adults are likely to have increased demand as a result of an ageing population with greater comorbid mental health disorders.

The process of conducting the review also confirmed that dedicated studies concerning older adults' mental health are scarce.

The round table discussed a number of issues identified in the Evidence Summary, including the lack of accessible ISD data detailing the patient journey. Maureen O'Neill mentioned that it wasn't enough to just have data on discharges as it does not explain the full whole patient journey, including how many times a person has been admitted, length of admission, where, what issues they have and what treatment they received.

Jilian Matthew explained how Audit Scotland receives very limited and patchy data from ISD in relation to this particular topic. She remarked that data on mental health

is collected in a very limited and out of date manner, in terms of the language and coding used. Lindsay Paterson expanded on this and explained how a UK wide census of consultants conducted by Royal College of Physicians was published without Scottish data in 2017, due to discrepancies between RCPE and ISD data. She explained that the discrepancies were down to the way in which ISD categorise and code data.

Frances Simpson questioned how IJBs can make decisions without clear and consistent data on health needs.

Mental Welfare Commission colleagues highlighted the problem of over-simplified diagnoses of patients, whereby an over-arching diagnosis of, for example, dementia, becomes the focus of medical attention, regardless of whether the patients has multiple or additional mental and/or physical health needs.

Survey of Consultant Old Age Psychiatrists' views of "graduate" arrangements

In the absence of Dr Adam Daly (who had been called to a hospital emergency earlier in the day and sent his apologies), Claire Stevens presented the report he had produced for the round table's attention. Dr Daly is Chair of the Faculty of Old Age Psychiatrists at the Royal College of Psychiatrists. He conducted a survey of consultants in old age psychiatry during the Faculty's bi-annual meeting in Aberdeen, May 2019.

23 of 47 potential participants responded to the survey, giving representation from 8 out of the 14 territorial health boards. This means 8 out of the potential 11 boards who are likely to have an old age psychiatry service (Western Isles, Shetland and Orkney do not have specialist services) gave a response. The survey follows the patient transition from adult to old age psychiatry services. Key findings show that five boards have a discussion regarding transfer to old age psychiatry once a person turns 65, and four have an agreed protocol for transfer. When asked to describe the local process for transition from general adult services to old age five boards gave conflicting answers and three boards responded by saying they either submit a letter alone, have a doctor to doctor discussion, or have a multi-disciplinary team discussion between services.

Only two boards said that the patient was consulted regarding transfer between general adult and old age services, although six boards said that this was sometimes the case. Most boards were unsure about the local transitions arrangements for older adults regarding social work and two boards said they did not know what these arrangements were.

Round table discussion picked up issues regarding the lack of discussion with patients regarding transition from adult to old age services and felt that this needed to be improved so that people knew what to expect and could be partners in their own health.

The Evidence Summary discussed earlier showed that discharges with a diagnosis of psychosis have decreased and Dr Daly's survey shows that there is uncertainty around how to use processes for transition between adult to old age services and a

lack of clarity around whether or not such processes exist. Maureen O'Neill commented on the disparity of approaches across boards, evidenced in both papers.

Next steps

It was agreed that both papers were very useful additions to our knowledge about the arrangements and the gaps facing older people with serious mental health issues. Sincere thanks were recorded to Grant Donaghy and Adam Daly for the work they had undertaken for the round table.

Discussion followed, with suggested actions to take forward: for example, finding out how local data is used for local decision making and local planning. Jillian Matthew said she could talk to her Audit Scotland colleagues regarding their last report on Health and Social Care Integration to see if there are any IJBs that are using data well, what relationship IJBs have with ISD and what the audit has found in terms of information governance.

Other suggestions were to seek to engage the interest of:

- The Cross Party Group on Older People
- Jack Cairns, an A&E consultant at Glasgow Royal Infirmary seconded to the Scottish Government to look at distress intervention
- John Scott, the independent chair of the review of mental health legislation
- Donna Bell, Director of Mental Health, Scottish Government
- The Equalities Unit, Scottish Government
- Mental Health Strategy Annual Forum (November 2019)

It was noted that a Mental Health Collaborative is likely to be established, and that any opportunity to get the issues included in the mental health strategy should be taken. It was agreed that obtaining a meeting with Donna Bell was a priority and that Claire Stevens, Frances Simpson and Maureen O'Neill would collaborate to take that forward, together with other potential actions. VHS offered to produce a single document combining the two round table notes, the two reports presented today, and VHS's original briefing paper, for ease of reference when engaging with other stakeholders.

For more information please contact Kiren Zubairi, Policy Engagement Officer at VHS: Kiren.Zubairi@vhscotland.org.uk



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