



## Older People's Mental Health

### 1. Introduction

Three million older people in the UK experience symptoms of mental health problems that significantly impact on their quality of life, and this figure is set to grow by a third over the next 15 years. Older people's mental health is an increasingly important area of public policy and represents an enormous cost to society and the economy alike.<sup>1</sup>

The Department of Health estimates that mental health problems are present in 40% of older people who visit their GP; in 50% of older people admitted to hospital; and in 60% of residents in care homes. Just over a quarter of admissions to mental health inpatient services involve people over the age of 65.<sup>1</sup>

Mental health problems experienced in later life are wide-ranging, and include depression, anxiety, delirium (acute confusion), dementia, schizophrenia, and alcohol and drug (including prescription drug) misuse. Evidence suggests there is currently considerable unmet need for mental health problems. For example, evidence suggests only a third of older people with depression ever discuss it with their GP and only half of them are diagnosed and treated. Research also shows that less than half of older people with dementia ever receive a diagnosis.

National data indicates that approximately 5% of the population aged over 65 has dementia, rising to 20% of the population aged 80 and over. However, the level of diagnosis and treatment of people with dementia is generally low.<sup>2</sup>

Older people are at a much higher risk from cognitive impairment or mental health problems associated with age. The most universally known of these diseases is dementia, which covers a collection of symptoms including changes in memory, reasoning and communication skills, and a gradual loss of ability to carry out daily activities. Alzheimer's disease is the most common cause of dementia affecting older people. There are different types of dementia:

- Vascular dementia – the second most common form of dementia after Alzheimer's disease in older adults;
- Frontotemporal dementia – the second most common cause for early-onset dementia after Alzheimer's disease;
- Dementia with Lewy bodies – which overlaps (clinically) with Alzheimer's disease and Parkinson's disease.

Psychosis is much more common in older people than younger adults, with 20% of people over the age of 65 developing psychotic symptoms by age 85. Delirium (acute confusion) is predominantly a condition of later life and affects up to 50% of older people admitted to hospital. It is significantly more common in people over 65 and people with dementia.

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<sup>1</sup> Age Concern (2007) Improving Services and Support for Older People with Mental Health Problems - The second report from the UK Inquiry into Mental Health and Well-Being in Later Life.

<sup>2</sup> <http://www.dh.gov.uk/en/SocialCare/NationalDementiaStrategy/index.htm>



Depression in older people is very common and is strongly linked to ill-health and disability and often remains unrecognised. The prevalence of depression in people aged over 64 is especially high in those living alone with poor material circumstances. Depression is by far the most common age-associated mental illness and is present in 80% of people over the age of 74 who have committed suicide.

This factsheet focuses on dementia.

## 2. The Local Picture

There is an ageing population in Hounslow, with an anticipated increase of around 7% in the number of older people by 2016; a trend set to continue through to 2026. This will increase the demand for mental health services, notably by those aged over 85 years and in particular by older males.<sup>3</sup>

### 2.1 Prevalence

In June 2010, there were 719 people listed on the Hounslow GP register as having dementia. The prevalence of dementia is similar to the England and London average ([Table 1](#)) and it is estimated that there are at least another 850 people with dementia that are not on a GP register.<sup>3</sup>

Local service providers report that there are more people with a learning disability experiencing dementia, especially as people now live longer and are reaching old age. There were 63 Hounslow residents in this category known to services in 2010.<sup>3</sup>

### 2.2 Treatment

In 2009/10, there were 600 people being treated for dementia at the West London Cognitive Disorders Treatment and Research Unit. This equates to about 12 referrals per week. Clinicians and managers at the Unit report an increase in the number of people being referred for early signs of dementia by their GP. A small proportion of these referrals were for people in their 50s and 60s, suggesting that dementia is manifesting earlier than historical patterns have shown. For example, in 2006 and 2007 there was just one referral of people in their 50s-60s for each year.<sup>3</sup>

### 2.3 Prescribing

In Hounslow much less is spent on prescribing for dementia drugs compared with London and England, and fewer items are prescribed for dementia. ([Table 4](#))

## 3. Strategic Leadership and Collaboration and Priorities 2011-16

The London Borough of Hounslow and NHS Hounslow's *Joint commissioning strategy for older people's mental health services in Hounslow 2011 – 2016* (yet to be published online) was informed by national policies and developed through consultation with local people, their families and carers and local professionals.

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<sup>3</sup> London Borough of Hounslow & NHS Hounslow Joint commissioning strategy for older people's mental health services in Hounslow 2011 – 2016.



The Strategy's implementation will be overseen by the Adults and Older Person Partnership Board and the Hounslow Integrated Management Board. Work on the strategy will be progressed each year through the annual Commissioning Intentions and an annual Action Plan. Much of the work will be driven forward by the multi-agency Older People's Mental Health Strategy Forum and the Joint Commissioning Team.

The Strategy for Older People's Mental Health Services addresses both functional and cognitive mental health problems. Key areas of include:

- Promoting positive mental health and preventing or delaying the decline of an older person's mental health throughout their later life and in every care setting;
- Increasing early intervention and the capacity to offer an expert assessment of mental health problems at every stage; and
- Improving the quality of care and ensuring that the right mental health support is available to patients at the right time.

#### **4. Priorities**

Key priorities in 2011/12 and onwards incorporate those listed above and the following:

- Develop more efficient treatment pathways for cognitive and functional mental health problems, thereby increasing capacity and the ability to outreach to older people in community settings so that care is as local as possible; and
- Increase independent and supported living options for older people with mental health problems, and reduce reliance on bed based and residential care.

#### **5. Summary of Need**

The table summarising the needs in this area has not been completed as it is not considered appropriate for Older People's Mental Health.