

## Older people's mental health services

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning mental health services for older people. To read the full guide, please visit [www.jcpmh.info](http://www.jcpmh.info)

- 1 Older people will form a larger proportion of the population. By 2035 the number of people aged 85 and over is projected to be almost 2½ times larger than in 2010. The population aged 65 and over will account for 23% of the total population in 2035. Commissioners will need to ensure that accurate modeling of their local population is conducted as part of their Joint Strategic Needs Assessment and plan sufficient capacity in local services.
- 2 Older people's mental health services in particular benefit from an integrated approach with social care services. Most patients in older age mental health services have complex social needs. Commissioners should ensure service providers across agencies work together if they are to meet people's needs and aspirations effectively. A whole system approach that draws together the expertise of health and social care agencies and those in the voluntary sector will deliver a comprehensive, balanced range of services, which places as much emphasis on services that promote independence as on care services.
- 3 Older people's mental health services need to work closely with primary care and community services. Models that include primary care 'in-reach' or joint working with community physical health care services, provide more co-ordinated care and should be the norm.
- 4 Services must be commissioned on the basis of need and not age alone. Older people's mental health services should not be subsumed into a broader 'adult mental health' or 'ageless service'. The needs of 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.
- 5 Older people's mental health services must address the needs of people with functional illnesses such as depression and psychosis as well as dementia. The majority of the mental illness experienced by older people is not dementia and there is significant crossover between dementia and functional illnesses such as depression and psychosis.

Launched in April 2011, the Joint Commissioning Panel for Mental Health is comprised of leading organisations who are aiming to inform high-quality mental health and learning disability commissioning in England. The JCP-MH:

- publishes briefings on the key values for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning
- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- brings together service users, carers, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

For further information, please visit [www.jcpmh.info](http://www.jcpmh.info)

- 6 Older people often have a combination of mental and physical health problems. Commissioners and service providers need to seek and exploit opportunities for joint working and service delivery that can address both physical and mental health needs. Older people with long-term health conditions make up the greater proportion of this care group. Having more than one long-term condition greatly increases the risk of depression. Planning and delivering an integrated service to manage service delivery to this group through joint working protocols will be the best and most cost-effective way to manage care.
- 7 Older people's mental health services must be multidisciplinary. Medical doctors are important because of the complex physical and treatment issues common in older people, but given the complex needs of this group, integrated input from nurses, psychologists, physiotherapists, occupational therapists and speech and language therapists is necessary.
- 8 Older people with mental health needs should have access to community crisis or home treatment services. With extended hours of working and intensive crisis management, home treatment workers help to reduce the need for admission, facilitate early discharge and reduce transfer to residential care.
- 9 Older people with mental health needs respond well to psychological input. Evidence shows that response rates amongst older people are as good as those of younger adults. The spectrum of psychological service provision at all tiers needs to reflect this.
- 10 Older people should have dedicated liaison services in acute hospitals. Over 60% of older people in acute hospital wards have a serious mental disorder which is often unrecognised and delays rehabilitation and discharge. Commissioners must ensure appropriate specialist liaison services are in place with relevant discharge care plans and support from secondary care mental health teams.