

# Mental Health and Later Life

Delivering an holistic model  
for practice

*Edited by*

**John Keady and Sue Watts**



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# Mental Health and Later Life

The mental health needs of older people are all too often overlooked or put down to the inevitable consequences of ageing. This textbook will make it much easier for health, social care and third sector workers to identify, treat and support the needs of this population.

The book takes an interdisciplinary team approach and sets the scene by looking at different practice contexts in the United Kingdom and the increasingly important role played by social care in addressing the mental health needs of older people. A number of more clinically focussed chapters then cover:

- Mental health promotion.
- Anxiety and depression.
- Ageing and psychosis.
- Alcohol and dual diagnosis.
- Dementia.
- Later life liaison services.
- Complex and enduring mood disorders.

Each clinical chapter makes use of extended and detailed case studies which illuminate the Team's role in the assessment–intervention–evaluation cycle and ensure the text's application to practice. Service user and family perspectives are drawn on throughout and current practice exemplars outlined. The final chapter distils key messages from the book and sets a number of key challenges.

*Mental Health and Later Life* highlights the rewards and complexity of working with older people with mental health needs and their families. It is invaluable reading for all those learning about, or working with, this population.

**John Keady** is Professor of Older People's Mental Health Nursing at the University of Manchester and holds a joint appointment with the Greater Manchester West Mental Health NHS Foundation Trust, UK.

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## Dedication

We have had the privilege of working with a generation whose lifetime of knowledge and experience was shaped in the turbulence, upheaval and opportunities of the 20th century. The strength and generosity of spirit they now bring to old age has been a constant source of inspiration. This book is dedicated to them, as well as to our respective families, managers, practitioners, researchers, educationalists and colleagues, who have shown us support and guidance throughout our time in this field.

John Keady and Sue Watts  
February 2010

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**Scottish Dementia Working Group** is an independent campaigning group formed in 2002 by people with dementia who wanted to speak out for themselves. Membership is open to anyone with a diagnosis of dementia. The aims of the SDWG are to increase awareness, challenge stigma, improve services and influence policy.



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# Foreword

*Jane Gilliard*

These are exciting but challenging times for those who are concerned about mental health in later life. In the future we may look back on 2009 as the year that made the difference; a watershed for care, service and policy configuration. The year started with the publication of the first *National Dementia Strategy* for England (Department of Health 2009a). This five-year plan sets out 17 objectives for developing services that meet the needs of people with dementia and their carers, whoever they are, wherever they are in the system and whatever form of dementia they have. There are many examples of care and support for people with dementia that are worthy of replication. However, for the most part, there is a huge mountain to climb to develop the care and support that works well for people with dementia and their carers, and for the systems that provide that care. People with dementia and their carers deserve care and support that is fit for purpose and fit for the 21st century.

The *National Dementia Strategy* for England (Department of Health 2009a) is not alone in its strategic vision. There is a momentum in the development of plans and frameworks to improve dementia care across the world. For example, at the 2009 annual meeting of Alzheimer's Disease International, a forum was held for those countries that are developing similar strategies, and representatives attended from Europe, Australia, Asia and North America. However, it is important not to be complacent; dementia strategies are the start of a process and not an end point. As an illustration, Professor Sube Banerjee recently published a review of the use of anti-psychotic medication for people with dementia which exposed poor practice and a need for additional work in the care home sector (Banerjee 2009). Contemporaneously, the Alzheimer's Society (2009) published a report on the care of people with dementia in general hospitals, which again called into question care practice and the confidence and competence of care staff working with this client group. Together, these two reports provide a wake-up call to commissioners and front-line staff, clinicians and providers of care. The 'old ways' of containing people with dementia and restraining them, whether with physical restraints or chemicals, are no longer acceptable. More enlightened attitudes, care systems and practice are necessary.

The end of 2009 also saw the publication of *New Horizons: a shared vision for mental health* (Department of Health 2009b). This cross-government programme of action aims to improve the mental well-being of people in England. It is age-inclusive and particularly addresses the needs of older people. With an emphasis on mental well-being and addressing stigma, *New Horizons* sets out an 'intention across a wide range of agencies to move towards a society where people understand that their mental well-being is as important as their physical health' (Department of Health 2009b: 7). The

actions are grouped under a number of key themes: prevention of mental ill-health and promotion of mental well-being; early intervention; tackling stigma; strengthening transitions; personalised care; and innovation. The document highlights the importance of early intervention for older people. The Department of Health is working with several of the Royal Colleges, for example, to look at training initiatives to improve the identification of depression in primary care.

The *Let's Respect* campaign, developed by the Care Services Improvement Partnership (2006) [now the National Mental Health Development Unit], has proved a valuable resource in raising awareness of depression and delirium among staff working in general hospitals. It offers an example of how simple messages can make a big difference in practice.

The recognition of the mental health needs of older people in policy will require changes in practice. We are faced with many possibilities and opportunities and we should seize them eagerly in order to improve outcomes for those who use services and those who care for older people. Making change happen, though, requires a number of key elements. We need to review what we are currently doing and offer ourselves a critical challenge. We should keep and celebrate what's working well. We should familiarise ourselves with the new policies. We should look at what research tells us about what works and what delivers the outcomes that people want for themselves. We need to review the evidence base for the delivery of cost-effective services that offer good value. We need to scope what others are doing and learn from their experiences. At the same time, we need to allow opportunities for innovation. We need to be familiar with the demographics of our locality so that we can commission intelligently. We should be familiar with the local services that already exist, whether they are commissioned and provided by the local authority, health care organisations, housing providers, or the voluntary or private sectors. Then we will need to rise to the challenge of keeping what's working well; decommissioning what is no longer fit for purpose; re-commissioning services that meet the needs of those who use them; and, arguably the greatest challenge of all, giving people control of how they would like to be supported so that they commission their own care.

This book offers many helpful pointers to help work through such processes. Each author, an expert in his or her own field, reviews the latest policies (where appropriate) and outlines what relevant research has to tell us. They develop the evidence base. They give us case studies and practice examples.

There is often discussion and, at times, disagreement about how to ensure an equal balance between delivering services that meet the needs of people who have functional mental illness and those who have an organic condition. This compendium takes a broad view of mental health in later life. It encompasses the most common causes of both functional and organic mental illness. Importantly, it also addresses mental well-being and health promotion in mental health.

I commend the reading of this book to all those who have an interest in mental health in later life – those who are concerned about their own mental well-being, carers, students, strategists, commissioners, providers of care and front-line staff.

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John Keady and Sue Watts

# Glossary

A comprehensive glossary of relevant terminology, including lay descriptions of diagnostic categories, research nomenclature and key United Kingdom (UK) organisations can be found within the following document:

National Institute for Health and Clinical Excellence/Social Care Institute for Excellence (2006) *Dementia: supporting people with dementia and their carers in health and social care*. NICE clinical practice guideline 42, London: National Institute for Health and Clinical Excellence. Glossary pp. 374–86. Available: [www.nice.org.uk/CG42](http://www.nice.org.uk/CG42) (accessed 12 February 2010).

The following is a brief glossary of key terms used within this book, which are specific to health and social care provision within the UK.

**Care Programme Approach (CPA):** This approach was introduced in 1991 and applies to the care and treatment of all patients in receipt of care from UK specialist mental health services. Professionals working for statutory mental health and community care organisations are required to work collaboratively to co-ordinate effective care for each individual. National standards for the delivery of CPA are in place. The terms Care Management and Case Management refer to related processes.

**Care Services Improvement Partnership (CSIP):** Launched in 2005 as part of the Care Services Directorate at the UK Department of Health, this organisation aimed to disseminate good practice and to help services implement national policy. It has now been superseded by the National Mental Health Development Unit (see below).

**National Institute for Health and Clinical Excellence (NICE):** This is an independent organisation which provides guidance within the UK on public health, health technologies and clinical practice. Their website provides further information. Available: [www.nice.org.uk](http://www.nice.org.uk) (accessed 12 February 2010).

**National Mental Health Development Unit (NMH DU):** This organisation was launched in 2009 and is responsible for a range of programmes funded by the Department of Health and National Health Service which aim to improve mental health and mental health services within the UK. It provides advice about research evidence and best practice, and supports the implementation of mental health policy. Their website provides further information. Available: [nmhdu.org.uk](http://nmhdu.org.uk) (accessed 12 February 2010).

**Social Care Institute for Excellence (SCIE):** An independent registered charity, which aims to improve personalised social care services through the development,

identification and promotion of knowledge about good practice in social care. Their website provides further information. Available: [scie.org.uk](http://scie.org.uk) (accessed 12 February 2010).

**Single Point of Access (SPA):** Also known as Single Point of Entry and Single Entry Point. This is a system which enables referrers to access a range of local health and social care services for individuals with mental health needs via a single service contact point from which initial assessment and signposting to related services will be arranged.

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# Contents

<i>List of illustrations</i>	ix
<i>List of contributors</i>	x
<i>Foreword by Jane Gilliard</i>	xiv
<i>Acknowledgements</i>	xvii
<i>Glossary</i>	xviii
 Introduction	 1
JOHN KEADY AND SUE WATTS	
 <b>PART 1</b>	
<b>Setting the scene</b>	<b>7</b>
1 Between participation and practice: inclusive user involvement and the role of practitioners	9
RICHARD WARD WITH CONTRIBUTIONS FROM THE SCOTTISH DEMENTIA WORKING GROUP AND LINDSAY RIVER, EX-DIRECTOR OF POLARI	
2 Social care approaches	22
JILL MANTHORPE	
3 Mental health promotion in later life	35
ANN CROSLAND AND ANNIE WALLACE	
 <b>PART 2</b>	
<b>Clinical contexts</b>	<b>55</b>
4 Anxiety and depression in older people	57
GEORGINA CHARLESWORTH AND JANET CARTER	
5 Ageing and psychosis	73
SUSAN MARY BENBOW, JULIE GRAINGER, MOGANESWARI GRIZZELL AND FAYE PEMBERTON	
6 Alcohol and dual diagnosis in older people	88
RAHUL (TONY) RAO, RACHAEL BUXEY AND KADIATU (KADIA) JALLOH	