

**FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND**  
**SECTION 3: SERVICE PROFILES**

**SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS (INCLUDING PEOPLE WITH EARLY ONSET DEMENTIA)<sup>1</sup>**

Prevalence: The prevalence rate for dementia in these aged 60 to 64 years is 0.7% and doubles for every 5.1 years, so that it is 20.8% for those aged 85 to 89 years. The rate for schizophrenic type disorders in all elderly age groups is low, but for depressive disorders is 17%, with physical illness being an important contributing factor.

Service Element	Description of Needs	Ways in Which Services May Respond
<p><b>Psychiatric, Physical, Psychological and Psycho-Social Assessment</b></p>	<p>Older people with mental health problems (and those who care for them and GPs) need early, and sometimes speedy access to a skilled assessment which takes into account social and clinical factors.</p> <p>There is ample evidence that the primary health care teams are not aware of a substantial percentage of people with dementia in their practice.</p> <p>To maximise the quality of life of people with dementia or depression and those who care for them, services should seek to:</p> <ul style="list-style-type: none"> <li>- minimise cognitive impairment;</li> <li>- reduce psychological distress;</li> <li>- minimise behavioural and other associated disabilities;</li> <li>- improve and maintain self care;</li> <li>- reduce family/carer's burden and stress.</li> </ul> <p>Care staff and the public require education to sensitise them to mental health problems experienced by older people to improve referral rates and to enhance understanding of what services can do.</p>	<ul style="list-style-type: none"> <li>• Screening of all over 75s by Mini Mental State Examination to detect developing cases.</li> <li>• 'Memory Clinics' provide an acceptable and effective diagnostic service and planning/support function.</li> <li>• Specialist multi-disciplinary assessment teams undertaking domiciliary assessments, with the capability to respond in an emergency when required.</li> <li>• Outpatient assessment facilities, perhaps linked to geriatric assessment services.</li> <li>• Accessible facilities.</li> <li>• Assessment on a day or in-patient basis (specialist or linked to elderly medical beds).</li> <li>• Liaison assessment available to geriatric medical beds.</li> <li>• Adoption of "one-stop shop" model which provides assessment, treatment and continuing care in one location for each locality.</li> <li>• Specific facilities for younger people with dementia.</li> </ul>
<p><b>Specialist Treatments and Interventions</b></p>	<p>Older people with mental health problems require a range of specialist treatments and interventions to maintain physical and mental health at an optimal level hence improving cognitive functioning. They may need monitoring for defined periods. Service responses will need to be delivered in a range of settings, including residential/in-patient/day services. Intensive short-term services are required for challenging behaviour. A wide range of skills is required in the multi-disciplinary team. Advice and support is required for advance planning - care, finance, will, etc.</p>	<ul style="list-style-type: none"> <li>• Early diagnosis of Alzheimer's disease is now more important with the availability of new treatments offering symptomatic improvements in their condition.</li> <li>• Intensive day treatment (often with time-limit) in either psychiatric or geriatric facilities (or both).</li> <li>• Home-based care, including outpatient treatment.</li> <li>• In-patient treatment in assessment/treatment facilities, either specialist or medical, potentially in cottage hospitals.</li> <li>• Access to specialist investigations eg CT or MRI scan.</li> <li>• Designated facilities for younger people.</li> </ul>

<sup>1</sup>Scottish Needs Assessment Programme - Dementia (final draft) (1997) Scottish Forum for Public Health Medicine, Glasgow

**SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS (INCLUDING PEOPLE WITH EARLY ONSET DEMENTIA (continued))**

Service Element	Description of Needs	Ways in Which Services May Respond
<b>Support to Remain in Own Home.</b>	Older people with mental health problems need a range of supports which enable them to remain in their own homes for as long as practicable. These supports will be indicated by a thorough analysis of the risk factors (social, clinical and environmental) for each individual and putting practical help in place to address these. The service may need to increase input as the ability to cope of the person using the service (or their carer) deteriorates. Regular review is essential.	<ul style="list-style-type: none"> <li>• Flexibility of provision, including intensive or augmented home care.</li> <li>• Day hospital/day centres/drop-in facilities/home support run by the statutory or voluntary sector.</li> <li>• Advice about benefit entitlement.</li> <li>• Specialist community mental health teams for older people.</li> <li>• Home-based care in an emergency/crisis.</li> <li>• Aids/adaptations service.</li> <li>• Facilities for younger people with dementia.</li> </ul>
<b>Respite</b>	<p>The ability of someone to cope with caring for someone with mental health problems will be directly linked to the amount of support they get for this task. Their needs include relief of burden and distress, time to see to their own lives, maintenance of their own health and avoidance of breakdown.</p> <p>Places in residential homes should be affordable, provide flexible hours of operation, be available at short notice, have appropriate transport arrangements and be in small homely domestic settings.</p>	<ul style="list-style-type: none"> <li>• Sitting services, day care and night care.</li> <li>• Residential respite.</li> <li>• Support groups for those who care for people with mental health problems.</li> <li>• Practical support (eg with laundry, meals on wheels etc).</li> <li>• Helpline, information, advice about benefits.</li> </ul>
<b>Continuing Care</b>	The service should aim to provide a home for life, maximise functions and independence, ensure quality of life and prevent excess disability, and be geographically accessible.	<ul style="list-style-type: none"> <li>• Sufficient, high quality continuing care in residential and nursing homes or in NHS continuing care beds in homely, domestic environments.</li> <li>• Specific provision for younger people with dementia.</li> </ul>