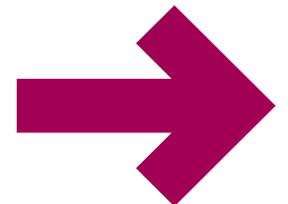


# Frailty and Older People's Mental Health

**Alistair Burns**



# **Dementia Programme**

**Preventing well**

**Diagnosing well**

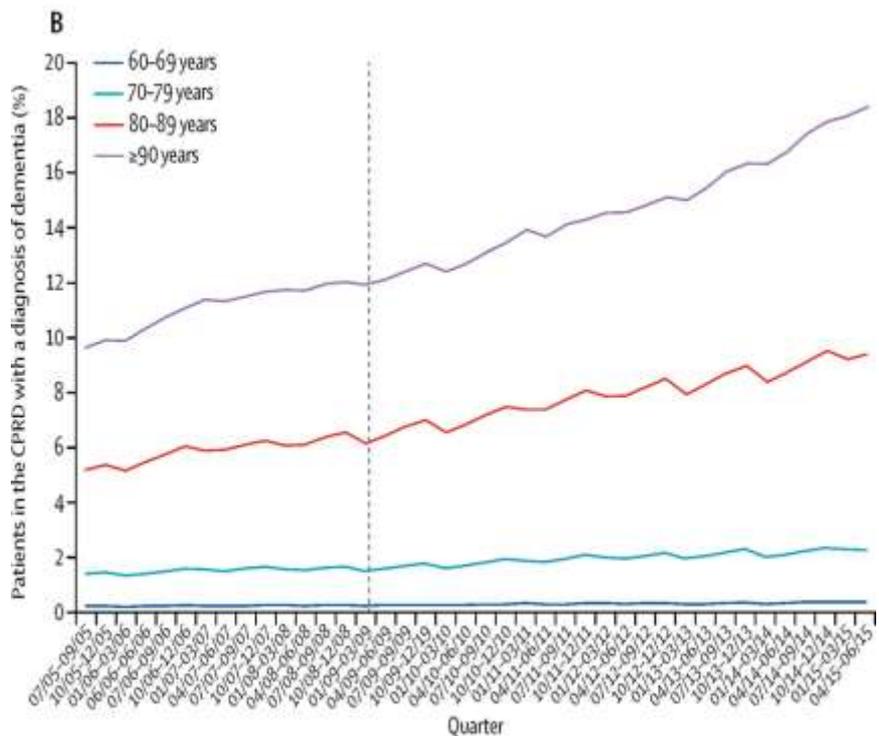
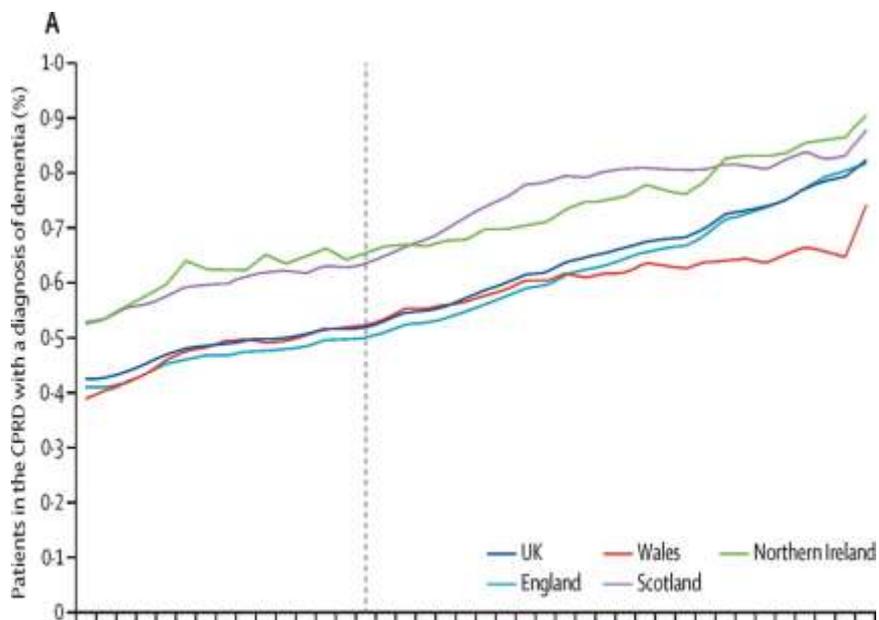
**Supporting well**

**Living well**

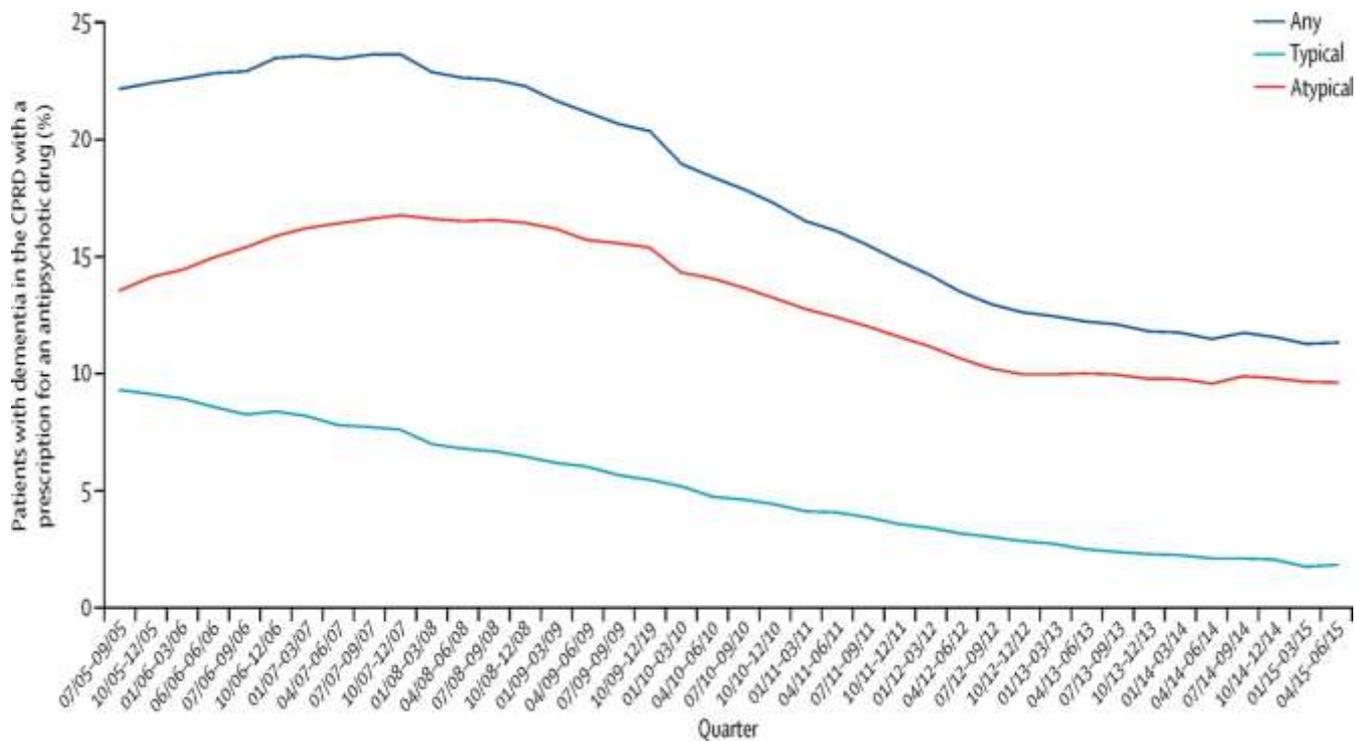
**Dying well**

# Dementia Diagnosis rates

## 2005-2015



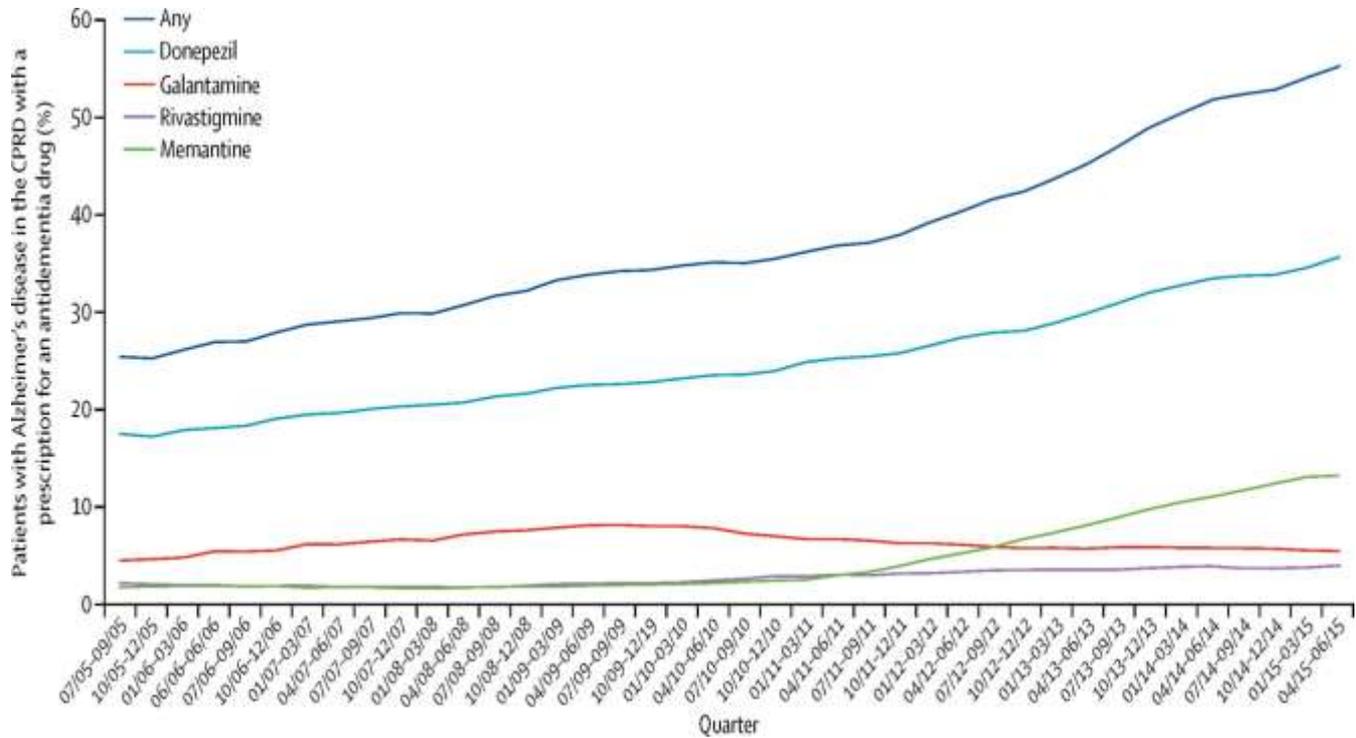
# Prescription of antipsychotics



2005

2015

## Prescription of anti-dementia drugs

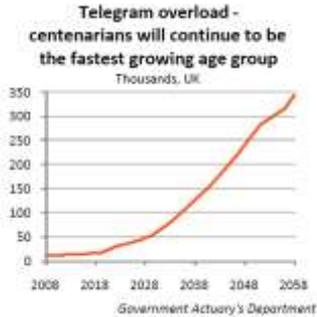


2005

2015

# Evidence and trends: the good news

We are living longer, are happier and there's lots of advice around



Half of babies born in the UK in 2007 will reach 103

From "The 100 year life": Gratton and Scott; [www.mortality.org](http://www.mortality.org)

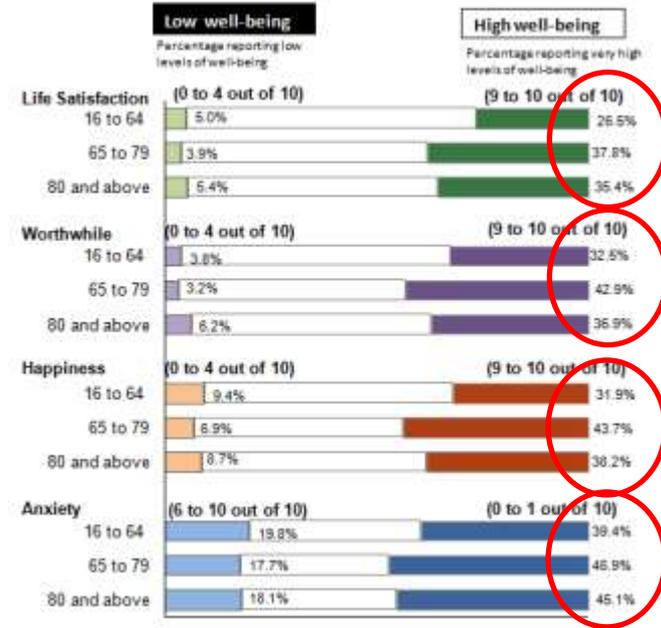
### 5 things to prevent depression

1. Smile
2. Keep busy
3. Talk to someone
4. Help others
5. Live in the moment



### Ten ways for healthy living

- Eat and drink well
- Attend to your teeth
- Stay active
- Consult your GP
- Vitamin boost
- Look after your feet
- Sleep well
- Take the check ups
- Stay in touch with people
- Give up smoking



Older people are generally:

- more satisfied
- feel more worthwhile
- happier and
- less anxious

than younger people.  
But, this drops off after age 80.

# Mental health in older people

18% of the population are over 65 – **10 million people** in England.

For every 1000 people over the age of 65, **250** will have a mental illness, **135** will have depression, of whom **115** will receive no treatment<sup>1</sup>.

In a **500** bed general hospital, **330** beds will be occupied by older people of whom **220** will have a mental disorder, 100 each will have dementia and depression and 66 will have delirium<sup>1</sup>.

**6%** of people aged 65 and over live in care homes where the majority of residents have a mental disorder<sup>2</sup>.

Mental disorders in older people **reduce quality of life, increase use of health and social care facilities** and are associated with a range of adverse outcomes when co-occurring with physical disorders.

1: Royal college of Psychiatrists report 2009.

2. SCIE report 2006



From the age of 40, adults lose 8% of their muscle mass per decade

CENTRE FOR AGEING BETTER

8% ↓

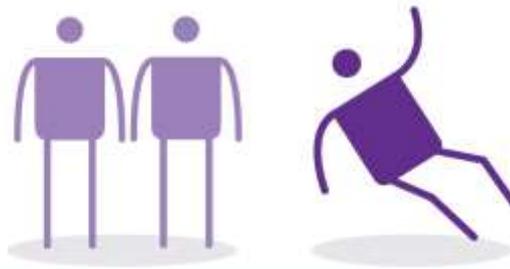
The rate of muscle mass loss from the age of 40 is 8% - rising to 15% once over 70\*

15 years of decline in muscle strength among over-75s can be reversed in three months by carrying out strength & balance training\*\*

\*Source: Gendry G and Sillis B. The ageing muscle. Clin. Physiol. 1989 \*\*Source: British Heart Foundation National Centre for Physical Activity and Health, Active for Later (UK) 2008

1 in 3 people aged 65 and over suffer from a fall each year \*

CENTRE FOR AGEING BETTER



Carrying out strength and balance exercises or activities two or more times a week greatly reduce peoples chances of suffering a fall\*\*

\*\*Source: UK physical activity guidelines, July 2011. \*\*Source: NICE Quality standard QS66, Falls in older people, March 2015

Activities such as gardening, carrying shopping bags and DIY help improve strength and balance

CENTRE FOR AGEING BETTER



People in later life are at greater risk of loss of muscle mass, falls and physical decline.

Undertaking physical activities which help improve strength and balance at least two days a week can dramatically reduce these risks\*

UK Chief Medical Officers' Guidelines 2011\*

Over 60s spend an average of 9.4 hours a day sedentary

CENTRE FOR AGEING BETTER



Over 60s spend an average of 9.4 hours a day sedentary, equating to up to 80% of their waking day. This can impact on muscle function, mobility and increase risk of falls\*

\*Source: Harvey W, et al., How Sedentary are Older People? A Systematic Review of the Amount of Sedentary Behavior. J Aging Phys Act. 2015

Over 40% of over 70s don't realise strength and balance exercises can help reduce risk of falls

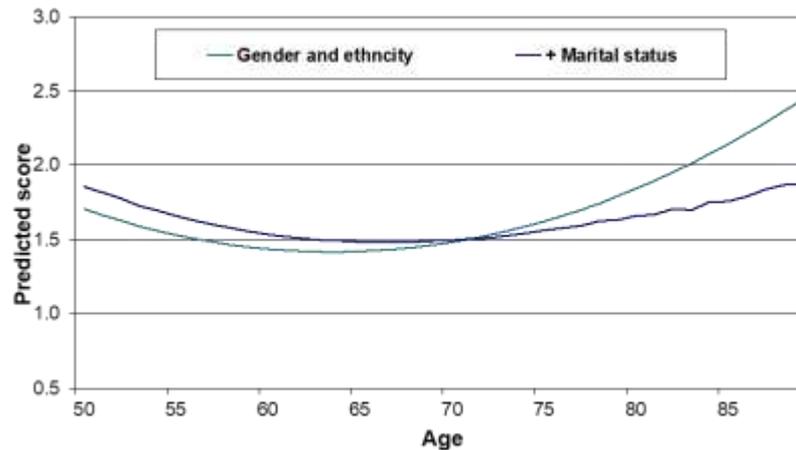
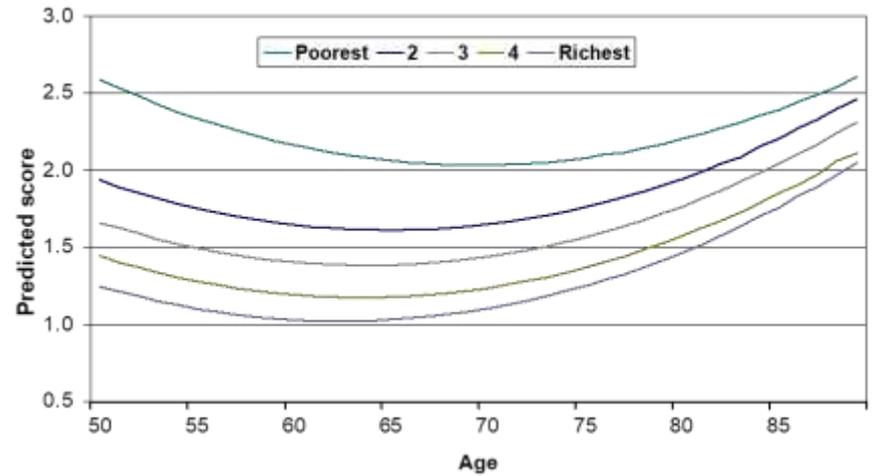
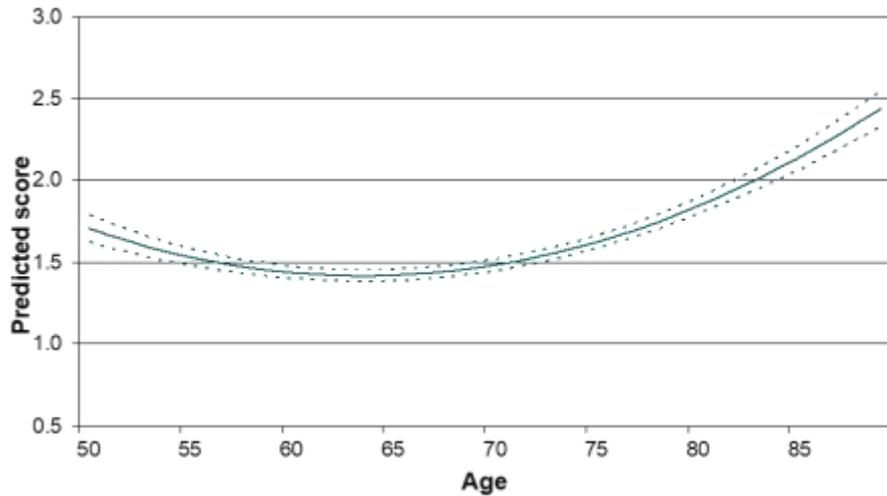
CENTRE FOR AGEING BETTER



Carrying out strength and balance exercises or activities two or more times a week greatly reduce people's chances of suffering a fall, yet only 41% of over 70s are aware of this\*

\*Source: Ipsos MORI Strength and Balance Survey, 2017

# Age and depressed mood: wealth and marital status (CESD scale)



# Depression and loneliness in older people

## Loneliness

**8.5% (975,000)** of older people often or always feel lonely

**1.7% (200,000)** of older people have not had a conversation with friends or family for a month

**31.4% (3.6 million)** of older people say television is their main form of company

Loneliness can increase risk of premature death by a quarter.

Loneliness can be as harmful as smoking 15 cigarettes a day

People with a high degree of loneliness are twice as likely to develop Alzheimer's disease

(Age UK, June 2016)

## Depression

Between 10 and 20% of older people have significant depressive symptoms, a figure which doubles in care homes and hospitals and trebles in the presence of physical illness.

In addition to this, the same numbers have depressive symptoms which are less severe and time limited.

**Loneliness can be**

- **a cause of**
- **a result of**
- **a symptom of**

**depression in older people**

50% of younger people with depression are referred to mental health services, only 6% of older people are.

85% of older people with depression receive no help from the NHS.

Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication.

Prevention of depression is feasible

70,000 more children will access evidence based mental health care interventions

Intensive home treatment will be available in every part of England as an alternative to hospital. **Older People**

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard  
**Older People**

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017  
**Older People**

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year  
**Older People**

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions  
**Older People**

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care

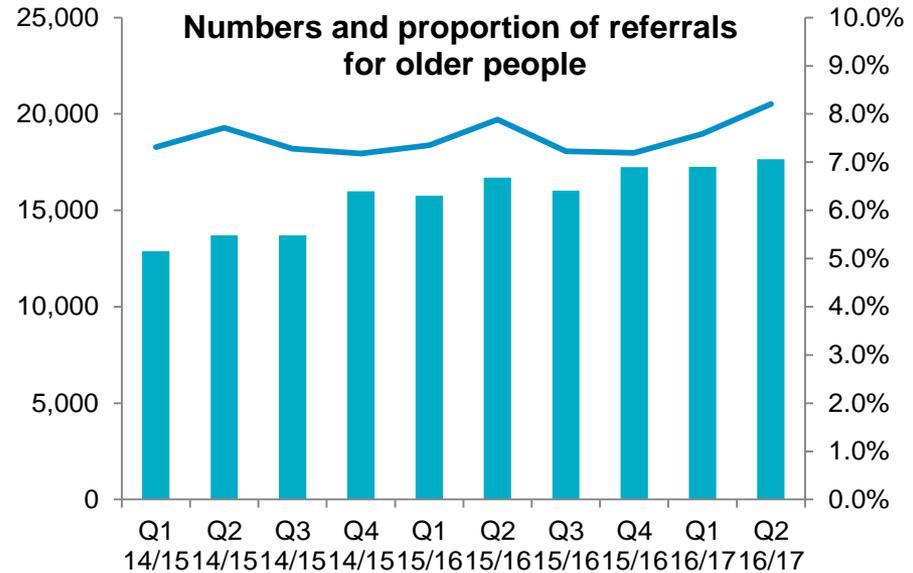
New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people

## Improving Access to Psychological Therapies (IAPT)

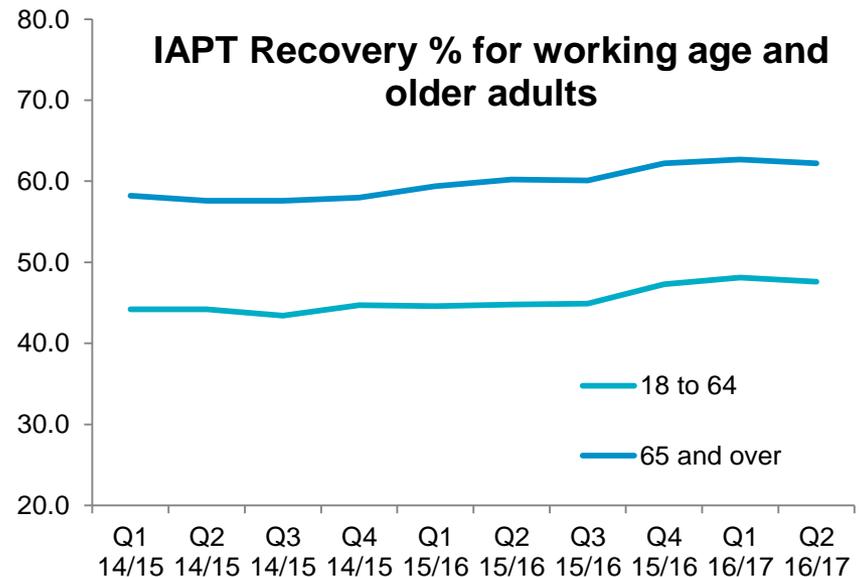
### Accessing treatment

- Despite IAPT services being open to all adults, older people are underrepresented among the population accessing IAPT.
- The proportion of people over 65 years old referred to IAPT (8.2%) is improving, but lower than their share of the general population (approx. 12%).
- 2017/18 and 18/19 Quality Premium includes an incentive for CCGs to improve access for older people

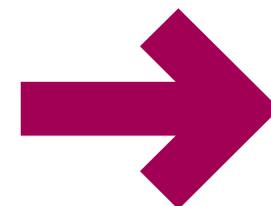
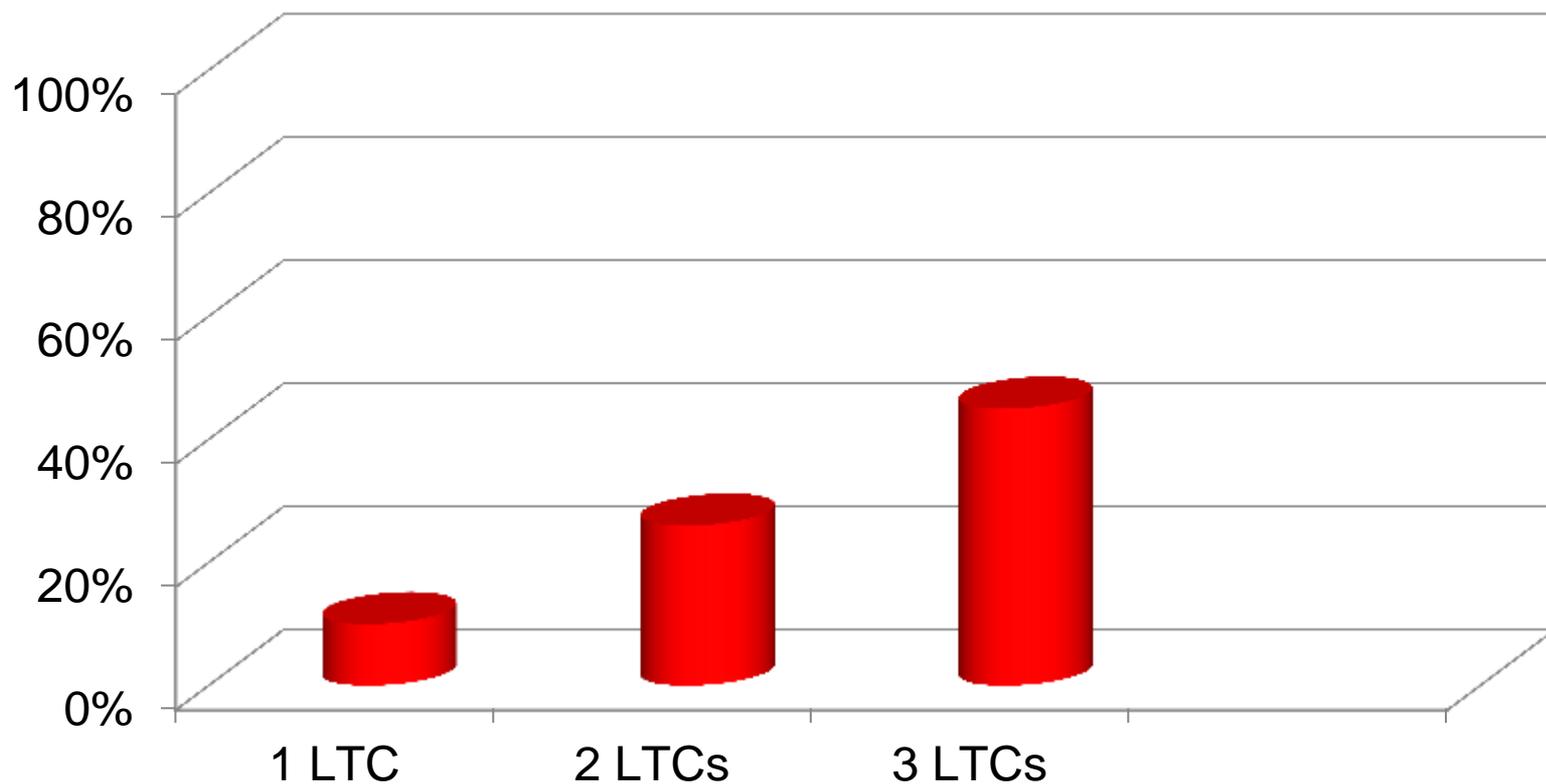


## IAPT Recovery

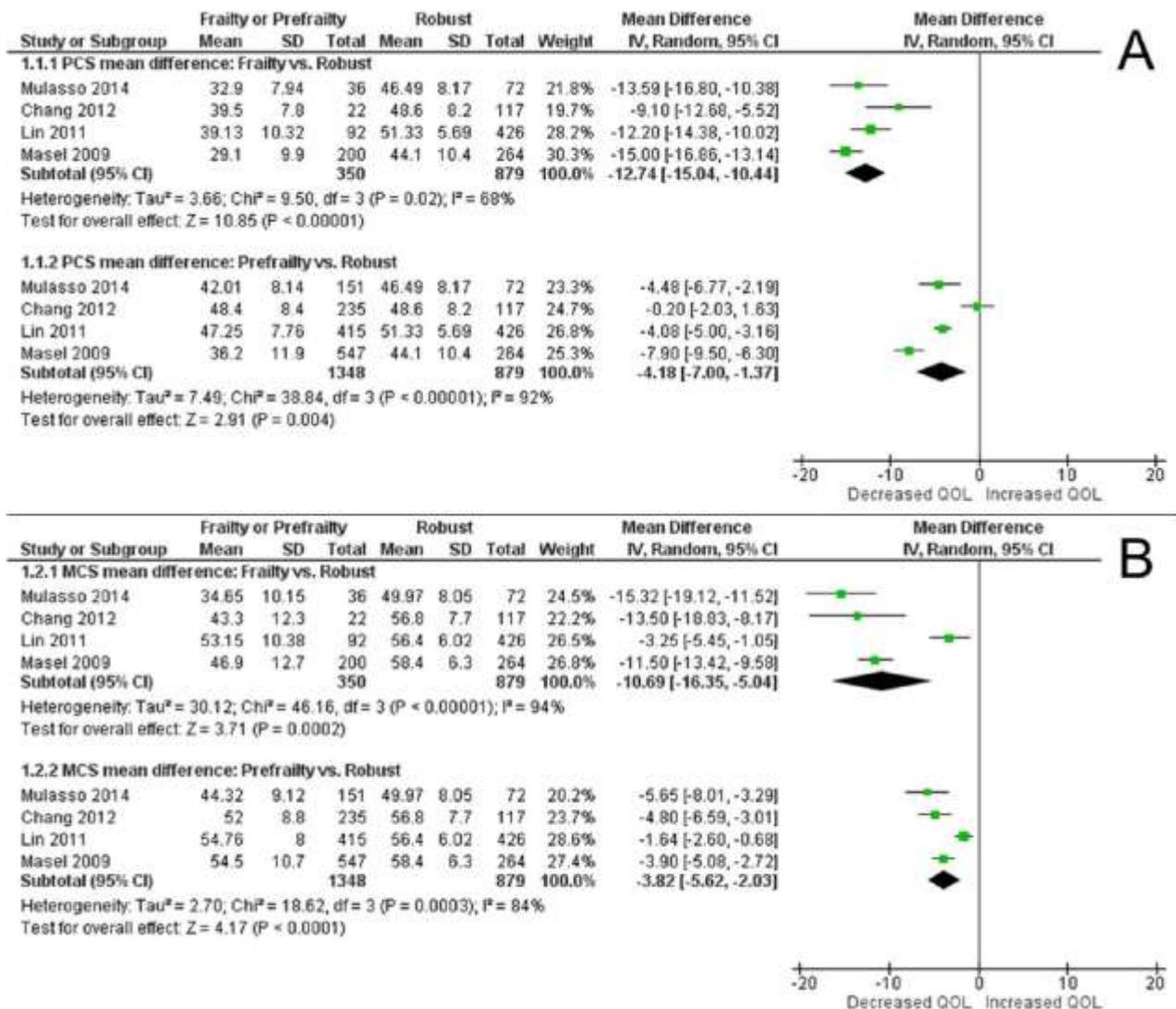
- Once referred, a similar proportion of older adults complete treatment compared to their working age counterparts.
- Recovery rates for older people consistently outperform working age people: 62.2% in Q2 2016/17 compared to 47.6% for working age adults.



## Depressive symptoms and number of LTCs



## Quality of Life and physical health (A) / mental health (B)





## Mental Health in Older People A Practice Primer

Christoph Mueller, Clinical Lecturer  
Amanda Thornton, Consultant Old Age Psychiatrist  
Daniel Harwood, Consultant Old Age Psychiatrist  
Peter Bagshaw, General Practitioner  
Alistair Burns, Professor of Old Age Psychiatry

# **Frailty and Mental Health**

**Family usually right**

**Reduces quality of life**

**Assess mood**

**Individual differences**

**Loneliness is a real issue**

# Frailty and Mental Health

**F Family usually right**

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