National Mental Health Development Unit

National Development Team for inclusion

A Long Time Coming

Part 1 - Strategies for achieving age equality in mental health services

older people and ageing

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It's been a long, a long time coming
But I know a change gonna come, oh yes it will.....

Sam Cooke, 1964

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Contents

Summary

This Paper reports on the findings of a National Learning Network established to inform the development of age equal mental health services.

It is one of two papers produced to share the key messages and lessons arising from this work, including national and local priorities for developing mental health services that improve the life chances of older people with mental health support needs whilst meeting the requirements of the Equality Act 2010.

The Achieving Age Equality in Mental Health Network worked with two diverse localities from neighbouring regions of England to help them assess their readiness for age equality, in line with the Equality Act 2010[1] and the aims of the Equality Delivery System described in *Equity and excellence: liberating the NHS*[2]. This work helped local partners to establish whether and where age discrimination exists in mental health services; and to identify priority actions for developing cost effective and inclusive mental health systems for all ages, as outlined in *No Health without Mental Health*[3].

The Network was funded by the National Mental Health Development Unit and delivered by the National Development Team for Inclusion (www.ndti.org.uk). It consisted of four different elements:

1. Development support to two localities based in the Midlands, to audit local services and agree actions to address areas of discrimination identified
2. A call for information asking for practical examples of age equality in mental health services
3. Analysis of local and national data on the prevalence of common mental health conditions, and rates of access to and outcomes experienced from different mental health services and support
4. A review of concurrent national policies and development programmes including working with a National Reference Group to understand the wider context for this work.

[1] *Equality Act 2010.* Government Equalities Office. http://www.equalities.gov.uk/equality_act_2010.aspx
[2] *Equity and excellence: liberating the NHS.* (2010). Department of Health
[3] *No health without mental health* (2011) Department of Health

The findings and lessons from this project have been written up in two separate but connected reports. This report – Part 1 – focuses on the national implications and strategies for achieving age equality in the light of key findings and outcomes of the Network sites and other elements of the project. Part 2, which accompanies this report [available on http://www.ndti.org.uk/publications/ndti-publications/] focuses on the experiences and lessons from auditing local mental health services, including the process of agreeing local actions in order to address age discrimination identified.

As a result of this work, four key factors which define successful age equality in mental health were identified, which can be used to guide the development of local services and inform future policy and practice in this area. These four factors include:

- A shared vision of age equality in mental health
- Better outcomes for and experiences of older people
- Responsive, personalised services and support
- Positive attitudes and mindsets.

In addition, four specific challenges to achieving age equality in mental health were also found which need to be addressed as part of the key strategies for achieving equality in mental health services at a national and local level. The four challenges are:

- Lack of familiarity and confidence with 'age equality
- Persistent age discrimination in mental health services
- Lack of guidance on how to tackle age discrimination
- Lack of relevant data and outcome measures.

Finally, the following priorities for action were identified to address the issues faced in developing age equal mental health services in all areas:

- Ongoing work to demonstrate "what works" (in combating age discrimination and delivering age equality in mental health) and supporting local partners to achieve age equality across the country
- Building the capacity, skills and confidence of older people, including mental health service users growing older
- Strong leadership in order to develop and adopt a shared vision about "age equality" in respect of mental health / mental health services
- Development of an outcomes and data framework on age equality in mental health.

Using this report

Chapter 1 provides the background to and introduces the aims and activities of the Achieving Age Equality in Mental Health Network.

Chapter 2 reflects on the wider national context for this work and ongoing actions to develop age equal mental health services.

Chapter 3 summarises the key findings and messages from looking across all elements of the Network.

Chapter 4 highlights the four priorities that need to be addressed to ensure this agenda is taken forward at a local and national level.

Two appendices provide supporting information and data relevant to the work in the Network sites and age equality in mental health more widely. Appendix 1 provides a summary of the Achieving Age Equality Criteria used to guide the work in the two localities (see Chapter 2). Appendix 2 is a summary of the main trends and patterns identified through the analysis of national and local data collated to establish the extent to which mental health and associated services are “age equal” or “age discriminatory”.

Chapter 1: Introduction and Background

Mental health was one of the three key areas[4] highlighted as a priority area for attention in the 2009 review of age discrimination in health and social care, set out in the report *Achieving age equality in health and social care report*[5]. This report (also known as the Age Review) states that:

> ***"Every provider and commissioner of mental health services will need to consider how to achieve non-discriminatory, age-appropriate services, drawing on insights from reports such as Equality in Later Life[6] and other sources of good practice."***

In response to the critical findings of the Age Review, the NHS Operating Framework for 2010-11 highlighted the need for NHS organisations to take account of the review's recommendations, and the Association of Directors of Adult Social Services advised local authorities to use the findings to prepare for the requirements of the Equality Act 2010.

The Equality Act 2010 places a general and public sector equality duty on all public bodies to treat individuals fairly through ending discrimination of all kinds and promoting equality. Alongside seven other protected characteristics (race, gender, disability, sexual orientation etc), the Act for the first time bans age discrimination in the provision of services and introduces a duty on public bodies to promote equality, including age equality. Whilst the public sector duty came into force from April 2011, the requirement to apply this duty to health and social care comes into force from April 2012 – giving health and social care organisations and leaders time to prepare, assess their current situations and agree plans for working towards achieving age equality.

The Age Review also highlights the need for local authorities, NHS organisations, voluntary and independent sector providers, community groups and older people's forums/networks to work together to undertake a joint audit of age discrimination and age equality across all services, systems and processes in health and social care. An online

[4] The other two areas were acute care, and primary and community based health and social care.
[5] *Achieving age equality in health and social care* (2009) Sir Ian Carruthers and Jan Ormondroyd for the Department of Health
[6] *Equality in Later Life: a national study of older people's mental health services*. Healthcare Commission. March 2009. Commission for Healthcare Audit and Inspection

Resource Pack and audit tool[7] was developed to assist local partners to undertake this task, and to develop locally agreed action plans for banning and eliminating age discrimination, and achieving age equality.

This Resource Pack consists of three interlinked elements: an audit tool to help local partners to implement the above task and get ready for the Act; a practice guide for NHS organisations to help them identify what good looks like in relation to age equality and how to achieve this; and a similar guide for social care organisations (www.southwest.nhs.uk/age-equality.html).

The Pack was used by the two localities involved in the Network to help them focus on age equality within and across different mental health services and supports. Part 2 describes the work undertaken by these localities and the subsequent findings and actions identified through their local audits.

Wider, national context for the work

The Achieving Age Equality in Mental Health Network ran between November 2010 and March 2011 – an extremely condensed timeframe during which the scale and pace of change within NHS and social care services increased in both intensity and reach. This section outlines some of the most pertinent and challenging contemporary issues impacting on local services and decision makers.

No health without mental health[8] - the strategy framework for mental health - was published by the Department of Health in January 2011, halfway through the lifetime of this short programme. It is a package of 8 documents and associated resources written to inform the development of comprehensive and holistic services and support to promote better mental health and wellbeing in England. It takes a life course approach to mental health, spanning children and young people's mental health issues through to very old age. Placing older people's mental health and wellbeing within a clear public health framework is an important shift from current provision.

At the same time, the scale and nature of public services cuts and reforms within and across health and social care systems have proved to be wide ranging and cross cutting. No service or 'client group' is unaffected and it will be increasingly important for different public bodies to work together to map and allocate scarce resources, identify and assess local needs and priorities, develop and deliver cost effective, personalised services that improve health and wellbeing whilst demonstrating value for money. The need for high

[7] http://age-equality.southwest.nhs.uk

[8] *No health without mental health: a cross Government mental health outcomes strategy for people of all ages* (2011) Department of Health

quality, easily accessible data and outcome measures cannot be under-estimated, and is a key focus of the new mental health strategy framework.

The coalition government is committed to a vision of a 'Big Society' whereby local communities have a much greater voice and influence over local decision making and are expected to contribute as active, engaged citizens[9]. Local authorities and NHS organisations have a role to play in supporting service users, carers and staff to work together in order to better understand the key determinants of good and poor mental health and wellbeing locally – and to coproduce services that meet the needs and aspirations of local people across all ages. Ensuring this happens and is inclusive of older people whose voices are continually not well heard[10] is a key challenge and priority in the future development of age equal mental health services.

The supporting evidence which informed the Age Review included a detailed analysis of age discrimination in mental health services[11]. This review and the best practice guides which form part of the Achieving Age Equality Resource Pack[12] point to the decade or more of studies, reports and concerns about the low profile and expectations, and poor quality and outcomes associated with older people's mental health services. For example:

- The Royal College of Psychiatrists' report on Age *discrimination in mental health services: making equality a reality (*October 2009) states that access to services must be based on need and that "a needs-based service will still require the development of comprehensive specialist-based mental health services for older people". It outlines a number of guiding principles and recommendations for action. These include the development of a toolkit that allows self-assessment of services based on need, not age.

- The Healthcare Commission report, *Equality in later life: a national study of older peoples' mental health services (March 2009),* the Mental Health Foundation report All *Things Being Equal: Age Equality in Mental Health Care for Older people (April 2009),* and *Everybody's Business (Department of Health/Care Services Improvement Partnership, 2005)* all identify aspects of a good mental health service

[9] http://www.cabinetoffice.gov.uk/big-society

[10] *Moving Out of The Shadows* (2004); *Disregarded and Overlooked: a report on the Learning From Experience research into the needs, experiences, aspirations and voices of older people with mental health needs, and carers, across the UK.* Bowers, H et al. (2006). A report to the National Inquiry on Mental Health and Wellbeing in Later Life which informed the final Inquiry report published Summer 2007; *Improving Services and Support for Older People with Mental Health Problems (2006).* Age Concern England; *Older people with high support needs: how can we empower them?* (2010) Blood, I. Joseph Rowntree Foundation's Better Life Programme; *Older people's vision for long term care* (2009) Bowers, H. et al. Joseph Rowntree Foundation.

[11] *Ageism and age discrimination in mental health care in the United Kingdom* (2009) Centre for Policy on Ageing

[12] http://age-equality.southwest.nhs.uk/downloads/guides/age-equality-nhs-practice-guide-chapter14.pdf; http://www.scie.org.uk/publications/guides/guide35/index.asp

for older people and aspects of a non- discriminatory service. None of these reports includes clear indicators or measures of a non-discriminatory service, although the first two documents make clear that non-discrimination does not mean providing an identical service to people of all ages; and they also highlight the paucity of data available which can be used to identify progress on key themes including age discrimination.

A number of critical challenges and recurring messages can be discerned from looking across these important and influential reports and policy frameworks, all of which are relevant to the findings and subsequent conclusions drawn from this Learning Network on achieving age equality in mental health. These somewhat negative messages, summarised below, reinforce the need for coordinated and urgent action to improve older people's access to and experiences of high quality, evidence based mental health services and support. They also form the backdrop to the work of the Network sites, providing the context for their work and helping to explain the results of their age equality audits.

1. There is a tendency for national mental health strategies to either avoid, ignore or downplay the prevalence of mental ill health among the older population and effective strategies for preventing, treating and reducing these patterns and trends in order to improve the outcomes and experiences of older people in relation to mental health services and the broader determinants of their mental health and wellbeing;

2. As a result, there is a lack of a strategic, whole system, whole life approach to mental health needs and services. This is reflected in how services are commissioned, configured and delivered at a local level. For example, there is an ongoing debate and tension between those who view "age related" services as a specialism to be protected and those who view this model as discriminatory;

3. There is a wealth of evidence that older people experience restricted access to services and support in respect of their mental health and wellbeing than people under the age of 65. This inequity is reflected in how resources are allocated between and to different service and client group areas – particularly in relation to commissioning budgets, professional /workforce profiles, individual budget allocations and the range of services / supports promoted for younger and older adults

4. There is an absence of high quality and easily accessible information and data (especially relating to outcomes) relating to mental health in general

and older people's mental health in particular;

5. The involvement and influence of older people in designing and delivering responsive mental health services and support is variable and in most places woefully inadequate. Older people continually identify age discrimination as one of the key concerns they have about health and social care services, and about mental health services in particular.

6. There is an ongoing focus on dementia at the expense of a profile of and understanding about the prevalence and experiences/outcomes associated with the far more common mental health difficulties that older people experience such as depression, anxiety, low mood, psychoses, drug and alcohol problems, eating disorders, and suicide.

Chapter 2: Defining age equality in mental health services

A central message arising from this Network is the need for much greater clarity and a shared understanding about age equality in respect of mental health and mental health services.

This project has highlighted that whilst different organisations, agencies and sectors have a similar understanding about, and can articulate and evidence "age discrimination" in mental health services, they are much less clear about 'age equality'.

This lack of understanding makes it extremely difficult to establish the extent to which local services are discriminatory or 'age equal'; for the public to have a clear sense of whether or not they are being explicitly or implicitly discriminated against; and for health and social care organisations to agree on priority actions for addressing age discrimination and measuring progress towards age equality in a challenging financial climate.

A working definition of age equality in mental health services was developed as a result of the learning derived from the Network – through working with the two localities in undertaking their audits; discussions with members of a National Reference Group established to oversee and guide the project; the analysis of national and local data; and a review of the practical examples of age equality in mental health provided through the call for information.

We think this definition helps to clarify "what good looks like", and could stimulate a much needed debate about what age equality is and isn't in relation to promoting good mental health and wellbeing for people of all ages at a national and local level.

The definition focuses on four inter-related components of age equal mental health services, illustrated in Figure 1.

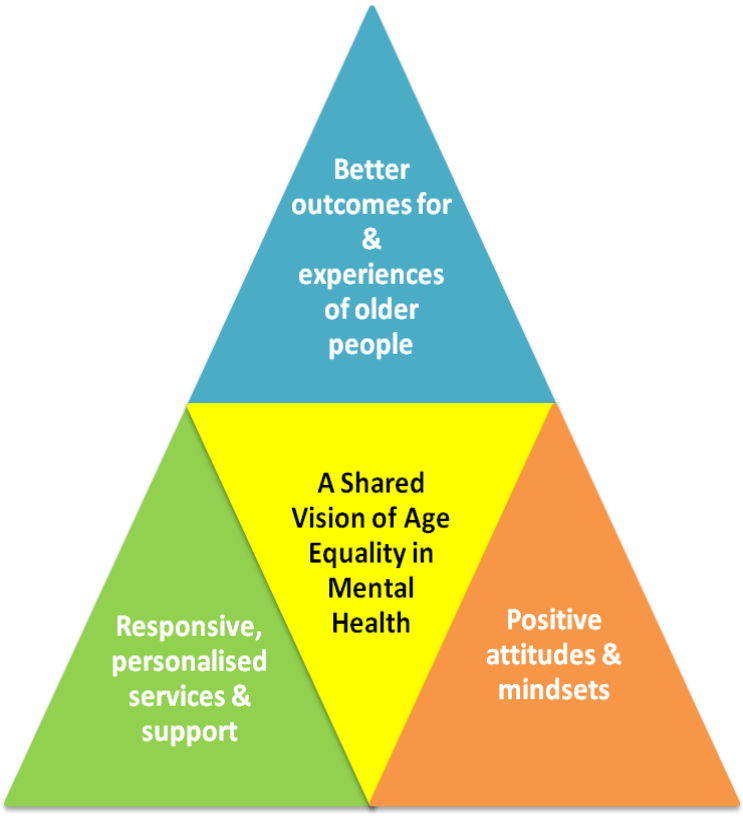

Figure 1: What does age equality look like in mental health?

The first and central component, **a shared vision of age equality in relation to mental health and wellbeing** is essential for establishing the future direction and development of local mental health services; and securing a clear commitment to eradicating age discrimination at all levels of policy and practice development and implementation. The Achieving Age Equality Resource Pack states:

> *We need to be developing and maintaining services which eliminate discrimination, advance equality of opportunity and foster age equality. To do this effectively, it is vital to have a clear understanding of age discrimination and equality.*

At a local level, partner agencies need to work together and with their local communities, including service users and carers, to develop a clear vision about what age equality in relation to mental health, and mental health services, looks like for them. A number of strategic and practical exercises and resources on developing a shared understanding of age equality – both general and specific to mental health – are provided in the audit tool[13].

[13] http://age-equality.southwest.nhs.uk/preparing-for-the-audit.php ; http://age-equality.southwest.nhs.uk/downloads/age-equality-partnership-readiness-check.pdf ; http://age-equality.southwest.nhs.uk/login.php

The following underpinning principles and aims for achieving age equality were found to be a helpful way of enabling local people to work together to develop a shared vision and priority actions for achieving this.

- People are not and do not feel excluded from services or work opportunities because of their age (or any other aspect of themselves – the principles that apply to age equality apply to all other aspects of a person's diversity)
- Services and workplace opportunities ensure that people have no need to feel ashamed of or try to hide their age (or their mental health/ill health) and actively seek to welcome diversity and value difference
- People working in organisations and across partnerships/networks, try not to do anything – however subtle or unintentional – that will make other people feel unhappy or inferior about who they are, or restrict/limit their access to support
- People within organisations/teams/partnerships are given 'a good enough why', if for example there are differences in provision and resource allocation. It is not enough to simply say "we will not discriminate". We have to give people an explanation, a rationale that explains what age discrimination is about, how it affects people, and why it is not only a legal duty but a moral, ethical and economic responsibility to root out discrimination and work towards age equality.

A sense of belonging - a joint strategy for improving the mental health and wellbeing of Lothian's population, 2011-2016

Older people with mental health problems are regarded as a strategic priority in Lothian, as demonstrated by their joint mental health strategy for all ages, the key focus of which is addressing the primary causes of mental ill health such as isolation and physical well being.

Reducing the gap that exists between life expectancy and healthy life expectancy as a result of poor mental health and wellbeing in later life, is a particular focus of this strategy, which is designed to:

- Continue to support programmes and initiatives across Lothian which focus on promoting mental and physical well-being, and reducing social isolation
- Ensure the involvement of older people in the design and development of
- mental health and wellbeing initiatives
- Continue to redesign services to meet the changing needs of older populations within Lothian, including being aware of diversity strands and new technologies which can give people more autonomy within their care

As part of the process of implementing this strategy, the Health Board in Scotland organised a debate –'Why Change at 65?' - for clinicians and service users in order to determine whether there should be separate services for people over 65. One participant shares his views on the key issues involved:

Historically there has been an under investment in 'OPMH' services in the

NHS; most people in their 60s and 70s are no different to someone under 65 as far as their needs are concerned. Old age in itself is not the key determinant, rather the complex set of needs that present themselves. 'Age integrated' services still need to acknowledge differences and similarities between older younger adults.

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The second component refers to **better outcomes for and experiences of older people** achieved as a result of equal access to and guaranteed quality of services and support designed to respond to the individual needs and circumstances of the person. Participating sites and members of the National Reference Group identified the following key features relating to this component:

- Older people are fully engaged and involved in the design of and decision making about their own support and in the development of services more broadly – i.e. there is a visible commitment to and adoption of coproduction with older people within mental health services and in relation to promoting better mental health among older people
- Older people are treated with dignity and respect, and their rights are respected and promoted
- The diverse needs and circumstances, hopes and aspirations of older people are recognised, valued and responded to on an individual basis (whilst also highlighting patterns and trends that individuals may share)
- Older people are confident that the people who support them and the practitioners working with them are competent, confident and effective in their role
- Positive action is taken to promote and harness the many and diverse contributions of older people e.g. through adopting coproduction of services and support; by recruiting and retaining older workers; by ensuring older people are represented and included as members of Trust Boards and advisory groups; as local champions; and through ensuring a wide variety of user and peer led networks are available, accessible and included in local developments
- Older people are, and feel, empowered and supported to exercise choice and control over all aspects of their own support/treatment and any services/support they use promotes their inclusion
- Older people are fully engaged as active and equal citizens in family, community and civic life.

Leeds Advocacy for Mental Health and Dementia (A4MHD) is a third sector organisation providing independent mental health advocacy. They aim to promote the inclusion, choice and independence of people with dementia, supporting people along a spectrum of empowerment, risk enablement, protection and safeguarding. One full time dementia advocate is embedded within the organisation, to ensure that advocacy support is accessible to people with dementia regardless of issues concerning their capacity.

People are typically referred by carers / families, often in relation to concerns regarding standards of care, discrimination, lack of understanding and/or training about dementia in hospitals, care homes and in general community services and support. Issues are also raised by health and social care professionals who feel that the views of carers are often given greater credence than that of the person living with a dementia. Advocacy support is also offered at care planning and Care Programme Approach (CPA) meetings where a person with dementia may find it difficult to have their voice heard effectively.

The service was initially funded through a Mental Illness Specific Grant and provided by Leeds City Council, and has been provided by A4MHD since 1998.

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The third component, **positive attitudes and mindsets in relation to ageing, older people and mental health** should be evident and actively promoted within and across all services at a local and national level, including:

- A range of opportunities and initiatives that promote healthy, active and inclusive ageing, harnessing the contributions and opportunities of diverse, multi-generational communities
- A whole system, whole community approach is taken to promoting better mental health across and within all ages and stages of life, which is evident at a strategic, commissioning level as well as at an individual, delivery level
- Anti stigma campaigns and educational activities targeting people at different ages and stages of life about mental health and wellbeing, and about “age awareness”. Such campaigns should seek to engage and educate the general public, service users, families and carers, and staff working at all levels in public agencies /services as well as third sector and private/commercial enterprises involved in service delivery and the provision of information, advice and advocacy services.

All Ages Anti Stigma Campaign in the North East
An older woman living with mental ill health contacted us to tell us about the work she is doing, alongside others, across the NE to raise awareness about mental health, helping to reduce stigma and demonstrate that it is possible to achieve mental well being. She is determined that people understand that the aim of all services and campaigns should be about achieving mental well being for people of all ages and across all stages of your life.

The 'Shift' anti stigma campaign in England was funded by NMHDU and ends in March 2011. It builds on the *mind out for mental health* campaign, which ran from 2001 to April 2004. Whilst not explicitly targeting older people or mental health in later, this woman's own experiences are being shared in the North East to ensure there is a regional and local understanding of age and ageing in relation to mental wellbeing.

The fourth component refers to a comprehensive range of **responsive, personalised services** based on individual needs and circumstances, with particular attention given to the following key features:

- There is a clear, strategic approach taken to planning, commissioning and delivering age equal mental health services, based on a shared understanding and underpinning principle that people accessing and using local services are defined by their needs and not by their age
- There is a focus on early intervention and preventative approaches for people of all ages regardless of their condition/diagnosis, their level of support needs, and their eligibility for state funded social care support or other benefits.
- The key aim of all services, interventions and treatment is the promotion of wellbeing, recovery and inclusion so that people of all ages are enabled to lead their lives, exercise choice and control, and contribute to family, community and civic life
- People of all ages can and do access the full range of services, treatment, interventions and therapies available to local communities; and equality of access is monitored on a regular basis across all equality strands (age, gender, disability, race/ethnicity, sexual orientation etc)
- Contemporary developments aimed at shifting power and control to those using/needing services and support are equally applied and experienced across all ages, with particular attention given to the take up and use of personal budgets, support planning, access to user/peer led support, information, advice, advocacy and brokerage.

2gether NHS Foundation Trust for Gloucestershire has developed a new organisational structure which is designed to deliver services according to needs rather than age.

"We call this Fair Horizons; it is a clinical and service user led pathway service model, which moves away from the traditional model of delivering services in silos for 'working age adults' or 'older people' or 'people with a learning disability'. The aim is to adopt a recovery focus to improve quality of life outcomes and ensure service users and carers' individual needs are very firmly at the heart of our services".

The Fair Horizons principles are: Clinically conceived, driven and maintained; Equitable, person centred and non discriminatory; Prevention of mental ill health and promotion of mental health and emotional wellbeing; Early intervention and recovery; Best practice; Quality, safety, experience and outcomes; Engaging communities proactively.

Fair Horizons has the complete sign-up of the Trust, including sign off by the Trust's Board, as its plan for service delivery over the next two years. Hundreds of members of staff have contributed to these developments through staff engagement events; and service users and carers have been actively engaged and involved in local discussions.

Our First Point of Contact Centre will be an early example of age/discrimination free access to services – due to be operational from May 2011.

We have set up a dedicated research and outcomes measures workstream which has been collecting data in order to demonstrate inclusion and equality within services. Our research also includes a grant-funded academic and practice partnership with Queen Margaret's University Edinburgh to help identify how staff can be supported to deliver new ways of working.

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In terms of how age equality in mental health is measured and assessed, the Mental Health Criteria contained in the Achieving Age Equality Audit Tool provide a means for audit which can also assist in activities designed to develop a shared vision of age equality.

Using these criteria and measures can help local partners and stakeholders move from a position of being able to articulate and evidence "age discrimination", to demonstrating their commitment to and progress in achieving a more positive and empowering age equal mental health system. The criteria emphasise the importance of doing this across services

and sectors, in ways that also achieve cost efficiencies and best value from limited public and other resources. Network members emphasised the practical and strategic benefits of using the Audit Process to facilitate partners and stakeholder groups to work together and stay focused on critical issues of service quality, equality and improvement during challenging economic and uncertain times.

The achieving age equality in mental health criteria are summarised in Appendix 1, highlighting the 'age equality' statements against which services can assess their local situation. The full set of criteria can be accessed via the toolkit, on http://age-equality.southwest.nhs.uk

Chapter 3: Challenges to achieving age equality in mental health

As Chapter 2 indicates, the central message emanating from all of the findings and experiences of the Network is the need for greater clarity and a shared understanding about "age equality" in respect of mental health and of mental health services.

This focused initiative has demonstrated that whilst different organisations, agencies and sectors have a similar understanding about and can articulate, and evidence, "age discrimination" in relation to mental health services, they are much less clear about 'age equality'. This makes it extremely difficult to establish how 'age equal' your services are, for the public to have a clear sense of whether or not they are being explicitly or implicitly discriminated against, and for increasingly cash strapped organisations to agree on priority actions and steps for addressing age discrimination and in measuring progress towards age equality – both in terms of the spirit and the letter of the law. Chapter 2 sets out the working definition of age equality in mental health services developed as a result of the learning derived from this project.

Four key challenges or barriers to age equality in mental health were also identified through a cross cutting analysis of the Network's activities, the sites' experiences in undertaking the local audits, the analysis of local and national data, and the best practice examples obtained through the call for information. These are outlined below.

1. **Lack of familiarity and confidence with "age equality":** the concept of and focus on age equality, especially in relation to mental health, is very new, and unfamiliar to most health and social care systems and third sector organisations. This lack of familiarity is reflected at a national as well as local level:

    - At a national level, there is a tendency for mental health strategies and plans to emphasise evidence, requirements and recommendations for mental health services and outcomes relating to "working age adults". The (unintended) consequence is that evidence, requirements and recommendations relating to mental health in later life and services accessed by older people achieve a lower profile. It is essential that all strategies, frameworks and guidance relating to mental health are both age inclusive and age explicit, to ensure that a clear statement of intent is communicated that 'good mental health for all' means

equal attention to the mental health needs and experiences of all ages. We highlight two specific messages relating to this theme: a) mental ill health and the need to promote good mental health does not stop at 64 years of age; and b) "working age adults" is an increasingly outdated term in this era of extending working lives and a move away from a default retirement age.

- At a local level, "equality" is not yet an integral part of the core business of commissioning and delivering mental health and social care support. It is, however, increasingly recognised as a driver for change - largely as a result of the Equality Act, positive experiences of using Equality Impact Assessments to improve outcomes, and the current focus on taking action to prepare for the Equality Act. See Part 2 for more details and examples of building confidence, awareness and understanding about age equality at a local (and individual) level.

2. **Persistent age discrimination in mental health services:** Four common areas where age discrimination persists in relation to mental health and mental health services were identified across the Network sites, the analysis of national data / trends and the call for information. These include:

   - The apparent lack of awareness, understanding and commitment of primary care services to proactively identify, manage and support older people's mental health and wellbeing across the common mental health problems that people experience in later life, and the different forms of dementia that people experience at any age
   - The poor experiences and inadequate quality of care and support provided to older people with depression, other mental health problems, and dementia in general hospitals. This includes a specific issues about low levels of access to specialist knowledge and skills e.g. via hospital liaison teams.
   - Inequity of access to the full range of interventions, treatments and options for support by age, with particular concerns regarding access to home treatment, personal budgets, crisis resolution services and talking therapies and other psychological interventions, by people over the age of 65.
   - The need to dispel widespread assumptions and beliefs about the perceived lack of benefits and efficacy of supporting older people's mental health and wellbeing through different interventions and treatment/support, despite the evidence to the contrary.

Appendix 2 summarises the key patterns, trends and other findings from the analysis of local and national data relating to mental health and age equality that was undertaken as a key element of this work.

3. **The need for guidance on how to tackle age discrimination:** there is alot of information and guidance on what constitutes age discrimination and where it exists. There is far less – both in terms of evidence and guidance - on achieving age equality and/or addressing discrimination (both generally and specifically within mental health services).

   Network members consistently asked for such guidance – and were surprised to find that much of it does exist in the Resource Pack referred to earlier. They discovered that using this resource and focusing on a small number of specific criteria to pool knowledge, data and experiences from a variety of sources and perspectives can help to determine where age discrimination exists, and agree the practical means for achieving age equality in mental health services. Whilst the Resource Pack proved to be effective and practical, it is not well publicised or profiled. Most agencies and authorities, therefore, are not aware of it.

   In addition, the national and local leadership of change and service improvement relating to older people's mental health and wellbeing and age equality more generally was highlighted by Network sites and members of the National Reference Group as a key gap which needs to be strengthened and maintained.

4. **Lack of relevant data and outcome measures:** As Part 2 and Chapter 3 of this report indicate, the Network sites and analysis of local and national data revealed a number of specific challenges associated with accessing relevant information and evidence to support the audits of age equality in mental health services.

   Detailed guidance and information on measuring outcomes and focusing on a small number of key data sets would help local services to establish where discrimination exists and demonstrate their progress in meeting the needs and improving the life chances of their entire communities.

   Practical, targeted information is needed not only on what to measure, and how to gather and monitor this information, but more importantly on how to analyse and use this intelligence to improve local services for local people. This lack of data, particularly the lack of clear, evidence based outcome measures, contributes to the ongoing low profile of and assumptions made about older people's responsiveness to certain treatments and interventions and the benefits experienced as a result of accessing different kinds of support.

Chapter 4: Priorities for Local and National Action

This final chapter sets out four priority actions identified by the Network that need to be taken forward at both a local and a national level. These actions were identified as a way of addressing the challenges and barriers outlined in Chapter 3.

These actions are relevant to local health and social care commissioners and providers, as well as organisations, bodies and networks concerned with ageing, mental health and wellbeing at a national level. They include:

1. Ongoing work to demonstrate "what works" and to support local partners to achieve age equality in mental health services;
2. Building the capacity, skills and confidence of older people, including mental health service users growing older, so that their voices are heard and are increasingly influential, locally and nationally;
3. Strong leadership to develop and adopt a shared vision about "age equality" in respect of mental health / mental health services at a local and national level;
4. An outcomes and data framework on age equality in mental health to help local partners and national leaders focus on the key indicators of age equality and improved life chances for older people with mental health support needs.

The two Network sites are actively pursuing their locally specific action plans (see Part 2); this report is concerned with the need for national attention and focused, coordinated effort to ensure there are clear expectations about the need for change in order to achieve age equality in mental health; and a momentum for change that means these steps can be taken in challenging economic times at the same time as an increased focus on locally determined strategies and developments.

The four priorities outlined above have been discussed and agreed in principle by the members of the National Reference Group overseeing this work, representing a wide range of networks, organisations and associations that operate on a national basis (see

Appendix 3). The priorities, outlined below, have been phrased to explain what actions are required and which will be taken within the specific roles, responsibilities of these participating organisations.

1. **Dissemination of findings and experiences to increase the focus on age equality and age discrimination within mental health**
   It was agreed that widespread dissemination of the experiences, findings and messages resulting from this work is required as part of the process of raising awareness and the profile of age equality in mental health services. Publication of these two papers is one of the key actions agreed under this priority.

   It was also agreed that a number of practical changes and updates, based on the learning from the Network sites, will be made to the AAE Toolkit by the Equalities team at the Department of Health in partnership with the team who designed this resource at NDTi. These changes will help to operationalise the toolkit and ensure its ongoing and widespread use among health and social care organisations.

   Three specific areas were highlighted where further work would help to support local partners and stakeholders to meet their requirements under the Equality Act, in addition to those set out in NHS quality and efficiency programmes and Social Care regulatory frameworks. These 3 actions are:

   - A practical guide to developing a lifecourse approach to delivering mental health services and promoting mental health and wellbeing.
   - Further work to track and assess the impact of reconfiguring local mental health services to become “age neutral”, including the development and implementation of an outcomes and data framework (see Priority 4).
   - Targeted work to address the four common areas where age discrimination persists in mental health services (primary care, hospital care, assumptions about ageing and mental health, equity of access to the full range of mental health interventions and support).

2. **Building the capacity, skills and confidence of older people, including mental health service users growing older**, so that their voices are heard and are increasingly influential, locally and nationally. This action has two key components.

   The first is a practical but essential action to reinforce the need for older people with diverse experiences and expectations of local mental health services to be involved in undertaking local audits of age equality. This will require additional capacity building work to equip and enable older people to be fully conversant with the requirements of the Equality Act 2010, and the achieving age equality audit process and criteria. It will

also require local NHS and social care organisations to co-design and co-deliver the local audit process, ensuring that older mental health service users are fully engaged in ongoing services developments designed to achieve age equality and combat discrimination.

Secondly, in order to develop an empowered and effective network of older people as agents of change, including those with experience of mental ill health and mental health services, NDTi will work with government departments, regulatory bodies and national organisations to develop a strand of coaching and mentoring work designed to support older people working as agents of change in achieving age equality in mental health services.

3. **Strong leadership and a shared vision about "age equality" in respect of mental health and mental health services**.

Chapter 3 sets out a proposed definition for age equality in mental health. The intention is that this definition is used to stimulate a nation-wide debate about what age equality means and how to achieve it within and across local services, in order to promote better mental health and wellbeing in later life. A vision statement (similar to that adopted for the National Dementia Plan) could be published to initiate this debate, as part of the range of activities designed to support the adoption of the *No health without mental health* framework.

Those involved in this work believe there is a need for some ongoing support and assistance at a local level in order develop a shared understanding and direction for achieving age equality, in public services generally and in mental health services in particular. Local agencies and staff working in them have reported that they benefited from initial external help and a clear steer to get started on their audits, and to keep this work going in uncertain and challenging times.

The Network sites found the toolkit and process of auditing local mental health services to be an effective and efficient method for honing in on key issues during a time of huge change and uncertainty. It is therefore striking that so few health and social care communities know about, are accessing and using this resource – particularly as it is written into the NHS Operating Framework, has been endorsed by ADASS and is referred to in the NHS White Paper. It seems that even when this is part and parcel of the machinery of health and social care delivery, age equality is not currently considered a priority by local leaders. There is therefore a need to shine a very bright light on the requirements of these key legislative and policy frameworks, and on the

audit tool and supporting resource pack for people working at all levels and in all sectors. There is also an urgent need to remind all Chief Executives and Directors of Adult Social Care of their duties and responsibilities in this regard. A small, dedicated national capacity would help to provide ongoing leadership, coordination and support across Government, sectors and for people working at a sub national and local level; and to ensure compliance with the legislation and monitor improvements in achieving age equality in services. A focused, follow up review to assess progress against the audit findings in the two Network sites would help to inform ongoing local work to develop age equal mental health services, and the shape of any future coordinating work relating to Equality Audits and Action Plans more widely.

4. An outcomes and data framework on age equality in mental health

This paper has highlighted the absence of outcome information and the wealth of prevalence data and volume based measures of service activity that exists at a local and national level. Working with the Network has also shown that local JSNA's currently address needs and data relating to mental health separately from those relating to older people and ageing. In particular, there are problems when specific mental health issues (and access to/outcomes from mental health support) are not covered within sections on older people, and mental health analyses stop at or are not presented for people over the age of 64. Both of these situations exacerbate inherent difficulties in collating and analysing population and public service data in the round, in order to form a judgement about the degree to which local services are "age equal" and to identify key trends and priorities for action.

Locally, those responsible for pulling together and presenting their JSNA should ensure that data in mental health sections should specify and cover all ages, illustrating local trends relating to mental health issues and service effectiveness (including prevalence, access, experiences and outcomes) for people of different ages, including over the age of 65. Key issues around mental health and older people should also be included within and cross referenced to sections focusing on older people and ageing.

Nationally, future guidance on completing local joint strategic needs assessments should encourage this approach; and national studies examining the effectiveness and outcomes between areas should also ensure that a detailed and comprehensive approach to age is taken to the collation and analysis of data gathered.

The data grid developed as part of this work, to inform the analysis of different sources of information indicating age discrimination/equality in mental health services, proved to

be a simple and practical tool. It is necessarily simplistic and crude at this stage, due to the time and resource constraints of this project. However, it offers a good starting point for refining and developing a clear outcomes and data framework to help local partners and national leaders to focus on key indicators of age equality and improving the life chances of older people with mental health support needs. There is value therefore in developing a simple tool for use at a local level which can also inform the synthesis of data at a national level, in order to analyse and interpret important patterns and trends - for example as part of the remit of Public Health Observatories.

There is also an opportunity for this work to also inform the continuing development of the NHS Outcomes Framework designed to support and measure progress towards reducing inequalities and promoting equality in health and health care nationally.

In conclusion

Age discrimination in mental health services remains a significant problem which local health and social care services and national bodies, including Government departments, need to prioritise as a matter of urgency.

Focusing on the key components set out in the definition and vision of age equality in mental health services identified in this report will help services to eradicate age discrimination and meet the requirements of the new public sector equality duty set out in the Equality Act 2010.

In addition to specific actions that can be taken at a local level (see also A Long Time Coming, Part 2) this work has also identified four strategic priorities which together provide the framework for achieving age equality in mental health services:

- Ongoing work to support local health and social care communities to combat age discrimination and move towards age equality in commissioning and delivering mental health services for people of all ages
- Building the capacity, skills and confidence of older people so that their voices are heard and are increasingly influential in shaping local services and national policy
- Strong leadership to develop and adopt a shared vision about age equality in respect of mental health services for individuals and local communities
- Adopting an outcomes and data framework to help local partners and national leaders focus on the critical indicators for improving services for and the life chances of older people with mental health support needs.

Appendices

Appendix 1: What Age Equality Looks Like In Mental Health Services

Appendix 2: Analysis of Key Data Sets and Trends

Appendix 3: Members of the National Reference Group (NRG)

Appendix 1: What Age Equality Looks Like In Mental Health Services

AGE EQUAL MENTAL HEALTH CRITERIA	WHAT GOOD LOOKS LIKE
PUBLIC MENTAL HEALTH & PREVENTION	
Assessment and diagnosis of common mental health problems by age	Primary healthcare and community teams are trained in the early detection and diagnosis of common mental health problems experienced by people of all ages. They are using locally agreed and recognised protocols, so that diagnosis triggers access to information, advice and counselling support and referrals to secondary care services where necessary. The JSNA is clear about the prevalence, needs and characteristics of older people with mental health and with physical health problems, and those with co-morbidity.
Access to psychological services: proportion of people over 65 accessing/ receiving psychological therapy compared to people under 65 *Supporting information* *Local data on access to psychological services for different ages. (Note: British Psychological Society recommendation = 1 psychologist per 10,000 pop. for people over 65 years.)*	Community mental health teams work closely with primary health and general community teams to ensure that people over 65 have rates of access to psychological therapies that are equivalent to people under 65. There is training for psychological therapists in age-related ways of working (ie how to adapt cognitive behavioural therapy).
PRIMARY MENTAL HEALTH CARE	
Delivery of primary mental health care by age *Supporting information* *Compare actual referral patterns locally with expected patterns, given advice on prevalence of mental ill health among people over 65. Alzheimer's Society have developed an indicator by PCT on actual compared to expected levels of dementia* *[http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=531]*	People of different age groups have the same access to primary mental health care, including specialist knowledge and interests among general practitioners and access to multi-disciplinary community mental health teams, psychological therapies/ services, alcohol and drug treatment services, intermediate care and continuing care services.

Levels of support and treatment to older people living in residential care	Liaison services operate between care homes, GP services and community mental health teams, ensuring staff understand the range of mental health problems likely to be prevalent in a residential care home setting.
MENTAL HEALTH SERVICES	
Access to high quality, specialist mental health services by age *Supporting information* *Compare access to a range of specialist services for different ages using local data including returns to the Mental Health Minimum Data Set published by the Health and Social Care Information Centre [http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services] as this includes some age-based analysis. Some data is still being piloted.*	People of different ages have equal access to a comprehensive range of mental health services and support across primary and secondary health and social care services, including crisis resolution, home treatment services and assertive outreach services. Clear protocols are used to facilitate a smooth transfer of individuals from adult to specialist older people's services where age differentiated services exist, and these make it clear that age may be a guide but is not an absolute marker for determining which service is most appropriate.
Hospital admission rates for mental health diagnoses *Supporting information* *The Health and Social Care Information Centre Mental Health Minimum Data Sets report [http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services] contains data on inpatient admission rates to mental health services.* *Association of Public Health Observatories Older People report, Chapter 6 [http://www.wmpho.org.uk/resources/APHO_OP.pdf] is on mental health and presents regional data on age standardised admission rates (p81-86) for all hospitals.* *When looking at length of stay for mental health, the median may provide a more helpful indicator than the mean.*	A range of alternatives to general and specialist hospital admission exist which are accessed by all age groups. There is evidence that admission rates to and lengths of stay in inpatient services are equitable across different age groups and for those experiencing multiple discrimination, with follow up support provided on an individual basis to avoid unplanned readmissions.

Management and support for people with dementia, delirium and depression in general hospitals by age *Supporting information* *The Health and Social Care Information Centre Mental Health Minimum Data Sets report [http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services] contains data on inpatient admission rates to mental health services.* *Association of Public Health Observatories Older People report, Chapter 6 [http://www.wmpho.org.uk/resources/APHO_OP.pdf] is on mental health and presents regional data on age standardised admission rates (p81-86) for all hospitals. When looking at length of stay for mental health, the median may provide a more helpful indicator than the mean.*	Person-centred approaches underpin the way that all older people are supported in hospitals, including people with diverse mental health problems, and staff are trained, confident and competent in responding to their individual needs. Waiting times for social care assessment do not vary by age and there is good access to rehabilitation services for all age groups.
Percentage of people accessing alcohol and drug services by age *Supporting information* *Local data on access to drug and alcohol services by age [http://www.nta.nhs.uk/areas/facts_and_figures/default.aspx] – national data is for all ages and over 18s only.*	Older people with drug and/or alcohol related support needs are able to access appropriate treatment and support from primary as well as specialist secondary health and social care, including specialist interventions, services and support where necessary.
Organisation, funding and delivery of mental health services for people by age	People of all ages are positive about their experiences of mental health services including initial contact and assessment; responsiveness, knowledge and competence of staff; range and quality of treatment, interventions and support; information, advice and advocacy support and level of choice and control throughout the period of support. Provider organisation's policies are impact assessed to ensure they are non-ageist and local provision is based on an underpinning principle that treatment and care is always provided on the basis of each individual's needs, not their age, in line with the features of non-discriminatory mental health services outlined in *No Health without Mental Health*.

Appendix 2: Analysis of Key Data Sets and Trends

Key MH areas to focus on as part of this work	Look for **age-specific** data around rates and types of:				
	Prevalence (estimates)	Diagnosis	Referral[14]	Treatment / access to therapies[15]	Outcomes
Dementia	• 5% people over 64 live with a dementia • This rises to 25% for people over 85 • And 32% people over 90 • 20-25% people with dementia also have depression	• 39% have a formal diagnosis • 67% are undiagnosed	WMPHO give referrals rates for mental health including dementia split by region and 2 age bands (65-74 and 75+)	No specific data on rates of access to different forms of support/treatment in information reviewed A prospective study of older medical admissions in London found 42.4% had dementia, 50% of these were undiagnosed and they were 3 times more likely to die in hospital, yet, 43% suffered medical conditions for which admission is thought to be avoidable or manageable with prompt medical care.	The National Audit Office survey found up to 68% of people with dementia in general hospitals would have their needs better met by other services, and only 41% had evidence of a mental health assessment. Estimate that relocating people with dementia to more suitable forms of care would save local acute hospitals in Lincolnshire £6.5 million per year. Lack of training, access to specialist care and unnecessary delays in discharge are highlighted by the Alzheimer's Society report on general hospitals, which estimates, that better care could save the NHS hundreds of millions of pounds.

[14] Including GP referrals to CMHTs, specialist mental health services and psychological therapies
[15] 'Access to psychological therapies' also a key focus area in its own right

Depression *and other "common MH problems"*	• Nearly 1 fifth of older people report feeling lonely and isolated • 14% people 64+ live with depression • 25% have symptoms which require treatment • 40% people 85+ have depression • 40-60% of people in care homes • 50-60% of people in hospital • 7% people 64+ have "other mental illness" • Delirium affects up to 50% older people in hospital • 20% people 65+ develop psychotic symptoms by the time they are 85 which are not a precursor to dementia • High rates of hallucination and paranoid thoughts remain high in people aged 95+ without dementia • Annual incidence of late onset schizophrenia-like psychosis increases by 11% with each 5 yr increase in age over 60	• 40% of older GP attendances have depression • 17.5% of people 65 have a diagnosis of severe depression • For every 100 people with depression, only 50 seek treatment and only 25 are diagnosed • GPs find it difficult to diagnose and manage mental illness in older people, 70% of the social care workforce have no training or qualifications, detection and treatment in hospitals is poor	• Only 6% of people 65+ with depression are referred to mental health services (compared to 50% of people under 65) • Less than 17% of older people with depression discuss their symptoms with their GP	• 84% people with depression over 64 receive no treatment • 17% receive treatment of some kind • 80% of those with anxiety disorders and 68% with depression opt for psychological therapies • " a study in London shows the needs of older people with persecutory and perceptual symptoms in the community are poorly met"	• Psychological therapies, particularly CBT, are effective with older people • Older people with mental illness are more likely to die, stay in hospital longer, lose independent function and be discharged to a care home Various data re outcomes including: - Crisis Home Treatment leads to reduced hospital & care home admissions, reduced hospital stays, user and carer satisfaction - Hospital Liaison reduces hospital stay & readmission rates - Care Home Liaison reduces drug prescribing, GP time and hospital admission
Suicide	• Suicide rate for people 65+ is double that for people under 25 • People aged 65+ have the highest suicide rate for women and second highest for men • Suicide rate for older inpatients increased from 12% in 1997 to 15% in 2006 • Rate of suicide for the general	• Depression in later life is major risk factor for suicide; men living alone at particularly high risk	No data apparent	No data apparent	No data apparent

	population 1997-2006 declined, but remained static for older people • Sudden unexplained deaths on psychiatric inpatient wards for people aged 65-74 are 8 times higher than for people aged under 54 years.				
Co-morbidity (e.g. m & phys illness)	• Depression is 7 times more common in people with 2 or more chronic physical conditions • 50% of people 65+ have 2 or more long term conditions, and are on 4+ medications • Depression in later life strongly linked to physical ill health and disability, but only 10-12 % are treated for depression • Depression is 3 times more common for people with end stage renal failure, COPD, CVD	No data apparent	No data apparent	• Only 10-15% of co-morbid depression is treated	• Proactive management of people with dementia and hip fracture could save £64-102million, nationally, each year
Drug & alcohol use/ access to services	• 2-4% of all older people	No data apparent	No data apparent	Significant increase in older people needing treatment for substance misuse is predicted	No data apparent

Appendix 3 – Members of the National Reference Group (NRG)

Polly Kaiser – NRG Chair; NMDHU Age Equality Lead/Lead on Mental Health in Later Life

Susan O'Connor – Mental Health Strategy Team, Department of Health

Gill Russell – Department of Health, Equalities Team

Sue Waterhouse – NMHDU Mental Health Equalities Team

Professor Dave Anderson - Royal College of Psychiatry

Dr Andy Barker - Royal College of Psychiatry

Dr Caroline Chew-Graham- Royal College of General Practitioners

Catherine Davies – Department of Health Equalities Team

Ruth Ely – Department of Health, Older People & Ageing Division

Helen Bowers – Director, Older People & Ageing, NDTi (Network Lead)

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Caroline Bernard – Counsel and Care

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Jacqui Ruddock – Department of Health