Age-inclusivity and specialism
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Old age psychiatry is a relatively new specialty of psychiatry, which has developed over the past 40 years. It grew out of the work of a few pioneers, and has seen considerable progress made in treatment and service provision for users and carers, and in research. Comprehensive specialist services have expanded over recent years, and are now a standard component of most local mental health services across the UK. Unfortunately the National Service Framework for Mental Health (NSF-MH) (Department of Health, 1999) did not help develop services for older adults with mental health problems, as it initially excluded older adults and focused on services to those of working age.

The National Service Framework for Older People (NSF-OP) (Department of Health, 2001) did specifically address mental health in late life in Standard 7. Standard 1 of the NSF-OP has, however, been a more powerful influence on service development: it aims to ensure that “NHS services will be provided regardless of age, on the basis of clinical need alone” and that social care services will not use age in policies or eligibility criteria to restrict access to services. This Standard has greatly helped older people’s mental health services in their quest to provide good quality flexible person-centred services for older adults and their families, although age discrimination in health and social care is still an active concern. The King’s Fund has a reading list on age discrimination (King’s Fund, 2005) and Age Concern’s website (see www.ageconcern.org.uk) has helpful information including the downloadable summary of a recent report, How ageist is Britain? MIND is currently running a campaign entitled Access all ages (see www.mind.org.uk).

The term “age-inclusivity” has recently come into use to describe the requirement to ensure that services are based on need, not on age, and that policies and plans address the needs of people across the age range. In practice this means that general adult psychiatry services are now more flexible and will keep on people they know well and are caring for appropriately, rather than expecting an individual’s 65th birthday present to be a transfer to older adult services (Royal College of Psychiatrists Working Group of the Faculties of General and Community Psychiatry and Old Age Psychiatry, 2004). The expertise and specialism of old age psychiatry lies in complex admixtures of physical and mental health problems, often complicated by social and psychological disadvantage, and this is now seen to be applicable to some people earlier in life. “Age-inclusivity” means that people’s mental health needs are important, regardless of age: people of all ages must have access to appropriate services with no rigid age-divide governing access, development, or level of funding. Service models developed for working aged adults, eg crisis intervention, home treatment teams, should not be the exclusive property of general adults services: there is a need to investigate how these sorts of service are best provided to older people.
Unfortunately some people have misunderstood this term, “age-inclusivity”, to mean that specialist old age services are ageist and need to be done away with. Recent documents produced by the Department of Health make clear that the vision for older people’s mental health is a vision of age-inclusivity coupled with access to properly resourced and designed specialist services.

Following on from the NSF-OP, in his report, Better Health in Old Age, Ian Philp wrote “further investment in specialist old age mental health services is required to provide care for those with greatest needs as well as providing advice and support to mainstream services” (Philp, 2004). Two more important documents, which specifically deal with older people’s mental health, have been published recently and merit study. Securing better mental health for older adults (Department of Health, 2005a) argues that age-inclusivity should be a cross cutting theme in policy development. Everybody’s Business, Integrated Mental Health Services for Older adults: a Service Development Guide, (Department of Health, 2005b) sets out in some detail the sorts of specialist services which older adults should have access to.

Both these documents argue persuasively and ably against age discrimination and put the case that older people should have access to the same range of services as younger people. At the same time each argues the need for specialist services addressing the particular and complex needs of later life which are the core business of older people’s mental health.

Age-inclusivity in mental health means that where older adults needs can be met by general psychiatry services then they should have access to them, and that, where people earlier in life have cognitive impairment or complex physical and mental health needs which are better met in old age psychiatry services, they should have access to them. It also means that services across the life span should be equally well resourced, developed and supported and that older people are included and appropriately prioritised in policy and service development. This is a vision we can all sign up to.

References


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