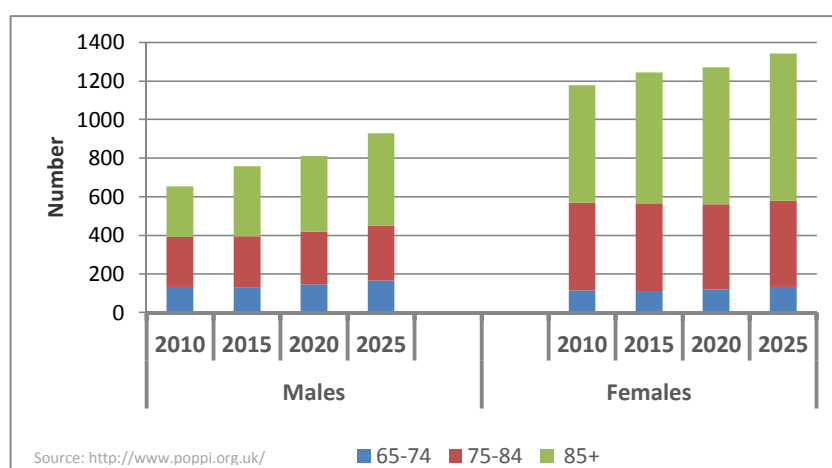


Older People's JSNA Factsheet : Mental Health

Summary

This factsheet covers mainly dementia and depression. Around 1800 people are estimated to have dementia in Southwark. Prevalence rises steeply with age. Under half of people with dementia over 65 appear to be recognised (on registers) with local GPs. Dementia may be a precipitating factor in admission, for example when the person forgets to take medication. The main reasons for admissions among people with dementia are preventable (falls and urinary and respiratory infections) and should be addressed. There is a local Dementia Strategy. A memory assessment service provides multi-disciplinary early intervention for people with suspected dementia. In 2009/10 service user and carers described confusing pathways, multiple assessments, delayed diagnosis and a general lack of awareness of dementia amongst involved professionals.

Figure 1: Number of people aged 65 and over predicted to have dementia by age and gender, projected to 2025, Southwark



Definitions

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO).

The local picture

Some mental health problems, notably dementia, are most common among older people. Older people with mental health problems are likely to have increased needs for care, particularly as conditions such as dementia may accompany physical frailty. This section focuses on dementia and depression.

Dementia

Dementia is a syndrome (a group of related symptoms) associated with progressive decline of the brain affecting many of the functions needed to sustain everyday life and self-care: Emotions, motivation and the capacity to cope in social situations are also affected.

Its onset may be quite slow and insidious and it is sometimes difficult to distinguish from depression. In many cases it is progressive and whilst it may be possible to manage at home in the early stages, it becomes more difficult as mental capacity diminishes. Dementia can impose enormous strain on carers.

Many cases of dementia go undiagnosed, particularly in its earlier stages: in March 2011 there were 752 people aged 65 + recorded on GP Disease Registers as being diagnosed with dementia, this was 96% of those with dementia of all ages. People with learning disability and stroke are at increased risk of dementia.

It is estimated that currently there are more than 1800 people aged 65 and over with some form of dementia rising to almost 2300 by 2020. The majority of people with dementia are over 65 but a minority have early onset dementia (see table) Under half of people with dementia over 65 appear to be recognised (on registers) with local GPs, slightly higher than the London figure of 37% of people with dementia are recorded on GP registers.

Table 1: Estimated numbers over 65 years with dementia (Source: POPPI)

Age group	2011	2015	2020
Men			
65-74	129	131	146
75-84	260	265	275
85 +	290	362	390
Total men	679	758	811
Women			
65-74	111	111	119
75-84	448	455	442
85 +	640	679	710
Total women	1,199	1,245	1,271
Total men and women	1,878	2,003	2,082

The following table shows the extent to which dementia is undetected in primary care by practice, using a range of prevalence estimates (low and high). Some practices do not even achieve rates of detection based on the low estimate.

Table 2: Expected versus actual numbers of overs with dementia, by practice in Southwark

Name of Practice	All over 65s as at 30.11.10	Expected prevalence of dementia high estimate +	Expected prevalence of dementia low estimate +	Actual numbers on register 2010/11
Forest Hill Group Practice	1524	134	19	22
Acorn Surgery	800	70	10	32
Lister Primary Care Centre	108	10	1	1
St James Church Surgery	307	27	4	3
The Aylesbury Partnership	1599	141	20	10
Camberwell Green Surgery	770	68	10	2
The Trafalgar Surgery	232	20	3	13
Falmouth Road Group Practice	712	63	9	7
Concordia Parkside Medical Centre	492	43	6	11
DMC Chadwick Road	635	56	8	20
Princess Street Group Practice	988	87	12	7
Queens Road Surgery	466	41	6	5
St Giles Surgery	327	29	4	4
Sir John Kirk Close Surgery	351	31	4	7
Elm Lodge Surgery	822	72	10	3
Old Kent Road Surgery	239	21	3	8
Dr Sinha	336	30	4	3
Penrose Surgery	340	30	4	7
DMC Silverlock	361	32	5	5
3 zero 6 Medical Centre	330	29	4	12
Bermondsey & Lansdowne	658	58	8	12
Manor Place Surgery	674	59	8	7

The Grange Road Practice	604	53	8	6
Borough Medical Centre	288	25	4	6
The Hambleton Clinic	280	25	4	31
Sternhall Lane Surgery	495	44	6	19
Park Medical Centre	567	50	7	8
Melbourne Grove Medical Practice	425	37	5	2
Lister Primary Care Centre	235	21	3	10
Albion Street Group Practice	749	66	9	12
Parkers Row Family Practice	529	47	7	4
The Villa Street Surgery	366	32	5	12
Blackfriars Medical Practice	432	38	5	5
The Gardens Surgery	569	50	7	2
Dulwich Medical Centre	622	55	8	39
Dr Doha	420	37	5	4
Nunhead Surgery	853	75	11	41
Surrey Docks Health Centre	392	34	5	4
The New Mill Street Surgery	319	28	4	1
East Dulwich Primary Care Centre	312	27	4	16
Avicenna Health Centre	340	30	4	1
Hurley/ Lister Primary Care Centre	323	28	4	15
Dr Lee	63	6	1	8
Dr Bradford	464	41	6	12
Lister Primary Care Centre	232	20	3	1
St Giles Surgery	485	43	6	22
Borough Medical Centre	96	8	1	32
Total	23191			

Note: + The prevalence of dementia is highly age- specific and rises steeply with age. The low estimate assumes an average prevalence of 1.25% which is the population prevalence rate in 65-69

years olds. The high estimate assumes an average prevalence of 8.8% which is the population prevalence rate in all over 65 year olds (range 65-90+). The low estimate is therefore a very conservative estimate.

Dementia may be a precipitating factor in admission, for example when the person forgets to take medication. In 2010/11 there were 774 admissions coded for dementia, and 98% of them were unplanned via A & E. Where the primary diagnosis was dementia the reason given for admission was falls, renal tract infections, respiratory infections. 30 patients were admitted on 3- 5 occasions . The estimated cost of this unplanned care was £2.5million.

Long term care is needed when remaining at home is no longer possible. The following table shows the breakdown of permanent placements by condition. Mental health conditions only result in a small number of placements. Often people with dementia first need social care in relation to physical ill- health or disability. Their dementia has a significant impact upon their need for further and ongoing support, and these figures do not show this. Older people with dementia appear to be significantly over represented within institutional care as opposed to community based provision. Social work staff and the care home providers estimate that the real proportion of those residents who may have some form of dementia is nearer to 70%.

Table3: Permanent placements of older people in Residential and Nursing Care for individual years, broken down by client group

All placements as at:	Primary Client Group	65 + Residential care	65 + Nursing care	65 + Total permanent placement
31/03/2011	Physical disability frailty and sensory impairment	256	227	483
	Mental health	25	27	52
	Learning disability	24	0	24
	Substance misuse	4	1	4
	Not allocated to client group	18	7	25
	Total	327	262	589

What we know works

Dementia can be prevented in middle age by addressing risk factors such as smoking, excess alcohol use, diabetes and hypertension. It is important to assess and diagnose people early through assessment (memory)clinics. NICE has produced an evidence based quality standard for people with dementia. The opportunity to participate in group cognitive stimulation therapy should be available in order to

optimise independence. Donepezil, galantamine and rivastigmine are recommended by NICE as options for managing mild as well as moderate Alzheimer's disease. Care should be coordinated between health and social care and the needs of the carers taken into account. The care plan should include support for activities of daily living through to joint decision making with the individual and carer and provision for end of life care when needed.

Local action

South London and Maudsley's (SLaM) Mental Health of Older Adults and Dementia Clinical Academic Group is commissioned to provide community mental health services for older people in Southwark through sector-based multi-disciplinary teams, in the north and the south of the borough. There is a local Dementia Strategy.

A memory assessment service provides multi-disciplinary early intervention for people with suspected dementia. The service offers comprehensive assessment, diagnostic and treatment functions for individuals experiencing mild to moderate cognitive decline consistent with an underlying dementia, regardless of age and who do not have an existing diagnosis of dementia.

Currently 73% of people with dementia who are eligible for a review in primary care actually receive one (QoF 2007/8). Fourteen percent (245) people over 65 were receiving social care for a mental health problem in 2007/8 (DH RAP return).

What still needs to be done

People may not receive a timely diagnosis, and when they do, the pathway to further support and advice was poor. When they did get help it was often too late. In the absence of more timely, planned support people seek help at times of crisis when the individual situation has deteriorated to the extent that residential, nursing home and in-patient admissions remain the only option.

User/Carer Views

During 2009-10 Southwark completed an exercise to obtain the views of a wide range of stakeholders on both the Older People's and Carer's Commissioning Strategies. Service user and carers described confusing pathways, multiple assessments, delayed diagnosis and a general lack of awareness of dementia amongst involved professionals. Other issues include:

- Lack of awareness of dementia
- Early diagnosis and access to services
- Support to remain at home and more information about available services
- Support of carers

Depression

Depression is less prevalent among older adults. Depression may however develop in later life as a result of a less active daily life and reduced social contacts, loss of job and family related roles and responsibilities, death of a partner, friends and family members; insomnia; having less money, ill-health or disability; anxiety about being able to cope or long term strain from being a carer for a disabled partner or family member.

Depression may also be associated with long term conditions such as cardiovascular disease or diabetes. If depression develops and does not resolve or is not treated it may seriously affect the person's ability to look after themselves. It may also be a gateway to other illnesses.

It is estimated that there are currently more than 2,100 people aged 65 and over with depression. About a third of these people will suffer severe depression. This figure is expected to rise to 2,550 by 2025.

Table 4: Disease Registers in primary care for mental health problems among the over 65s by gender (March 2011).

		Females	Males	
	All patients (total)	Aged 65 years +	Aged 65 years +	All over 65s as a % of total on registers
Registered patients	318236	13597	10513	7.6
Dementia	752	465	257	96.0
Severe mental illness	3406	279	198	14.0

Source: QOF 2010/11