Mental Health and Frailty: More Than Dementia

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What are the issues?

- High proportion of people with dementia and cognitive impairment
- Diagnosis rates vary considerably
- High rates of depression and other MH disorders
- Stigma, or some things seen as normal
- Multi-morbidity, polypharmacy, limited mobility
- Carers
- All frailty services need to be able to manage the needs of people with these problems
What are the principles of people’s mental health and physical health being managed together in frailty?

- Joined up care
- Patient at the centre
- Should not need to shuttle between services
- Services should communicate seamlessly or work together
- Management of MH needs must take into account the wider holistic care needs of the individual and vice versa
- Collaborative, including patient and carers
What are the challenges?

- Organisational boundaries
- Schism between physical healthcare and mental healthcare
- Lack of recognition of MH factors
- System can hinder ability to manage holistically
- People feeling overloaded
- Workforce – numbers, skills, lack of traditional specialists – need to look at new roles?
- Frail older people in crisis rarely end up in MH beds/services initially therefore are they less recognised by this part of the system?
Depression: True or false?

• The more depressed an older person is, the more likely he or she is to become frail.
  • True

• According to the Royal College of Psychiatrists, depression may affect 1 in 10 older people in the general community and 1 in 5 living in care homes.
  • False: 1 in 5 in community, 2 in 5 in care homes

• Royal College of Psychiatrists has estimated that 66% of older people with depression receive no help at all from the NHS
  • False 85%

• Fewer than one in six older people with depression ever discuss this with their GP
  • True
Suicide in older people

Graph 2: Suicide rates in UK by age group, 2014

Graph 2 shows that in the UK the age group with the highest suicide rate per 100,000 for all persons and males is 45-49 years, and for females is 50-54 years. This data also indicates a slight bimodal distribution (where there are two 'modes'/peaks in the distribution across the ages) with peaks in the mid-years and those aged over 85 years. The ONS mark rates calculated from fewer than 20
What examples do we have?

- Virtual Ward - Gateshead
- Hospital at home – Midlothian, Scotland
- REACT – Glamorgan, Wales
- RAID – originated in Birmingham

- BGS report to be published soon
- Third sector examples
- Keen to hear your examples