

# Mental Health and Frailty: More Than Dementia

Dr Karen Franks

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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?

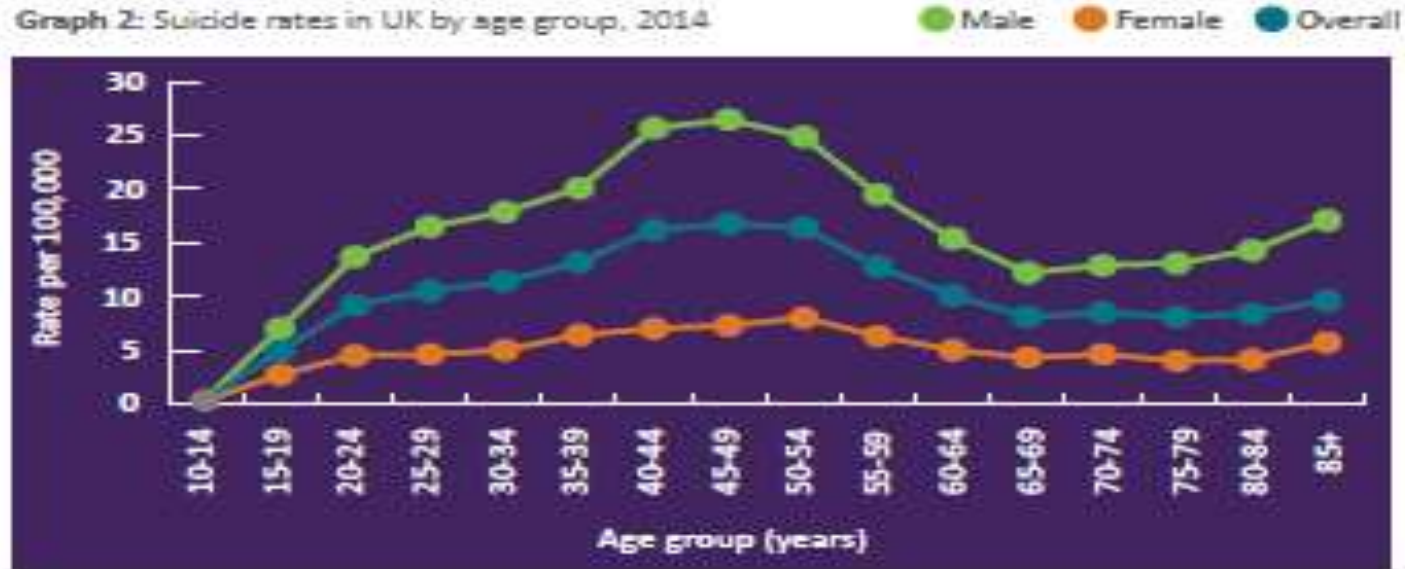
- Organisational boundaries
- Schism between physical healthcare and mental healthcare
- Lack of recognition of MH factors
- System can hinder ability to manage holistically
- People feeling overloaded
- Workforce – numbers, skills, lack of traditional specialists – need to look at new roles?
- Frail 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

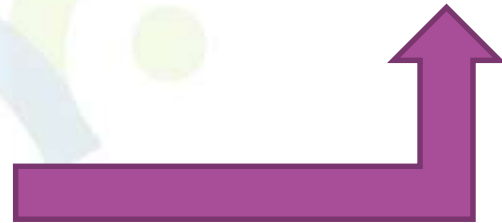
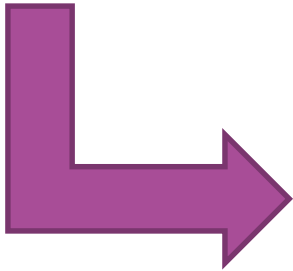
Graph 2: Suicide rates in UK by age group, 2014



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

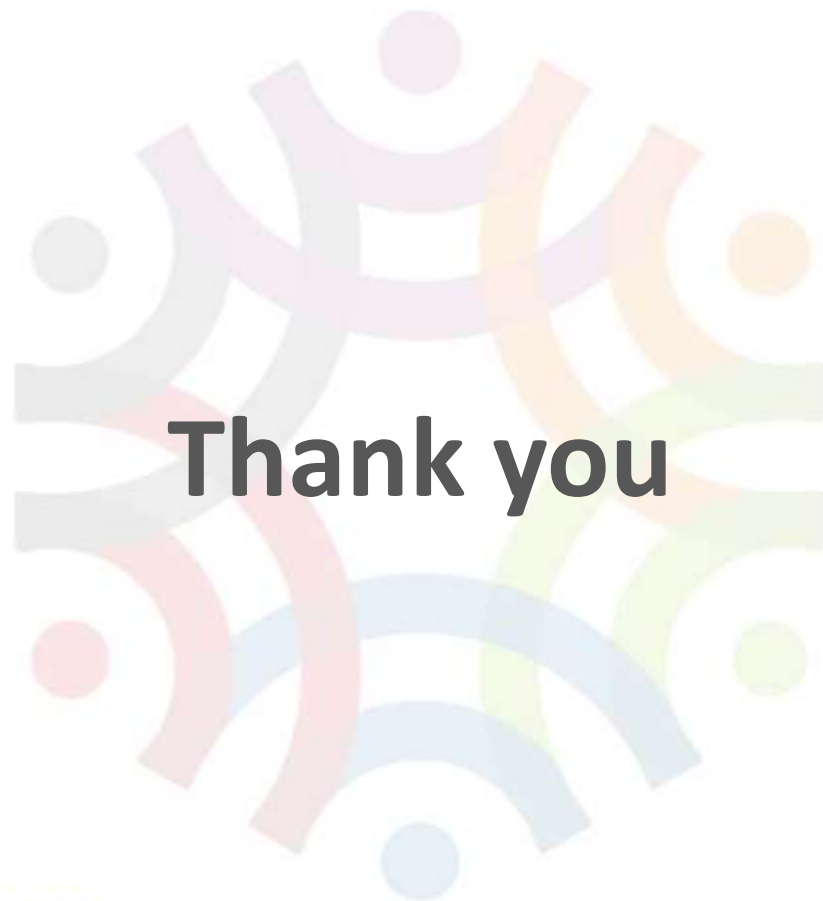
# What examples do we have?

- 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



involve consider assess respond evaluate





Thank you