

# Mental Health Services for Older People – National Overview of Services 2010

## Introduction

Mental Health Services for Older People (MHSOP) provide care and treatment for persons of 65 years of age and over who develop new onset functional mental illness, such as depression, and those with dementia who develop behavioural and psychological problems which require specialist intervention.

The over 65 years of age population in Ireland is currently 11% of the population and is due to increase to 25% by 2036, thus requiring additional services and service planning\*. Mental health service users of 65 years and over will have increasing mental and physical health needs as they age. In addition, existing service users who “graduate” to the over 65 years of age category will typically have complex healthcare needs. Dementia is the most common reason for admission to long-term care and it is estimated that 44,000 persons in Ireland have dementia and that this will increase to 104,000 by 2036. The dependency ratio in Ireland is projected to increase from 18% currently to 38% by 2041. All of these factors will increase the demand for age appropriate, accessible and integrated mental health and social care services. *A Vision for Change* recommended that there should be one Community Mental Health Team for Older People per general population of 100,000. This does not take into account the proportion of those over 65 years of age in a given super catchment area. A preferred standard would be one MHSOP team per 10,000 population of older people. *A Vision for Change* also recommended that treatment and services be provided to persons in their own home and community and take into account the support given by family and carers. This national overview of Mental Health Services for Older People reviews the current provision of services and the key issues identified by service providers.

In 2010 mental health services throughout the country were invited by the Inspectorate to complete a self-assessment questionnaire on the provision of Mental Health Services for Older People within their areas. In addition, a national meeting of providers of Mental Health Services for Older People was convened by the Inspectorate of Mental Health Commission and held in Dublin in November 2010. Of note, were the evident commitment, leadership and dedication of MHSOP teams who were motivated to

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\* CSO, Population and Labour Force Projections 2011-2041.

provide the best possible care to service users and their families, and their endeavors to develop community and domiciliary based services respectful of the needs of individuals despite restricted resources.

Information gathered from both self-assessment questionnaires and from presentations by providers of services at the meeting was used to form the substance of this report. A submission from clinical psychologists working with older people was also accepted by the Inspectorate and considered.

## **How Mental Health Services For Older People are provided**

There were 22 MHSOP teams in the country, all of which were under the direction of the Health Service Executive (HSE). St. Patrick's Hospital, James's Street, Dublin, Hampstead Private Hospital, Dublin, Highfield Private Hospital, Dublin and Bloomfield Care Centre, Dublin also provided Mental Health Services for Older People. Populations of the over 65 age groups varied from 10,200 in the South Tipperary catchment to 34,000 in the Dublin South East catchment. Mental Health Services for Older People were mostly described as specialist community based multidisciplinary mental health teams for older persons with dementia who developed behavioural and psychological problems which required specialist intervention and for persons who developed new onset functional mental illness over the age of sixty-five years of age.

## Specialist Mental Health Services for Older People (MHSOP) Community Mental Health Team

A *Vision for Change* recommended that Mental Health Services for Older People teams should operate through specialised Community Mental Health Teams (CMHTs) with one team per 100,000 population.

<b>One specialist MHSOP team per 100,000 population, comprising:</b>	<b>AVFC recommendation</b>
<b>Consultant Psychiatrist (with specialist expertise in MHSOP)</b>	<b>1</b>
<b>Doctor in training</b>	<b>1</b>
<b>Senior nurse manager</b>	<b>1</b>
<b>Psychiatric nurses</b>	<b>3</b>
<b>Clinical psychologist</b>	<b>1</b>
<b>Social worker</b>	<b>1</b>
<b>Occupational therapist</b>	<b>1</b>
<b>Mental health support workers/health care assistants</b>	<b>2</b>
<b>Administrator/secretarial support</b>	<b>Number not specified</b>
<b>Physiotherapy</b>	<b>Access</b>
<b>Creative/recreational therapists</b>	<b>Access</b>

## Mental Health Services for Older People – Community Team Staffing 2010

HSE Area	Population over 65 years	Consultant	NCHD*	Senior Nurse Manager	RPN**	Clinical Psychologist	Occupational Therapist	Social Worker	Care Assistant	Team Administrator/Secretary
<b>West</b>										
Donegal	18,000	1	1	1	5	1	0.5	1	0	-
Sligo/Leitrim/West Cavan/South Donegal	17,500	1	3	1	4	2 part-time	1	1	-	-
East Galway	14,000	1	2	0.5	4	0	1	1	0	1
Limerick	20,200	2	2	0	2.5	1	0	0.5	0	-
West Galway	16,500	1	3	-	2	1	0.6	1	-	-
Clare	14,000	1	1	1	3.5	-	1	1	-	1
Mayo	18,000	1	2	1	3	0.5	0.75	1	-	1.8
<b>South</b>										
South Lee	18,500	1.5	2.5	Part-time	3	1	1	0	0.4	1
Wexford	15,800	1	1	0.2	6	0.4	0.2	0.2	-	1
Waterford (including South Kilkenny)	14,997	1	2	0.3	3	0.2	1	0.25	0	-
South Tipperary	10,400	1	1	0.5	3	0	0.8	1	0	-
Carlow/Kilkenny/	16,290	1	1	0.2	2	0.1	1	0	0	1
<b>Mid Leinster</b>										
Dublin South City	18,816	2.5	3	0.2	3.8	1	1.5	1	0	2
Dublin South East	34,000	2	4	1	6	2	1.5	2	-	-
Dublin West /South West	21,000	2	2	Part-time	6	0	2	2	2	1
Laois/Offaly	14,750	1	2	0.75	4.57	0	0	1	-	2.4
Longford/Westmeath	14,000	1.5	2	-	4.95	-	1	-	-	-
<b>Dublin North East</b>										
Dublin North	22,109	2	4	1	3.5	0	1	0	0	1
North West Dublin/Dublin North Central	32,000	3.5	3	1	4	0	0.5	0	0	2
Meath	13,024	1	2	0	2	0	0	1	0	1
Cavan/Monaghan	14,800	1	2	-	3	0	1	1	0	-
Louth	14,265	1	2	1.25	2	0	0	1	0	1

\*Non Consultant Hospital Doctor (NCHD)

\*\* Registered Psychiatric Nurse (RPN) includes community mental health nurses and clinical nurse specialists. – indicates information not provided.

## **HSE West**

There were seven Mental Health Services for Older People teams operating in the HSE West region: Donegal; Sligo/Leitrim/West Cavan/South Donegal; Limerick; East Galway; West Galway; Clare; and Mayo. Areas which had no specialist services were Roscommon and North Tipperary.

### **Donegal**

The service was set up in 2008 and had a population of 18,000 persons over the age of 65 years which was 14% of the general population. The service covered the largest geographical area in Ireland with many service users burdened by poverty and isolation. The team comprised one consultant psychiatrist, one non consultant hospital doctor (NCHD), four Community Mental Health Nurses (CMHNs), one Clinical Nurse Specialist (CNS), one social worker, two (0.5 whole-time-equivalent) part-time senior psychologists and 0.5 WTE basic grade occupational therapist (OT). The team was based in Letterkenny. Most patients were assessed in their home and in outpatient clinics. There were no dedicated beds attached to the service. The service reported that it worked closely with community hospitals. The referral rate had increased in recent times. Waiting time was on average four days. The service had two dedicated dementia beds with access to respite beds. The service had no day hospital.

### **West Galway**

The geographical area comprised a mixture of urban, rural and island populations. The team comprised one consultant psychiatrist, two NCHDs, two CMHNs, one clinical psychologist, one social worker and 0.6 WTE OT post. The service regarded that it was fortunate in regard to retention of staff on the team. The population of persons over the age of 65 years in this catchment was 15,500. The service had access to in-patient beds in the Department of Psychiatry in University College Hospital and Merlin Park Hospital, the former, it was reported, being the largest hospital with no liaison services: it was reported that liaison consultation encompassed between 35-50% of the team's workload. The service facilitated an early memory impairment group. There were over 80 nursing homes in the catchment.

## **East Galway**

The population of persons over the age of 65 years in this catchment was 14,000. The team comprised one consultant psychiatrist, two NCHDs and had obtained a third CMHN post but needed a fourth. There was one social worker, one OT, one team administrator and no psychologist. The team had a dedicated physiotherapist. A memory clinic had been established and operated once a month. A community nursing unit, with 50 beds, had been built but was not yet commissioned. It was planned to open this unit early in 2011. There were poor transport networks throughout the catchment. There was no day hospital but a proposal to set up a “travelling” day hospital had been suggested by the team.

## **Mayo**

The population of persons over the age of 65 years in this catchment was 18,000 which was 14% of the catchment population. Eighty per cent of referrals were from the community and 20% were liaison psychiatry referrals. The team comprised one consultant psychiatrist, 0.75 WTE OT, one social worker, 0.5 WTE psychologist, three CMHNs, two NCHDs and one secretarial support. There were 12 dedicated beds in the dementia unit. It was reported that 4,000 persons in the north west of the county had no access to services. This cohort was covered by the general adult team who referred to the MHSOP team.

## **Sligo, Leitrim, West Cavan, South Donegal**

This team covered a large geographical spread but reported being fortunate in regard to retention of staff. The dedicated team co-ordinator was an Assistant Director of Nursing (ADON). There was one consultant psychiatrist, two NCHDs, four CMHNs, one senior OT and one basic grade OT attached to the day hospital. There was one social worker. There was no psychologist attached to the service. Equity of access to the service was unmet as there was only one day hospital for this large geographical area and in order to counter this, the service made good use of mobile clinics in attempts to reach all service users. There was no waiting list and referrals had doubled and reported to be heading steadily towards 500 referrals for 2010. The population of persons over the age of 65 years in this catchment was 15,518.

## **Limerick**

The population comprised 25% urban and 75% rural and 20,200 were over the age of 65 years. The service was based in St. Camillus's Hospital in Limerick and had four respite beds in that hospital. The service had two consultant psychiatrists, two NCHDs, 2.5 WTE CMHNs, one psychologist, 0.5 WTE social worker and no OT. The service had administration/secretarial support. The MHSOP team was under the remit of the Elderly Services rather than the Mental Health Services.

## **Clare**

The population of persons over the age of 65 years in this catchment was 14,000. The MHSOP team provided assessments in service users' own home or in 17 nursing homes. Clinics were provided at headquarters and in the county clinic in Killrush. The service had dedicated beds and nursing staff in the Department of Psychiatry, in the Midland Regional Hospital in Ennis. The service comprised one consultant psychiatrist, one NCHD, one ADON, 3.5 WTE CMHN and one OT. There was no psychologist attached to the service. A social worker was due to commence employment in October 2010. The service had no day hospital. Challenges were identified as the need to integrate and co-ordinate dementia care and to provide the same level of service to persons below the age of 65 years with dementia.

## **HSE South**

There were five Mental Health Services for Older People teams operating in the HSE South region: South Lee; Wexford; Waterford (including South Kilkenny); Carlow/Kilkenny and South Tipperary. Areas which had no specialist services were the entire super catchment area of North Lee, North Cork; and West Cork and Kerry had no specialist Mental Health Service for Older People.

## **Carlow/Kilkenny**

Referrals were assessed within a two week period, usually at home, however, there had been an increase of 50% in referral numbers and the service was considering providing more assessments in a clinic setting. More mobile and functional service users were assessed at clinics. The service operated in a rural area. There was no day hospital. The team was developing programmes to run in community centres. The population of

persons over the age of 65 years in this catchment was 16,290. The service comprised one consultant psychiatrist, one NCHD, a 0.2 WTE ADON, two CMHNs, one OT, 0.1 WTE psychologist and no social worker.

### **South Tipperary**

The population of persons over the age of 65 years in this catchment was 10,400. The team comprised one consultant psychiatrist, one NCHD, an administrator, three CMHNs, 0.5 WTE ADON, 0.8 WTE OT and one social worker. There was no psychology post. Acute beds were accessed in St. Michael's Unit, South Tipperary General Hospital in Clonmel. It was reported that the population of people with early onset dementia as small in number but vast in terms of complexity.

### **Wexford**

The population of persons over the age of 65 years in this catchment was 15,800. The team was based in Enniscorthy and the service provided community orientated assessments in outreach clinics in four towns. The service reported that under the Fair Deal scheme, it had lost four contracted beds. The service comprised one consultant psychiatrist, one NCHD, 0.2 WTE ADON, six CMHNs, 0.4 WTE psychologist, 0.2 WTE social worker, 0.2 WTE OT and one secretary. The service had access to six assessment beds in St. Senan's Hospital, Enniscorthy.

### **Waterford**

The service covered Waterford City, Waterford County and south Kilkenny and was based in Department of Psychiatry, Waterford Regional Hospital. The population of persons over the age of 65 years in this catchment was 15,000. The service had a dedicated Dementia Nurse. The service had no dedicated in-patient beds but had access to four beds in the Department of Psychiatry in Waterford Regional Hospital. The service comprised one consultant psychiatrist, two NCHDs, 0.3 WTE ADON, two CMHNs, had one OT and limited access to social work (0.25 WTE) and psychology (0.2 WTE).

## **South Lee**

The service was established in 2001 and had a population of 18,500 persons over the age of 65 years. The service covered an area of 32 square kilometres. The service comprised 1.5 WTE consultant psychiatrists, 2.5 WTE NCHDs, three CMHNs, one OT, one psychologist and one administrator/secretarial support. There was no social worker in the team. The service had no dedicated long stay beds and no dedicated respite beds. All nursing homes were generic. The service operated a memory clinic.

## **HSE Dublin Mid-Leinster**

There were five Mental Health Services for Older People teams operating in the HSE Dublin Mid Leinster region: Dublin South City; Dublin South East; Dublin West South West; Laois/Offaly; Longford/Westmeath. There were no specialist services attached to Dun Laoghaire and Wicklow; and Kildare and West Wicklow.

## **Dublin West/South West**

This team comprised two consultant psychiatrists, two NCHDs, two CMHNs, 2 WTE OTs and two social workers. The population had an age profile of persons over the age of 65 years at 21,000. The Fair Deal system had increased the number of referrals for assessment. It was reported that the service had a short waiting list with 90% of referrals being assessed within two weeks.

## **Dublin South City**

The service was established in 1991. Thirteen per cent (13%) of the catchment population (18,800) were over the age of 65 years. There was one multidisciplinary team comprising 2.5 WTE consultant psychiatrists, three NCHDs, 1.5 WTE OTs, one social worker, 1.8 WTE CMHNs, one psychologist, one clinical nurse specialist (CNS) and 0.2 WTE ADON. The in-patient beds were maintained in Jonathon Swift Clinic in St. James' Hospital. There were 36 admissions to this unit in 2009 and 1,800 CMHN reviews. It was reported that Fair Deal, in terms of Dementia with severe psychological difficulties, had not worked for the service. There was a lack of appropriate day centre care provision.

## **Dublin South East**

The catchment population of people over the age of 80 years was 12.9%. The population of persons over the age of 65 years in this catchment was 34,000. The service received an average of 800 new referrals every year. The service reported that it was reaching peak clinical activity and could no longer sustain the amount of referrals it was receiving. It was fortunate that retention of staff was high. There were 35 nursing homes in the catchment area excluding Bray. A number of educational programmes the service had undertaken were reported to have been well-received. The service was looking for a third consultant psychiatrist post and reported that it had not seen the commensurate increase in these posts in respect of the high population.

## **Longford Westmeath**

This service covered the above catchment and a small population of Meath. The team comprised 1.5 WTE consultant psychiatrists, two NCHDs, five (WTE) CMHNs, one OT, access to a psychologist for one day per month and no social worker. Referrals amounted to 300 to 400 per year. The population of persons over the age of 65 years in this catchment was 14,000. It was reported that the Fair Deal scheme had worked well for the service and had facilitated the orderly discharge of services in a timely fashion. The service had access to 45 long-stay beds in St. Loman's Hospital in Mullingar and had an average of 2-3 admissions to that hospital per year. There were no dedicated admission beds to the acute admissions unit in St. Loman's Hospital, Mullingar.

## **Laois/Offaly**

The population of persons over the age of 65 years in this catchment was 14,750. The team comprised one consultant psychiatrist, two NCHDs, 4.5 WTE CMHNs, 0.75 WTE ADON, two day hospital nursing staff and 2.4 WTE administrators/secretarial support. There was no OT and no psychologist attached to the service. There was no day hospital to cover the Offaly side of the service. It was reported that referral rates had increased and that it was being recognised that there was a reduced tolerance of clinical symptoms of dementia in nursing homes.

## **HSE Dublin North East**

There were five MHSOP teams operating in the HSE Dublin North East region: Dublin North; Dublin North West and Dublin North Central; Dublin North East: Louth; Meath; and Cavan/Monaghan.

### **Dublin North West and Dublin North Central**

The catchment population above the age of 65 years was 33,000. This was the first Mental Health Service for Older People developed in Ireland which was set up in 1989 from St. Brendan's Hospital and now extended to the Mater Misericordiae University Hospital, Connolly Hospital and Cappagh National Orthopaedic Hospital. Domiciliary assessments were carried out. There was a strong CMHN component to the team. The team was changing a number of NCHD posts to consultant posts. There were no health and social care professionals: OT, psychologists or social workers on the team. There were two day hospitals attached to the service. Six beds were accessed in St. Vincent's Hospital, Fairview. It was reported that the introduction of the "Fair Deal" system had been successful. Increasing pressure was anticipated in demands from the liaison service and rapid response.

**Dublin North** There were 368 service users currently on the case load. Fifty three per cent (53%) of service users were seen in their homes and three clinics in Beaumont Hospital, Rush and Swords. The catchment population above the age of 65 years was 22,109. There was one OT in the team but no other health and social care professionals were represented. Access to psychology had ceased since April 2010. A new psychologist was reported to be commencing employment soon. There were limited resources and no team base. The lack of a team base impacted negatively and made for difficulties in a number of ways, including, file maintenance, communication within the team, facilitating the administrative duties of all team members, having a venue for team and family meetings and for education. The team comprised two consultant psychiatrists, four NCHDs, one ADON, 3.5 WTE CMHNs. The service operated between Beaumont Hospital and St. Ita's Hospital, Portrane. In order to hold family meetings, space had to be found with difficulty. There were no day hospitals in this service. Long stay wards in approved centres did not accept admissions. Out of more than 860 nursing home beds in the sector only 16 beds were allocated to Dementia. It was reported that 40% of referrals were seen within two weeks, 60% within four weeks.

## **Cavan/Monaghan**

The catchment population above the age of 65 years was 14,800 and was largely, rural-based. Twenty six point nine per cent (26.9%) were above the age of 80 years and 31.2% of this cohort lived alone. Long-term beds were maintained in St. Davnet's Hospital, Monaghan, which provided for both dementia and functional illnesses. A seven-day service was provided which cut down on the number of acute admissions. The details of the breakdown of the multidisciplinary team were not provided by the service although it was reported that there was no clinical psychologist on the team.

## **Louth**

It was reported that since 2008 there was no psychology or OT input into the team. The team comprised one consultant psychiatrist, two NCHDs, 0.25 WTE ADON and one social worker. There were no dedicated in-patient beds. Admissions were directly into the acute admissions ward in St. Brigid's Hospital, Ardee. There was no day hospital facility. There were 310 referrals to the service in 2009. It was envisioned that this number would increase for 2010. It was hoped by the service that the long stay wards in St. Brigid's Hospital, Ardee, might provide dedicated acute beds in the future. The catchment population above the age of 65 years was 14,365.

## **Meath**

The population of persons aged over 65 years in this catchment was 13,024. The team comprised one consultant psychiatrist, two NCHDs, two CMHNs, one social worker and one clerical officer. The service had access to four beds in the Department of Psychiatry, Our Lady's Hospital, Navan General Hospital. The Cognitive Assessment Clinic was reported to diagnose dementia at an early stage. Nursing staff on the team also ran an educational programme for staff at Navan General Hospital.

## **St. Patrick's Hospital, Dublin**

St. Patrick's University Hospital provided Mental Health Services for Older People. It had a dedicated 33-bed in-patient unit with an average length of stay at 34 days. The team comprised one consultant psychiatrist, three NCHDs, one general practitioner (GP) trainee and a CNS. There was a full multidisciplinary team, including a pharmacist.

The service operated a memory clinic, single day outpatient assessment, a psycho-educational programme called the Green programme and a diversional twilight programme to keep service users occupied. The service also extended out to the Dean Clinics. A deficiency identified by the service was the lack of domiciliary visits and a lack of community-based staff such as CMHNs.

## Discussion

The following information was gathered from the 22 completed self-assessments.

All 22 self-assessments sent to the super-catchment MHSOP were returned to the Inspectorate. St. Patrick's Hospital, Dublin received no self-assessment from the Inspectorate and were invited to attend the national overview meeting.

*A Vision for Change* recommends (Recommendation 13.7) that “physical resources essential to service delivery, acute beds and continuing care, service headquarters, community-based and day facilities should be provided for MHSOP within each sector”.

*A Vision for Change* recommends that Mental Health Services for Older People should operate through specialised Community Mental Health Teams (CMHTs) with one team per 100,000 population and that a total of 39 such teams should be in operation nationally. The current number of 22 teams and the MHSOP team in St. Patrick's Hospital, Dublin, falls far short of this target. In the teams that do exist the number of health and social care professionals such as psychologists, social workers and occupational therapists are far short of the agreed recommendation per CMHT.

82% of services reported that they had a service headquarters; 95% of services reported access to acute beds and continuing care beds; 50% of services reported having no day care / centre facilities.

All MHSOP teams reported having access to acute assessment and treatment beds, but only 36% had access to an allocated number or having dedicated acute assessment and treatment beds. Please see below table:

<b>MHSOP teams having availability of acute assessment and treatment beds</b>	<b>Number allocated dedicated patient beds</b>	<b>of or in-</b>	<b>AVFC recommendation</b>
<b>Clare</b>	<b>5</b>		<b>8</b>
<b>Limerick</b>	<b>6</b>		<b>8</b>
<b>Carlow/Kilkenny</b>	<b>4</b>		<b>8</b>
<b>Meath</b>	<b>4</b>		<b>8</b>
<b>Cavan/Monaghan</b>	<b>7</b>		<b>8</b>
<b>Dublin South East</b>	<b>10</b>		<b>8</b>
<b>Dublin South City</b>	<b>9</b>		<b>8</b>
<b>Dublin North Central and Dublin North West</b>	<b>6</b>		<b>8</b>

Four specific questions asked of each MHSOP by the Inspectorate:

*What opportunities do you provide for carer support, education and feedback?*

Although all services provided carer support directly in relation to patient care and treatment, not all services articulated how proactive they were in supporting Carer's Groups or in indicating that they viewed carer support as a key function.

*How does your service deliver a recovery approach to care?*

Most services expressed that solid attempts were made to try to empower the patient to reach an optimum level of functioning for as long as possible. A number of services did not answer this question.

*Does your service use multidisciplinary team (MDT) care plans?*

Sixty-eight per cent of services indicated that they used MDT care plans.

*Are domiciliary interventions provided by the MHSOP team?*

Twenty teams indicated that domiciliary intervention was a major part of service provision. One team (South Lee) indicated that it carried out domiciliary interventions but to a limited degree due to a large geographical area and few staff numbers. Dublin South City provided domiciliary follow-up where patients were unable to attend out patients.

The table below is representative of the four specific questions asked of each MHSOP by the Inspectorate:

<b>MHSOP Service</b>	<b>Provides opportunities for carer support</b>	<b>Recovery approach</b>	<b>MDT Plans</b>	<b>Care</b>	<b>Domiciliary interventions</b>
<b>Donegal</b>	√	√			√
<b>Sligo/Leitrim/West Cavan/South Donegal</b>	√	√	√		√
<b>Limerick</b>	√	√	√		√
<b>East Galway</b>	√	√	√		√
<b>West Galway</b>	√	√	√		√
<b>Mayo</b>	√	√			√
<b>Clare</b>	√	√	√		√
<b>South Lee</b>	√		√		
<b>Wexford</b>					√
<b>Waterford (including</b>	√	√	√		√

MHSOP Service	Provides opportunities for carer support	Recovery approach	MDT Plans	Care	Domiciliary interventions
South Kilkenny)					
South Tipperary	√	√	√		√
Carlow/Kilkenny	√	√	√		√
Dublin South City		√	√		
Dublin South East	√				√
Dublin West South West	√	√	√		√
Laois/Offaly	√	√			√
Longford/Westmeath			√		√
North Dublin	√	√			√
Dublin North Central and Dublin North West	√				√
Louth	√	√	√		√
Meath	√	√	√		√
Cavan/Monaghan	√	√	√		√
St. Patrick's Hospital	-	-	-		-

**Key issues that were identified by service providers included:**

a. **Access to acute and long-stay beds:** The MHSOP teams generally considered that the Fair Deal nursing home scheme made for more transparent and equitable access to and provision of nursing home beds. An apparent consequence of easier access to nursing home beds for all and the Health Information and Quality Authority (HIQA) capping of the number of dementia beds in nursing homes was that it made for

difficulties placing those with dementia. It was anticipated that this might cause a blockage in acute beds in the future. Additionally, the lack of designated acute beds for those aged 65 years of age and over in approved centres made it difficult to provide appropriate care for all residents. Some catchment areas reported having no access to long-term beds. The participation by senior nursing personnel in Local Placement Fora was deemed beneficial and effective in securing appropriate placement for residents. Concern was expressed about the HSE's ability to fund the Fair Deal scheme on an ongoing basis.

**b. High demands of liaison services:** All MHSOP consultants liaised with Medicine for the Elderly colleagues in general hospitals both in relation to medical education and patient care. In the larger tertiary general hospitals, generally approximately 60% of patients were over 65 years of age. The demand to provide liaison services to general hospitals for those aged 65 years constituted a significant part of the work for MHSOP consultants. In one catchment area the MHSOP consultant had limited the liaison service provision to those over 75 years of age. The issue of who provides liaison service will need to be addressed.

**c. There has been a major expansion in the numbers of nursing homes throughout Ireland, for example there were 40 nursing homes in the East/West Galway catchment areas.** MHSOP teams provide significant input and follow up to their patients in nursing homes. The expertise and support provided by MHSOP team in relation to dementia care and the management of behaviour and the appropriate use of anti-psychotic medications is important for optimal care.

**d. Social capital is clearly linked to mental and physical wellbeing<sup>†</sup>.** The majority of older people in Ireland live at home and approximately a third of one person households are currently occupied by persons over 65 years of age. It is projected that by 2021 a third of those over 65 years will live alone. In some catchment areas a high proportion of older people currently live alone. In addition, in many rural catchment areas the MHSOP team is required to deliver home-care and domiciliary services across a wide geographical area. Geographical spread is one of the reasons why the service norm in the United Kingdom is for one MHSOP team per 8,000 population of 65 years and over in rural areas. The provision of social care services such as home help provides a significant social contact for many and benefits mental health. The mental healthcare of older people cannot be divorced from social care and socio-economic circumstances. Several MHSOP teams reported concern about recent budgetary cuts in the provision of home help services and the negative impact on their patients. MHSOP teams identified

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<sup>†</sup> Institute of Public Health, 2003.

a need for more mobile clinics to deliver services to older persons in rural areas. MHSOP teams also voiced concern about the resourcing of services to address elder abuse.

e. **Inadequate resources limit service provision.** Several catchment areas had no MHSOP team. MHSOP teams in general did not have adequate multidisciplinary staffing. The majority of MHSOP teams did not have access to a day hospital or day centre and most were limited in their scope for the provision of home-based care. The lack of a team base and administrative support was a cause of concern and did not support clinical documentation and timely communication between health care agencies.

## **Conclusion**

The biggest challenge to the delivery of Mental Health Services for Older People is the fact that this population is projected to double in size by 2036 and adequate service planning and resource allocation is required. Currently mental health services for older people in Ireland are under resourced. Some catchment areas have no Mental Health Services for Older People and the Alzheimer's Association of Ireland state that one in five carers experienced a delay of two years or more in getting a diagnosis after the emergence of symptoms. MHSOP teams are not adequately staffed with health and social care professionals. There is an urgent need for access to both acute and long-stay designated beds. The motivation and commitment of MHSOP teams was evident from both written and oral presentations. Scarce resources impact to narrow a focus to urgent and high priority cases and do not support a broader psychosocial perspective and efforts to engage with families and carers, voluntary groups, education, prevention and health promotion.

## Recommendations

1. All MHSOP community mental health teams should be fully-staffed in line with *A Vision for Change* recommendations.
2. There should be one MHSOP team per 10,000 population of 65 years of age and over.
3. All MHSOP teams should have front-line administrators/secretarial support to ensure maintenance and management of clinical correspondence and documentation.
4. Acute designated beds and continuing care beds should be provided for the over 65 year old population.
5. Community-based and day facilities should be available to all Mental Health Services for Older People.