Profile of Older People with Mental Illness – Myths and Perceptions

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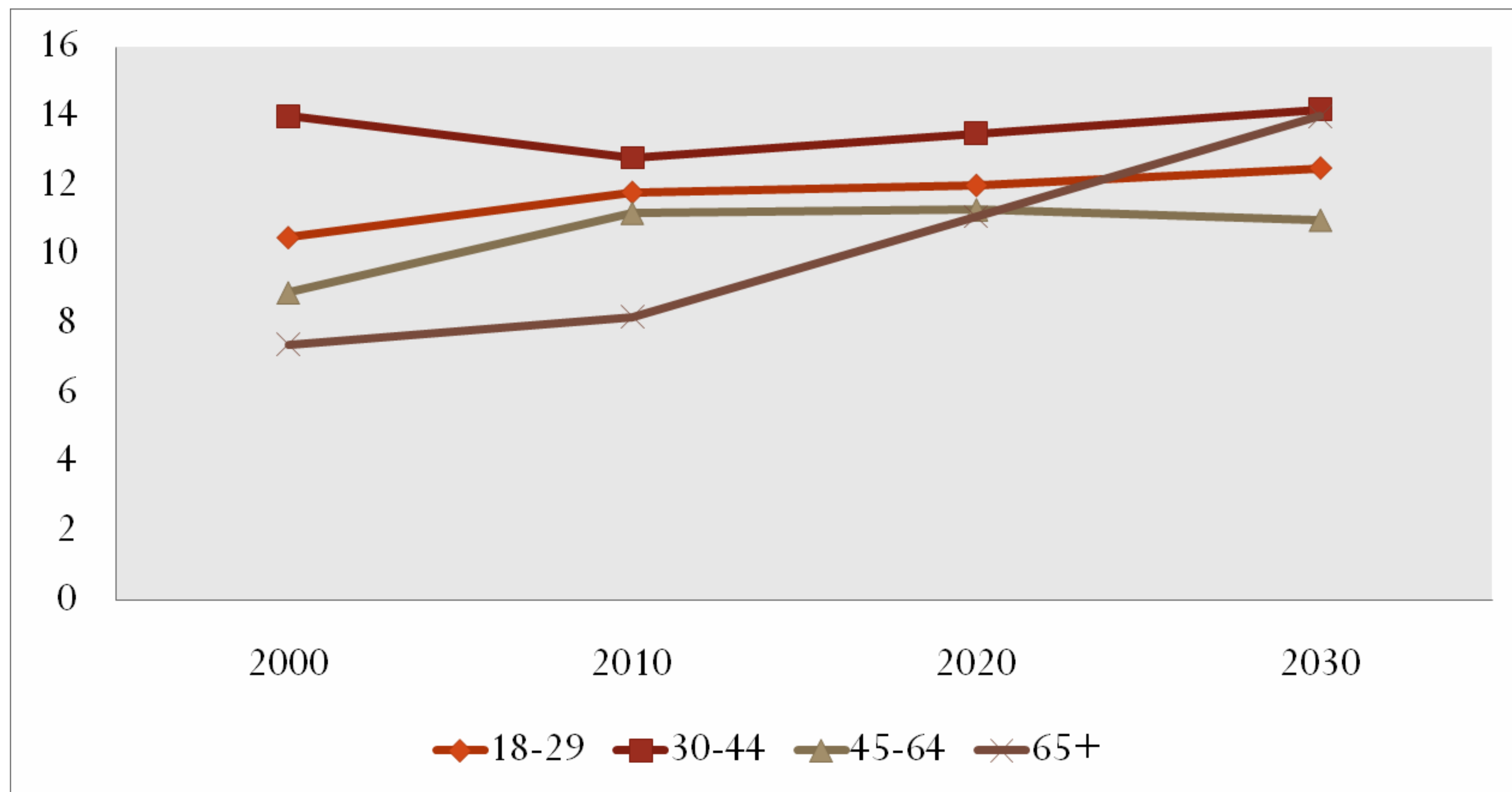
Estimated Prevalence of Major Psychiatric Disorders by age-group

Bartels 2003



Old Age and Mental illness

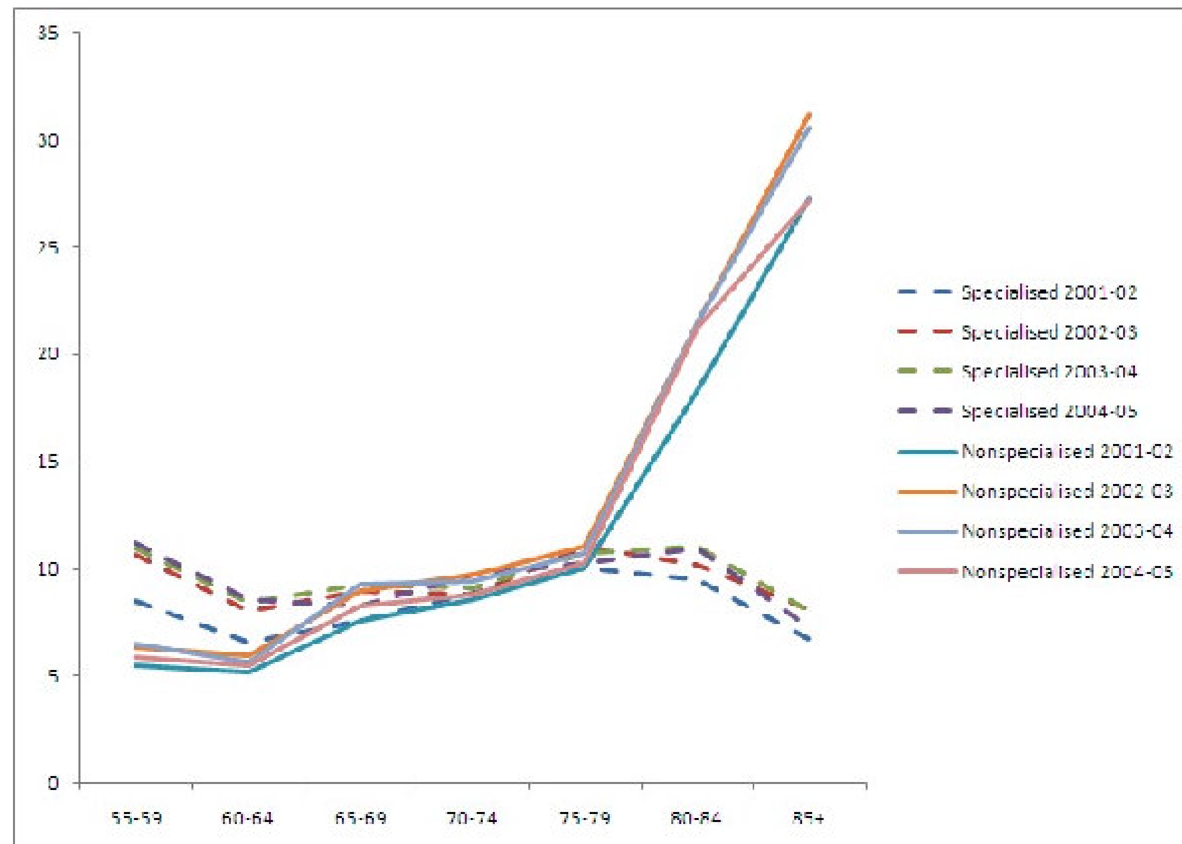
- Old age is often the period of life that people report the lowest rates of mental disorders
- Most older people adapt very well to the ageing process
- Physically healthy older people have low rates of mental illness and high rates of life satisfaction

Needs of the 'Old' old (75+) and 'Young' old (under 75)

- Traditionally 65 has been regarded as the age a person graduates to 'old age'. These days people aged 65-75 have few health & functional differences to those aged 55-65
- Due to their frailty and medical comorbidities the style of intervention to the 'old' old differs from the 'young' old age by requiring increased attention to
  - geriatric syndromes,
  - functional status,
  - comprehensive geriatric assessment and,
  - multimodal intervention (Blazer, 2000).

Specialist Psychiatric & Non-specialist Hospital care for Mental Disorders 2001-5

(Draper & Low, 2010)



Early Onset Chronic Psychiatric Disorders

Schizophrenia, Bipolar Disorder, Depression

- Ageing is often associated with a decrease in the acuity of psychotic illnesses and improved self-management
- However years of serious mental illness are often associated with poor social networks, limited family supports, limited finances
- Physical health is affected – shorter life expectancy, high rates of obesity, diabetes, cardiorespiratory disorders (smoking)
- High rates of mild cognitive impairment
- ‘Prematurely ageing’

Late onset psychiatric disorders

Depression, Bipolar disorder, Psychoses

- Often have organic (especially neurological) factors in their aetiology;
- Sensory and functional impairments common
- May be associated with mild cognitive impairment
- Can be a prodrome to dementia over the subsequent 3-5 years
- Usually recurrent disorders, sometimes chronic & unremitting

Risk Factors for Depression in Late Life - Physical Health

- Main risk factor for depression
- Increased risk with number of illnesses and illness severity
- Neurological disorders particularly important
- Mild/moderate depression most common outcome of physical health related disorders – but less severe depression may amplify functional impairment

(Blazer et al 1991, Beekman et al 1997, Prince et al, 1997)

Risk Factors for Depression in Late Life - Disability

- More important than physical illness (Prince et al, 1997)
- Chronic pain (Geerlings et al, 2002)
- Loss of independence
- Burden on family

Needs of Older People with Mental Illness

- Adequate service planning requires an understanding of the needs of the target population
- Needs include those related to physical and mental health, accommodation, food, finances, social and personal relationships.
- Needs can been differentiated into met or unmet needs – not all unmet need can be met
- Emerging evidence indicates that meeting patient-rated unmet needs should be the starting point for mental healthcare (Slade et al 2005)

Needs assessment – the CANE

- Camberwell Assessment of Need for the Elderly (CANE) is a standardised needs assessment tool derived from the CAN
- It has 24 items covering the full range of needs
- The tool includes the views of consumers, carers and service providers
- We used the CANE on 97 mental health patients aged 50 years and over (53 aged 65+) in South East Sydney (Futeran & Draper)
- Tellingly, only 11 had carers available to complete their section

Needs of People aged over 50 with Chronic Mental Illness in South East Sydney

(Futeran & Draper)

	Patient (n = 97)		Key Worker (n = 92)		Researcher (n = 97)	
Types of Needs on CANE	Needs per patient	Met (%)	Needs per patient	Met (%)	Needs per patient	Met (%)
Home /Food	1.0	81	1.1	70	1.2	70
Medical	2.2	96	2.2	95	2.4	94
Psychiatric	1.4	83	2.0	84	2.1	86
Social	0.8	42	1.2	33	1.3	34
Financial	0.3	100	0.4	97	0.4	98
Total	**5.8**	**83**	**7.5**	**77**	**7.7**	**76**

Type of Mental Illness & Needs

(Futeran & Draper)

	Researcher rated CANE		Key Worker rated CANE		Patient rated CANE	
Diagnosis	Needs per person	% met Need	Needs per person	% met Need	Needs per person	% met Need
Schizophrenia (N = 50)	7.8	70%	7.0	69%	5.7	78%
Schizoaffectve disorder (N = 10)	7.9	80%	7.6	79%	6.3	85%
Bipolar disorder (N = 14)	7.6	88%	7.3	86%	5.6	91%
Unipolar depression (N = 23)	7.4	79%	7.3	82%	5.9	85%

Summary

- Older people with chronic serious mental illness
  - Have around **a third** of their **social** needs being met
  - Have about **two thirds** of their **accommodation/food** needs being met
  - **Underestimate** their level of need by around **25%**
  - People with **chronic schizophrenia** seem most at risk

How can we reduce the level of unmet need?

- Better advocacy to assist this marginalised group
- Better identify the full range of needs of older people with chronic mental illness
- Most unmet need is social and functional & could be met with appropriate services
- Remove barriers to those with mental illness being able to access aged care services to meet these needs
- Develop partnerships between service providers, carers and consumers

Thank you…….

Any questions?

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