CPSYCHI
COLLEGE OF PSYCHIATRISTS OF IRELAND

Mental Health Services Required for Older People in Ireland

Position Paper

EAP /02/25 Approved by Council October 2024

Contents

	Page
Executive summary	4
Background	5
Issues to be addressed	5
Development of position statement and contributions	6
The origins and specialism of Psychiatry of Old Age teams in Ireland	6
The slow pace of development	7
Greater integration of Psychiatry of Old Age Services with other teams	8
A case for the development of a National Clinical Programme for Mental Health Services for Older People	9
Urgent and necessary actions proposed by the Psychiatry of Old Age Faculty	9
Conclusion	10
References	10

Mental Health Services Required for Older People in Ireland

as envisaged in the

HSE Integrated Clinical Programme for Older People (ICPOP) Model of Care

Executive Summary

The Faculty of Psychiatry of Old Age in Ireland has been advocating for the development of Mental Health Services for Older People as envisaged in the Model of Care[1] under the national HSE Integrated Clinical Programme for Older People (ICPOP), published in 2019. However, the pace of development has been very slow and insufficient to meet the challenges posed by the demographic shift and an ageing population.

This Psychiatry of Old Age (POA) faculty position paper highlights the need to develop these services in tandem with other services for older persons if the goals of integration and meeting the complex needs of this patient population are to be achieved.

Key actions required urgently:

1. **An urgent gap analysis of Psychiatry of Old Age services** in reference to the Model of Care[1], the costing of the developments required and clearly identified governance structures with the responsibility of implementation of the necessary developments.
2. **Development of a National Clinical Programme for Mental Health Services for Older People** with protected identified funding to implement the Model of Care for Mental Health Services for Older Persons[1].
3. **A National Clinical Lead, regional co-ordinators/clinical directors and appropriate structures and support**. The National Clinical Programme (above) should have appropriate structures including a National Clinical Lead, who should be a specialist (consultant) old age psychiatrist, and regional co-ordinators/ clinical directors with a remit to monitor and manage service gaps and oversee the development and integration of Mental Health Services for Older People. The programme should have adequate administrative support at each level.
4. **Population reference criteria incorporating relevant policies and data**. The population reference criterion for all future POA service planning, development and monitoring (KPIs) to be guided by the Model of Care[1] and the College of Psychiatrists of Ireland Workforce Planning Report 2013-2023[12]. This would mean a POA service for 8,000 to 10,000 older adults depending on the geographical spread of the population.
5. **Shared ICT systems** across acute hospital and community services.

Background

The Model of Care under the National Integrated Clinical Programme for Older people (ICPOP) Part 2[1] was developed in 2016 and formally launched in 2019. This was to guide the development of Mental Health Services for Older Persons in tandem with the geriatric medicine services to continue to meet the needs of this growing population. This document acknowledged and highlighted the need for the reference population for service development to one Psychiatry of Old Age (POA) team per 10,000 adults over 65 years of age. It also advocated for greater resources where there is a greater geographical spread and the need for flexible assertive outreach approach to care, including Domiciliary Visits where required, based on the older persons needs and place of residence. It clarified how the mental health policy document, A Vision for Change[2], published in 2006, did not fully address the service requirements of a population whose needs were complex. These services needed to be delivered in a flexible manner, making the model of service delivery particularly unique to the specialist Psychiatry of Old Age (POA) teams which deliver these services. The Sharing the Vision Implementation Plan advocates for the funding for POA services to be aligned with the Model of Care which advocates strongly for the development of POA liaison services in acute hospital.

In the same year, the Mental Health Commission of Ireland undertook a countrywide survey of these services and published its findings in 2020[3]. It concluded that there were only 43 specialist POA teams in Ireland. The average staffing level of these teams was 54% of what had been recommended. There was an alarming under provision of acute beds, day hospital places and continuing care beds and a dearth of old age psychiatry liaison teams in acute hospitals across the country.

The reference population for POA services in the A Vision for Change[2] was per 100,000 population. The Mental Health Services Key Performance Indicators (KPIs) are still based on this population reference which ignores the demographic shift and complex needs of older persons. This demographic change has necessitated increased budgetary allocations for older persons services across the country [8-10]. ICPOP and Dementia Services are being developed in response to this need with budgetary allocation, but limited funding has been allocated for the implementation of the Specialist Mental Health Services for Older People Model of Care[1] and there is no National Clinical Programme with a remit for its implementation.

Issues to be addressed

- Highlighting the role and purpose of Psychiatry of Old Age teams in Ireland.
- The need for development of Psychiatry of Old Age in line with the Model of Care[1] and in tandem with the developments in other services for older persons so clinical integration can be achieved.
- The need for a National Clinical Care Programme with the remit of the development of Specialist Mental Health Services for Older People in line with the Model of Care[1] with protected funding and governance Structures.

Development of position statement and contributions

The POA Faculty of the College of Psychiatrists of Ireland held its residential meeting in Athlone on January 18, 2024 to have a focused discussion on the larger context within which the speciality exists and how it could develop more integration of psychiatry for older people with the primary care teams, geriatric medicine, general hospitals and other mental health services.

A group of 22 consultants and higher specialist trainees were in attendance from all over the country. The need for integration was acknowledged and the barriers in its path were discussed. Formal presentations were made by Professor Geraldine McCarthy, Professor Elaine Greene from St James's Hospital and Dr Catherine Dolan, Sligo Leitrim Mental Health Services addressing the avenues and models of integration. A guided discussion took place between the faculty members about their experience of integration and perceptions of it.

The position statement was developed from its first draft circulated to the faculty, to its current and final stage through several rounds of the wider faculty consultation and input. The faculty members then met to finalise and formally endorse it on May 2, 2024. The statement was circulated to College faculties for their feedback and the Council of the College then formally approved it on 3rd October, 2024.

The origins and specialism of POA teams in Ireland

The need for specialist skills in the management of mental disorders in older adults was first realised in national policy in the late 80's [4,5] and the very first services were established then. The vision for the initial developments appeared to be the creation of **specialist services which were truly accessible** for the patients with the capacity to deliver specialist care where the patient was residing, i.e. in their homes, nursing homes or at a local community clinic. For the most part, POA remains unique among secondary care teams, in that its model of service delivery and accessibility for older persons remains a pivotal principle. The service delivery model for the majority of POA teams in the country is flexible and fluid, depending on the needs of the service users.

Where the core **clinical remit** for all POA teams is the multidisciplinary and multimodal management of new presentations of major mental illness in people over 65 years of age and the management of non-cognitive symptoms of dementia, the clinical specialty has evolved over the years in response to the needs of local populations making the individual teams different from each other in the wider scope of service delivery. In addition to their main role, some teams have developed formal integrated care pathways and services for people with complex medical and psychiatric needs including integration with local ICPOP teams. Many help to manage the psychiatric sequelae of neurological conditions. Some teams have been running memory clinics for early diagnosis of cognitive disorders while other POA teams co-lead on integrated Memory Services with geriatric medicine, older persons and neurology colleagues, in line with Model of Care for Dementia in Ireland (2023).

Psychiatry of Old Age consultant liaison services where available, offer their expertise in the management of psychiatric presentations in acute hospitals. Many POA teams provide consultant liaison input to the local hospital without specific funding for this additional service.

Multidisciplinary management means that alongside appropriately prescribed evidence-based treatments delivered by trained doctors and nurses, a patient is helped on their path to recovery by a range of professionals who specialise in optimising functioning (occupational therapy), maintaining financial and social independence (social work) and, where indicated,

talking therapies (psychology). The care management starts with a comprehensive assessment accounting for all of the patient's mental and physical needs and recovery goals are agreed with the patients and their carers. The POA teams run therapeutic groups for patients and liaise with a range of services to improve the patient's quality of life in their own social context.

Since their inception, the POA teams have been looking after the **complex needs of those living with dementia.** These patients are seen in the community, acute hospitals, residential care facilities and nursing homes in Ireland. Diagnosis, carer education and support, linkage with post diagnostic dementia supports and facilitating staff training and education in nursing homes and hospitals are among the usual business of POA teams.

Like other medical specialities, POA teams have a responsibility for **training and education** of students, undergraduate and postgraduate doctors (in psychiatry and related medical specialties) and other staff. In addition to that, many old age psychiatrists regularly give education and information to carers on their local Alzheimer's Society platforms such as day centres and memory cafes.

In the few **acute hospitals**, where POA liaison services have been developed, these provide specialist input into the management of a wide range of psychiatric presentations in medical settings.

The speciality, the post graduate training program and the division of the specialist register of the Medical Council of Ireland is called Psychiatry of Old Age. Nonetheless, local mental health services that provide mental health care to older adults may have different titles, such as Psychiatry of Later Life, Mental Health Services for Older People and Psychiatry of the Elderly.

The slow pace of development

The POA faculty observed that the slow pace of development of its teams and their capacity is **the biggest barrier to integration** with other services for older persons. Since the inception of National Integrated Care Programme for Older Persons, in line with the principles of Sláintecare, there has been a welcome and remarkable improvement in the organisation and resourcing of geriatric medicine. New teams have been developed, coordinated by the Integrated Care Programme for Older People (ICPOP) leads in each county. What was always hospital-based medicine, has now made a much needed way into the community in form of the multidisciplinary ICPOP teams. The emergency response teams and hospital specialist inpatient teams are being developed.

Enhanced Community Care initiative has seen the development of Community Intervention Teams and organisation of primary care teams into the Community Health Networks. Advanced Nurse Practitioners (ANPs) with the remit of dementia and those with a remit of falls and frailty have been appointed in acute hospitals.

In comparison, using the National ICPOP Model of Care for Specialist Mental Health Services for older people[1] and the Workforce Planning 2013- 2023 by the College of Psychiatrists of Ireland[12] as a reference, there are 43 POA teams nationally when there should be 78 to 86 for the 776,315 adults over 65 years of age, as per census 2022. Developments (to date) in POA under this model have seen four demonstration sites for the implementation of nursing home liaison and POA hospital liaison staff added to existing teams with partial funding provided for each site.

The faculty members from around the country observed that this mismatch of pace means that the expectations of all these teams for the availability of appropriate mental health services input for their patients cannot be met and agreed care pathways to allow timely access cannot be adequately developed. It also impacts recruitment and retention of staff.

Greater Integration of POA services with other teams

Fig. 1 presents a non-exhaustive list of various teams and agencies which require the input of POA teams.



Fig. 1

The faculty noted that in several areas where organisation and staffing levels are better, there are **examples of successful integrated working**. Some POA consultants are actively liaising with the ICPOP working groups to develop integrated care pathways for clinical presentations where hospital admission can be avoided by timely community interventions. Some POA consultants run joint clinics with other medical teams and others have joint meetings for complex case management where specialist input can be sought in a timely manner. Integrated care has been shown to improve patient outcomes[11]. Furthermore, in line with The Model of Care for Dementia in Ireland (2023), joint or integrated Memory Services with consultant leads, or co-leads, from POA, Geriatric Medicine or Neurology are recommended with examples of such Memory Services in Place nationally with the aim of providing well-coordinated accessible care across the continuum of the older person's needs.

In some services based in teaching hospitals, higher training of geriatric medicine involves working with Psychiatry of Old Age and vice versa. However, for the vast majority of the faculty,

it is beyond the resources of POA teams to provide this additional demand and colleagues do the best that they can within limited resources and without a supporting governance structure. The faculty shared a serious concern around the **lack of a visible roadmap of service development** and implementation of the Model of Care. As resource disparity between the services for older persons increases there will be an increase in expectation of integration and a decrease in the availability of the POA resources to meet this demand. Ensuring the adequate resourcing of the POA Community Mental Health Teams to meet population demands is a priority to ensure capacity for further integrated service developments to provide high-quality care for older people.

A case for the development of a National Clinical Programme for Mental Health Services for Older People

As it stands, most POA services are governed through local mental health services and compete with other mental health services for resources. There is not necessarily a POA consultant involved in decision making at the local Area Management level for decisions made for POA services. In addition, at the national level, there is no protected funding for old age psychiatry separate to other mental health services.

The pace of development of POA teams has been exceptionally slow in most areas as compared to other mental health services[7] with most POA teams not reaching the staffing levels proposed seventeen years ago in the A Vison for Change document.

In addition, the faculty have noted a lack of clarity around the criteria and pathway for the development of new posts within each CHO and how these decisions are made. The current system whereby the national office funds new development posts and earmarks these, allows for little local autonomy around service development. The exclusion of older people from other clinical programmes developed in Mental Health Services adds further weight to the argument for POA to have ringfenced funding to achieve equity in healthcare access.

The faculty is aware of its representation by means of the post of Clinical Lead for POA in the Office of the National Clinical Advisor and Group Lead in Psychiatry, but there is no National Clinical Programme or protected funding to implement the Model of Care[1]. There is a stark contrast between the governance and funding processes of other Older Persons Services such as ICPOP and the National Dementia Office versus Mental Health Services for older people.

Urgent and necessary actions proposed by the POA Faculty

- The gap analysis of POA services in reference to the Model of Care[1] and the costing of the developments required should be undertaken. Clear governance with the responsibility of implementation of the necessary developments must be developed.
- The development of a National Clinical Programme for Mental Health Services for Older People with protected funding to implement the Model of Care for Specialist Mental Health Services for Older Persons[1].
- The National Clinical Programme should be given appropriate structure including a National Clinical Lead and a Programme Manager.

- There should be regional co-ordinators/ clinical directors with a remit to monitor and manage service gaps and oversee the development of integrated care pathways with other older persons services.
- The programme should have administrative support at regional level.
- Consideration of shared ICT systems across acute hospital and community services to facilitate development of integrated services is also a key development and funding consideration.
- The population reference criterion for all future POA service planning, development and monitoring (KPIs) should be guided by the Model of Care[1] and the College of Psychiatrists Workforce Planning Report 2013-2023[12]. This would mean a POA service for 8,000 to 10,000 older adults depending on the geographical spread of the population.

Conclusion

A timely attention to this issue, and actions outlined, would fundamentally ensure that the mental health services for older people are developed to meet the needs of the growing and ageing population. It will protect and develop the specialism of POA and help to develop and retain staff who are appropriately trained to meet the present and future needs of this patient group. It would see increased integration which would work for the benefit of all patients with complex co-morbidities.

References:

1- National Clinical programme for older people (2016) 'Specialist mental health services for older People. National Clinical Programme for Older People Part 2'. Available at: https://www.hse.ie/eng/about/who/cspd/ncps/older-people/moc/specialist-mental-health-services-for-older-people-model-of-care.pdf [Accessed 20/01/2024]

2- Department of Health & Children (2006) 'A vision for change' report of the expert group on mental health policy'. Dublin: Stationery Office.

3- Mental Health Commission of Ireland (2020). 'Mental Health Services for Older People – Dr Susan Finnerty, Inspector of mental health services'. Available at: https://www.mhcirl.ie/sites/default/files/2021-01/Mental-Health-Services-for-Older-People-Report-2020.pdf [Accessed 20/01/2024]

4- Department of Health (1992) 'Report of the Inspector of mental Hospitals for the year ending 1988 and 1989'. Dublin. Stationary Office. Available at: http://hdl.handle.net/10147/252653 [Accessed 20/01/2024]

5- Robins, J (1988) 'The years ahead: a policy for the elderly: report of the Working Party on Services for the Elderly'. Dublin. Stationary Office. Available at: http://hdl.handle.net/10147/46365 [Accessed 20/01/2024]

6- Department of Health (2020) 'Sharing the Vision – A mental health policy for everyone'. Available at file:///C:/Users/ateqa/Downloads/76770_b142b216-f2ca-48e6-a551-79c208f1a247%20(2).pdf [Accessed 20/01/2024]

7- Cullen K (2018) 'Reports prepared for AVFC Refresh oversight group'. Available at file:///C:/Users/ateqa/Downloads/78510_e88e0642-cd64-4844-a70b-9396bedbaa0a%20(1).pdf [Accessed 20/01/2024]

8- Press Release from the Department of Health 'Minister for Mental Health and Older People announces further increases on mental health and older persons funding in Budget 2022. Available at https://www.gov.ie/en/press-release/aa94f-minister-for-mental-health-and-older-people-announces-further-increases-on-mental-health-and-older-persons-funding-in-budget-2022/ [Accessed on 20/01/2024]

9- Press Release from the Department of Health 'Minister for Mental Health and Older People announces historic further increases in Older Person funding in Budget 2023'. Available at: https://www.gov.ie/en/press-release/c13ef-minister-for-mental-health-and-older-people-announces-historic-further-increases-in-older-person-funding-in-budget-2023/ [Accessed on 20/01/2024]

10- Press Release from the Department of Health 'Minister for Mental Health and Older People announces further funding increase for mental health and older persons in Budget 2024'. Available at https://www.cpsa.ie/en/press-release/6967c-minister-for-mental-health-and-older-people-announces-further-funding-increase-for-mental-health-and-older-persons-in-budget-2024/ [Accessed on 24/02/2024]

11- Liljas AEM, Brattström F, Burström B, Schön P, Agerholm J. Impact of Integrated Care on Patient-Related Outcomes Among Older People - A Systematic Review. Int J Integr Care. 2019 Jul 24;19(3):6. doi: 10.5334/ijic.4632. PMID: 31367205; PMCID: PMC6659761.

12- The College of Psychiatrists of Ireland Workforce Planning Report 2013 – 2023 December 2013. Available at https://irishpsychiatry.ie/wp-content/uploads/2016/10/CPsychI-Workforce-Planning-Report-2013-2023-Dec-2013.pdf [Accessed on 01/05/2024]